SM Journalonet

ISSN no.2249-8451

THE PROMINENCE OF RURAL HEALTH CARE IN INDIA

Yugandhar Bethi[1], Immaculate Nithya J[2], Elakiya M[2], Adhithya S[2], C Sakshi Avinash[2], S. Deepalakshmi[3*]

[1]Professor, Department of Pharmacology, Anna Medical College, Montagne Blanche, Mauritius MAIL ID: **bethiyugandhar@gmail.com**

[2]III Year MBBS Student Anna Medical College, Montagne Blanche, Mauritius

[3]Research Consultant, Anna Medical College, Montagne Blanche, Mauritius [4] Scientist, Dept. of Research and Development, Sree Balaji Medical College and Hospital, Chennai

***Corresponding Author,**

S. Deepalakshmi,

Scientist, Dept. of Research and Development, Sree Balaji Medical College and Hospital,Chennai.

Abstract:

Rural healthcare in India is marked by a complex landscape that presents both challenges and opportunities. The present study examines the current state of rural healthcare, highlighting its existing strengths and the critical areas in which it falls short. The challenges of limited accessibility, inadequate infrastructure and healthcare disparities are prevalent, resulting in suboptimal health outcomes for rural populations. The article explores potential actions developed by the Government of India for the development of rural healthcare in India, including the need for increased investment in healthcare infrastructure, enhanced healthcare workforce, and the effective implementation of telemedicine and community health initiatives which were aimed to offer a path towards more equitable, accessible, and efficient rural healthcare in the country, ultimately improving the well-being of millions of rural residents.

Key Words

Rural, Healthcare, Equitable, Infrastructure, Workforce

Introduction:

Rural healthcare in India refers to the provision of medical services and healthcare facilities to populations residing in rural and remote areas of the country. This includes medical consultations, preventive care, diagnostics, treatment, and essential healthcare services delivered to individuals in villages and rural communities. Rural healthcare in India faces several challenges, including limited access to quality healthcare facilities, shortages of healthcare professionals, disparities in healthcare quality, and issues related to infrastructure and funding. These challenges contribute to suboptimal health outcomes for rural populations. Despite these hurdles, there are ongoing efforts to improve rural healthcare in India through various government initiatives, community health workers, and telemedicine programs (1). Obstacles encompass restricted availability of high-quality healthcare, inequalities in healthcare facilities, scarcity of medical experts, and the prevalence of avoidable illnesses. The inadequate healthcare system in rural areas leads to worse than ideal health results for the people living there (2).

Numerous infectious illnesses, including whooping cough, pneumonia, worm infestations, infectious hepatitis, diarrhoea, amoebiasis, typhoid, measles, malaria, and TB, have been reported in rural settings. The unhygienic circumstances in homes exacerbate the spread of these illnesses, which is also encouraged by public and governmental indifference (3). Most fatalities in rural areas are attributable to respiratory, parasitic, and communicable illnesses that have some connection to unhygienic conditions. India has around 2.3 million malaria bouts and 1000 malaria-related fatalities annually. There are 500 million people at risk of getting filaria, and an estimated 45 million people are carriers of microfilaria, of which 19 million are active cases as per one report.

In recent years, the government has initiated several programs to address the healthcare needs of rural populations. The National Rural Health Mission (NRHM) and its successor, the National Health Mission (NHM), have been instrumental in expanding access to healthcare services in rural areas. These programs aim to strengthen healthcare infrastructure, increase the availability of healthcare workers, and enhance the overall quality of care. Rural areas often face shortages of medical professionals and facilities, and healthcare disparities between urban and rural regions remain a concern. Additionally, the burden of preventable diseases, maternal mortality, and child malnutrition in rural India underscores the need for continued improvement.

The Ministry of Health and Family Welfare has admitted that it was becoming more and more difficult for the public health system, which was laden with bureaucracy, to provide treatment for a population that was rapidly rising. Rural and urban communities have very different access to healthcare because of the peculiar locations of health facilities (4). The inpatients in Chhattisgarh, Bihar, and Madhya Pradesh suffer the most among the EAG states since they cannot access public healthcare sources. Research has also demonstrated that poor health outcomes and limited access to healthcare are caused by the geography of health services, which is distant and unfavourable.. In Uttarakhand, the percentage of urban regions (26%) that reported having no access to health care was over seven times higher than that of its rural areas (4%). Additionally, it was around six times higher in Chhattisgarh's urban regions (16%) than in its rural sections (3%). On the other hand, only twice as many people in Uttar Pradesh's rural districts (20%) as in its urban areas (10%) said that health services were not available (6). Adopting integrated information systems, involving stakeholders, boosting capacity, and closely observing the shift should all help to improve the implementation of telemedicine. This might contribute to telemedicine becoming as the new standard for providing all-inclusive medical treatment (7).

Numerous plans and initiatives have been launched to enhance the state of rural health. The National Rural Health Mission (NRHM), Janani Suraksha Yojana (JSY), Health Insurance through Rashtriya Swasthya Bima Yojana (RSBY), Mobile-based Primary Health Care System, Indira Gandhi Matritva Sahyog Yojana, Accredited Social Health Activist (ASHA), and many other initiatives are among the steps the government has taken to institutionalise the current rural health framework (3). ASHAs, COPSI, SARATHA progaram are one of the key initiatives in India's overall development of rural healthcare, and they represent a significant first step in programme development that aligns with the program's overarching goals (8).

Limited Access: Treatment during crises may be delayed due to the great distances to healthcare facilities. In spite of the extensive public health infrastructure in the EAG states, over three-fourths of inpatients in both rural (70%) and urban (78%) regions rely on private healthcare providers, according to a study done in 2016 by Kumar and Singh where the Empowered Action Group, inpatients, poor quality and lengthy wait times for care from public health institutions continue to be major problems.

Healthcare Workforce Shortages: Physicians, nurses, and specialists are among the healthcare workers who are often in limited supply in rural locations According to studies, the public health systems of the various states are characterised by a lack of basic laboratory services, inadequate emergency services, an inadequate number of doctors per capita, a low ratio of doctors to nurses, a low population to bed ratio, a shortage of medications, and improper referral practises.

Inadequate Infrastructure: It's probable that rural healthcare facilities lack sanitary amenities, safe water sources, and dependable energy. Healthcare personnel may find it less desirable to work in certain regions and the quality of care may suffer as a result. The study had 500 respondents from Uttar Pradesh in total. The results showed that the respondents' perceptions of the quality of healthcare were not very positive (9).

Healthcare Disparities: Inequities in health outcomes are caused by differences in healthcare access and quality that still exist in rural regions. In these areas, vulnerable communities can experience disproportionate hardship. For complicated healthcare demands, rural healthcare facilities sometimes lack specialised medical services and equipment, requiring patients to travel considerable distances to larger centres. For many locals, this may be too expensive and impracticable to do. This causes rural residents to use the inexpensive, unregistered private health care providers' services in their communities which can be fatal.

Preventable Diseases: Due to the lack of access to healthcare, nutrition, and health education, the incidence of avoidable illnesses and health conditions, such as malnutrition and problems with the health of mothers and children, may be greater in rural regions. The lack of education about communicable diseases in India is a significant public health challenge.

Economic Constraints: Many rural residents face economic constraints, limiting their ability to afford healthcare services and medications. The inability of the public health system to develop in tandem with the population's health needs and population growth offers the way for a number of private practitioners to grow their "medical businesses".

Cultural and Language Barriers: Rural communities frequently speak regional languages and hold distinctive cultural values. The findings of the research from all of Uttar Pradesh indicated that the respondents' opinions on the standard of healthcare were not very favourable. User perception was shown to be significantly linked with education, gender, and wealth (10). Systematic discrimination based on language may be fuelling a global cycle of inequality in the production and dissemination of information.

Telecommunication and Connectivity: Access to remote healthcare services can be restricted by inadequate internet connectivity and poor telecommunication infrastructure, which can impede the deployment of telemedicine and e-health solutions. Out of the 1143 articles examined in the database, only 19 satisfied the qualifying requirements. The effective adoption of telehealth in India is hampered by a lack of technology infrastructure and other obstacles brought on by virtual consultations; yet, telehealth has the ability to close the healthcare gap between rural and urban areas by providing simply accessible and reasonably priced services.

Logistical Challenges: Healthcare personnel and supplies may find it difficult to get to remote villages on time due to logistical and transportation issues in rural locations. (14). Health care facilities' remote locations from rural areas result in significant daily salary losses. This causes rural residents to use the inexpensive, unregistered private health care providers' services in their communities.

Healthcare Financing: Residents in rural areas can have trouble finding health insurance and financing choices for medical treatment, which might result in out-of-pocket costs and financial pressure. Moreover, the availability of mobility is a determining factor in the accessibility of remote

health care, which raises the indirect costs associated with hospitalisation (9). Community health workers in India are typically trained through face-to-face residential training at government training facilities. This method of training health workers is expensive and necessitates a large number of personnel and logistical resources, such as access to a physical space for the trainings and transportation.

A comprehensive and interdisciplinary approach encompassing investments in infrastructure, workforce development, community health education, and healthcare policy reforms is needed to address these issues facing the rural healthcare system.

Initiatives by Indian Government to improve rural healthcare system:

The Indian government has implemented various initiatives and taken several steps to enhance the quality of the rural healthcare system. Some key measures include:

National Health Mission (NHM): One of the main initiatives to enhance healthcare delivery, particularly in rural regions, was introduced in 2005. The National Urban Health Mission (NUHM) and the National Rural Health Mission (NRHM) are included. The NHM focuses on infectious illnesses, immunisations, and the health of mothers and children (11).

Sub-Centers and Primary Health Centres (PHCs): In rural regions, the government has been focusing on bolstering the PHC and sub-center infrastructure. This entails modernising the facilities, guaranteeing the supply of necessary medications, and improving the abilities of medical staff (26).

Asha Workers Program: The Asha Workers Programme aims to close the gap between the community and the healthcare system by deploying accredited social health activists, or "Asha workers."

Janani Suraksha Yojana (JSY): A maternity benefit programme called Janani Suraksha Yojana (JSY) promotes institutional deliveries, especially in rural regions. Its goal is to lower the rates of maternal and infant mortality by offering monetary incentives to expectant mothers to give birth in a medical institution.

Development of Rural Health Infrastructure: The government has prioritised the building and repair of healthcare institutions as well as the development and modernization of rural health infrastructure. This facilitates better access to high-quality medical treatment in rural locations.

Initiatives related to telemedicine and e-health: The government has looked into using technology to enhance the provision of healthcare in remote places. Initiatives in telemedicine and electronic health records facilitate the connection between rural and urban healthcare institutions, allowing for better diagnostic capabilities and consultations (12).

NRAM or the National Rural AYUSH Mission: The government established the NRAM to encourage the integration of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy) systems with the rural healthcare system in recognition of the value of complementary and alternative medicine (13).

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY): It is a government initiative that aims to improve and fortify medical education and the healthcare system, particularly in rural regions. It seeks to rectify disparities in access to reasonably priced and dependable healthcare services between regions (14).

Health and Wellness Centers (HWCs): The government is attempting to convert sub-centers into Health and Wellness Centres (HWCs) in order to offer complete primary healthcare services. These facilities emphasise healthcare promotion and prevention in addition to treatment.

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY): It is one of the biggest health insurance programmes in the world, was introduced with the goal of shielding more than 100 million households from unaffordable medical costs. The goal of this programme is to improve access to secondary and tertiary healthcare for those living in rural areas (15).

Even while these programmes show the government's dedication to boosting rural healthcare, there are still issues to be resolved.

Role of each citizen in empowering rural health care system:

Indian citizens play a crucial role in contributing to and improving rural healthcare in India. Here are several ways individuals can actively participate in enhancing healthcare outcomes in rural areas:

Health Education and Awareness: Citizens can contribute by spreading awareness about basic health practices, hygiene, and preventive measures in their communities. Conducting health education sessions or workshops can empower people to take charge of their well-being.

Community Engagement: Actively participating in community health initiatives and local health committees helps build a sense of community responsibility.

Supporting Local Health Workers: Acknowledge and appreciate the efforts of community health workers such as Asha workers.

Promoting Maternal and Child Health: Supporting programs that focus on maternal and child health, such as antenatal care and immunization drives, can significantly improve health outcomes.

Infrastructure Development: Citizens can advocate for and participate in local initiatives aimed at improving healthcare infrastructure. This includes supporting the construction or renovation of health facilities, ensuring the availability of clean water, and promoting sanitation measures.

Volunteerism: Volunteering time and skills can be a valuable contribution. Medical professionals can offer their services during health camps or contribute to ongoing health programs. Non-medical volunteers can assist in organizing events, managing logistics, and providing support to healthcare workers.

Financial Support: Donating to reputable NGOs or healthcare organizations working in rural areas can provide financial assistance for medical camps, equipment, and healthcare infrastructure development.

Adopting Healthy Practices: Leading a healthy lifestyle and encouraging others to do so can have a positive impact on community health.

Advocacy for Policies: Citizens can actively engage in advocating for policies that improve rural healthcare.

Utilizing Government Health Schemes: Encouraging fellow community members to utilize government health schemes, such as Ayushman Bharat, can contribute to financial protection and improved access to healthcare services.

Empowering Women: Recognizing the role of women in healthcare decisions and providing them with the necessary information and resources can lead to improved family and community health.

Skill Development: Encouraging and participating in skill development programs related to healthcare can contribute to building a capable local workforce. This includes training programs for basic healthcare services and first aid.

In essence, the role of an Indian citizen in improving rural healthcare involves active participation, community engagement, and a commitment to fostering positive health practices at the grassroots level.

Conclusion:

The World Health Organization's specified requirements for primary health care facility availability are significantly exceeded by the current infrastructure arrangement for health care delivery in rural India, notwithstanding this progress. The 2005 data from the Union Ministry of Health and Family Welfare suggests that there is a 12% shortfall for sub centres (currently at 146,026), 16% for Primary Health Centres (PHCs) (currently at 23,236), and 50% for Community Health Centres (CHCs) (currently at 3346).

Reference:

1. Shah R., Vora K., (2013) Rural Health Care System in India: A Review, International Journal of Research in Medical Sciences, 2013, 1(2), 131-135.
2. Bhore, B. and Venkat Raman, P.H. (2011), National Rural Health Mission: Meeting people's health needs in rural areas. The Indian Journal of Public Health Research & Development, 2011, 2(2), 97-104.
3. Jaysawal, D. N. (2015). Rural health system in India: a review. *International Journal of Social Work and Human Services Practice*, 29-37.
4. Patil, Ashok Vikhe, K.V Somasundaram and R.C Goyal (2002): Current Health Scenario in Rural India, Australian Journal of Rural Health, 10, 129-135 (excerpted from www.sas.upenn.edu/~dludden/WaterborneDisease3.pdf).
5. NRHM Report (2014-15): Budget Briefs, 6(5), New Delhi, Accountability Initiative, (excerpted from http://www.climatefinance-developmenteffectiveness.org/archive/ documents/*Budget_brief_the_National_Rural_Health_Mission*_% 28NRHM%29.pdf).

6. Kumar, V., & Singh, P. (2016). Access to healthcare among the Empowered Action Group (EAG) states of India: Current status and impeding factors. *The National medical journal of India*, *29*(5), 267.
7. Kumar A, Furtado KM, Jain N, Nandraj S. NSSO 71st Round: Same data, multiple interpretations. Eco Polit Wkly 2015;50:46–7. Available at www.epw.in/journal/ 2015/46-47/discussion/nsso-71st-round.html (accessed on 24 Feb 2016).
8. Ministry of Health and Family Welfare. Report of the National Commission on Macroeconomics and Health. New Delhi:MoHFW, Government of India; 2005. Available at www.who.int/macrohealth/action/Report%20of%20the%20National% 20Commission.pdf (accessed on 24 Feb 2016).
9. Jacobs B, Ir P, Bigdeli M, Annear PL, Van Damme W. Addressing access barriers to health services: An analytical framework for selecting appropriate interventions in low-income Asian countries. Health Policy Plan 2012;27:288–300.
10. Ministry of Health and Family Welfare. Family welfare statistics in India 2011. Statistics Division. New Delhi:MoHFW, Government of India: 2011. Available at http://mohfw.nic.in/WriteReadData/l892s/3503492088FW%20Statistics% 202011%20Revised%2031%2010%2011.pdf (accessed on 24 Feb 2016)
11. Kumar V, Mishra AJ. Quality of health care in primary health care system: A reflection from Indian state. Int J Health Syst Disaster Manage 2015;3:136–40.
12. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. Milbank Quart 2005;83:457–502.
13. Jordan H, Roderick P, Martin D, Barnett S. Distance, rurality and the need for care: Access to health services in South West England. Int J Health Geogr 2004;3:21.
14. Peters DH, Garg A, Bloom G, Walker DG, Brieger WR, Rahman MH. Poverty and access to health care in developing countries. Ann N Y Acad Sci 2008;1136:161–71.
15. Narang, R. (2011). Determining quality of public health care services in rural India. *Clinical Governance: An International Journal*, *16*(1), 35-49.