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Review Article

Rural Healthcare in India: A paucity between prerequisites and provisions

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***ABSTRACT*:**
Introduction: India is a developing country with the tremendous potential for manpower and has witnessed a rapid growth in the economy over the last few decades. Health care is a diverse sector with many challenges and reforms in India. The accessibility of healthcare as well as utilization of available healthcare facilities, especially in rural areas, continues to be poor in India which in turn affects the daily performance and general life satisfaction. The globalized WHO slogans 'health for all', 'millennium developmental goalsand more recently 'universal health care was unsuccessful in translating into meaningful action on the ground. This article aims to look into the current grim scenario of ailing rural health from the eye of poor health delivery and to bridge the gap by intervening at ground levels to gain an upper edge on the goal to elevate the status of rural health. **Materials and methods:** Relevant Literature was searched using web-based search engines like 'Google' and 'PubMed', institutional library and also by cross-referencing. Consideration was given to the Documents related to central and state governments of India. This article is also based on personal communications is also a basis for preparing this article. **Conclusion:** Integrated approach addressing both at the individual and population level, providing financialincentives, better implementation of health programs, and strengthening of existing healthcare infrastructure will offer better rural life leading to prosperous and healthy India.
Key words: Rural India, health care accessibility, disparities, resources.

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INTRODUCTION

Health is the most important asset, the priceless possession of man. Every country has to evolve its pattern that can meet the specific health needs and demands of its people. The constitution of India considers the "right to life" to be fundamental and legally the government to ensure the "right to health" for all(1,2). The globalized WHO slogans 'health for all', 'millennium developmental goals and more recently 'universal health care was unsuccessful in translating into meaningful action on the ground (3).This article aims to look into the current grim scenario of ailing rural health from the eye of poor health delivery and to bridge the gap by intervening at ground levels to gain an upper edge on the goal to elevate the status of rural health.

Health and disease are the components of the same spectrum and disease is only an episode in the average lifespan of an individual, but the bitter truth is that more significant attention is always given to the treatment of the patient rather than considered for prevention of disease and preservation of health. As per NRHM report, majority of people die due to preventable and curable diseases like diarrhea, measles and typhoid.(4)

Preventive medicine and public health spring from common root to prevent, prolong life and promote health and efficiency through interception of disease processes(5).

BLUEPRINT OF PRIMARY HEALTH CARE

As per 2011 census, of the 121 crore Indians, 83.3 crores (68.84%) live in rural areas while 37.7 crores stay in urban

areas(6). 45.36 crore people in India are migrants, which is 37.8% of total population(6). 66% of rural Indians do not have the access to the critical medicine and 31% rural population have to travel more than 30 km to seek healthcare.

Considering such facts, government of India have established a network of primary health centers (PHCs) through the length and breadth of the country for providing a regionalized health care system and an integrated health care services. The government of India launched the National Health Rural Mission (NHRM) in April 2005 and motive to remove the existing shortfalls in the health care system of rural India and raise the health status of the rural population(7).But the lack of a systematic and scientific database is a significant handicap in the efficient delivery of public health scheme. Rural Health Care services in India is mainly based on primary health care, which anticipates attainment of healthy status for all.

Primary Health Care (PHC) as a concept came into existence in independent India on the testimonial of Bhore Committee Report in 1946. (8)Under this program, a primary health center has to look after 30,000 population in plain areas and only 15,000 to 20,000 population in hilly, tribal, sparsely populated or desert areas. Sub-center has to serve 5,000 population in the plains and 2,500 to 3,000 in other areas. Community health care is specialized referral care facilities to serve the population of 4 PHCs (80,000 to 1,20,000)(9). Broad distribution of rural health service in India is described in Fig. 1

Health Policies and Programmes run by the government aim at achieving medical care and referral services, maternal health care, child health care, family planning service, basic sanitation and safe water supply, communicable disease control, financial support, and health education but the success and effectiveness of these programmes is questionable due to gaps in the implementation(10).

PREVAILING OUTLINE OF RURAL INDIA

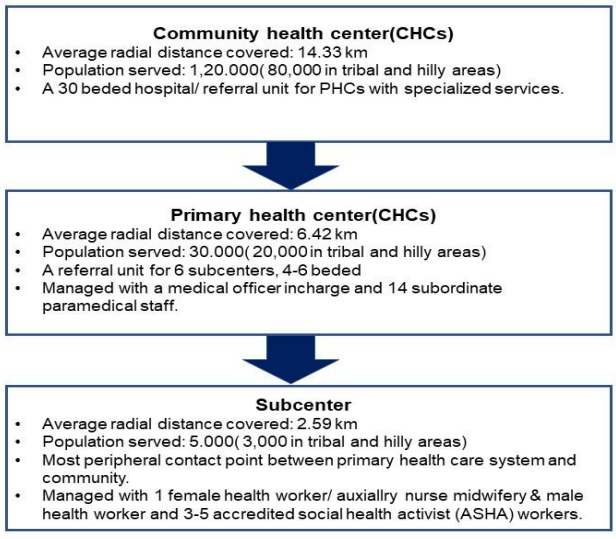
Public health infrastructure is insufficient to procure to health-care demands of 1.28 billion population of India.(11)Moreover, there ismuch scarcity of skilled health-care workers at primary care level. The available resources are either overburden or underutilized. The effectiveness of health care system is also affected by the ability of the community itself to participate in designing and implementing the delivery of services.

Due to non-accessibility to primary health care, majority of rural patients visit to the local private practitioners. Out of total healthcare visits 92% are to private healthcare facilities out of which 12% is ruralpeople(12). Patient fees charged by private and slightly by public health care providers results in cost splitting and high toll spending (69% of total health disbursement)(13,14).

According to World Health Organization norm, doctor-to-population ratio should be 1: 1,000 but India has only 1: 1,674 resulting in the acute shortage and disproportionate distribution of doctors(15). Considering the rural areas of India where PHCs is limited, 8%of the centers do not have doctors or medical staff, 39% do not have lab technicians and 18% PHCs do not even have a pharmacist(12).

India has been witnessing rapid urbanization, particularly in recent decades. Currently one-fourth of the urban population lives in slums with severely compromised health and sanitary conditions.

In India, communicable diseases, nutritional deficiencies, maternal and perinatal continue to be important causes of deaths. Other diseases related to deleterious habits, lifestyles and environment related such as cancer, diabetes, cardiovascular diseases, respiratory disorders, and injuries are showing the rising trends. Mental health disorders are also on the rise also taking a substantial toll of human lives. The health issues related to elderly population are common due to increase in life expectancy(16,17).



Source: Rural Health Statistics in India 2012, Statistics Division, Ministry of Health and Family Welfare, Government of India.

Even though plans to upgrade services to meet targets are laid down by Indian Public Health Standards, the accessibility of staff, equipment, and drugs varies significantly between and within states, forcing patients to seek care in the posher private sector and therefore landing up in a situation of the debt trap.

The social causation of health plays a significant role in health equity, with income, education, caste, and social group defining to a significant extent the distribution of health outcomes. Lack of initial steps of the hierarchy of needs, i.e., safety, shelter and essential amenities leads to poor lifestyle pattern, and therefore sometimes women have to step out of their homes to do odd jobs to meet their expenses. Negligence and ignorance of health issues are frequently seen among the middle-aged group people.

Early detection and its cure should be the first step towards primary health care.

WHAT CAN BE DONE?

Public health program should be decentralized with the help of financial incentives and resources flowing from the central government(18). The primary health infrastructure needs to be expanded to increase the access to women to basic health services(18). Enforcement of rural postings in underserved areas should also be a norm for healthcare professionals.

The inequities in the investment on different levels of healthcare should be removed by reserving 55% of total public health for primary, 35% for secondary and 10% for tertiary services to fall under the category of public goods(18).

Specially designed modules should be introduced for providing awareness on healthcare which includes health counseling, health education, healthy lifestyle, healthy environment and healthy living habits(18).

Health promotion and specific protection during the phase of pre-pathogenesis can lead to a HEALTHY INDIA of tomorrow.

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