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PUBLIC HEALTH CARE SYSTEM IN RURAL INDIA: PROBLEMS & CHALLENGES

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ABSTRACT

India has introduced public health care facilities at large scale within the country covering every individual. But because of rapid growing population, development of health care sector has become great challenge. This is a vital area and faces several problems which vast population, scarcity of resources, non-availability of personnel, infrastructure, lack of medicine, unaffordable health care to the poor. The paper highlights the backgrounds, objectives of the rural health care system and the challenges and problems of health care facilities in India. Finally, the paper examines and draws out a conclusion.

KEY WORDS: *Public Health Care, Resources, Infrastructure, Medicine*

INTRODUCTION

The constitution of India makes health in India the responsibility of the state governments, rather than the central federal government. It makes every state responsible for “raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties”. The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002. The National Health Policy is being worked upon further in 2017 and a draft for public consultation has been released. According to World Bank, the total expenditure on healthcare as a proportion of GDP in

2014 was 4.7%. India is a country of villages whose 73 per cent population resides in rural areas. India can only make progress when its rural population remains healthy and contributes to the prosperity of the nation.

India has introduced public health care facilities at large scale within the country covering every individual. But because of rapid growing population, development of health care sector has become great challenge. This is a vital area and faces several problems which vast population, scarcity of resources, non-availability of personnel, infrastructure, lack of medicine, unaffordable health care to the poor.

MATERIAL & METHODS

The present study is based on secondary data collected from various books, National & International Journals, published government reports, publications from various websites which focused on various aspects and important of Public Health Care System in Rural India.

OBJECTIVES

- To know the present rural health care system in India
- To assess the problems and challenges of public health care system in rural areas.

RURAL HEALTH CARE SYSTEM IN INDIA

The health care infrastructure in rural areas has been developed in terms of three tier system and is based on the following population norms:

Centre	Population Norms	
	Plain Area	Hilly / Tribal Area
Sub - Centre	5000	3000
Primary Health Centre	30000	20000
Community Health Centre	1,20,000	80000

Source: Rural Health Statistics - 2017

Sub – Centres:

The Sub – Centre is the most peripheral and first contact point between the primary health care system and the community. Each Sub – Centre is required to be manned by at least one Auxiliary Nurse Midwife (ANM) / Female Health Worker and one Male Health Worker. One Lady Health Visitor (LHV) is entrusted with the task of supervision of six Sub – Centers. Sub – Centers are assigned tasks relating to interpersonal communication in order to bring about behavioral change and provide services in relation to maternal and child health, family welfare, nutrition, immunization, diarrhea control and control of communicable diseases programmes. The Sub – Centers are provided with basic drugs for minor ailments needed for taking care of essential health needs of men, women and children. There are 1,47,069 sub – centers functioning in the country as on March 2008.

PRIMARY HEALTH CENTRES (PHCs)

Primary Health Centre (PHC) is the first contact point between village community and the Medical Officer. The PHCs were envisaged to provide an integrated curative and preventive rural population. The PHCs are established and maintained by the state governments under the Minimum Needs Programme (MNP)/ Basic Minimum Services (BMS) Programme. As per minimum requirement, a PHC is to be manned by a Medical Officer supported by 14 paramedical and other staff. It has 4-6 beds for patients. The activities of PHC involve curative, preventive, promotive and Family Welfare Services. There are 23,673 PHCs functioning as on March 2010 in the country.

COMMUNITY HEALTH CENTRES (CHCs)

Community Health Centres are being established and maintained by the State Government under MNP/BMS programme. As per minimum norms, a CHC is required to be manned by four medical specialists i.e. Surgeon, Physician, Gynecologist and

Pediatrician supported by 21 paramedical and other staff. It has 30 in-door beds with one OT, X-ray, Labour Room and Laboratory facilities. It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations. As on March, 2009, there are 4, 535 Community Health Centres functioning in the country.

PROBLEMS

1. Neglect of Rural Population:

A serious drawback of India’s health service is the neglect of rural masses. It is largely a service based on urban hospitals. Although, there are large number of PHC’s and rural hospitals yet the urban bias is visible. According to health information 31.5% of hospitals and 16% hospital beds are situated in rural areas where 75% of total population resides. Moreover the doctors are unwilling to server in rural areas. Instead of evolving a health system dependent on paramedical to strengthen periphery. India has evolved one dependent on doctors giving it a top-heavy character.

2. Emphasis on Culture Method:

The health system of India depends almost on imported western models. It has no roots in the culture and tradition of the people. It is mostly service based on urban hospitals. This has been at the cost of providing comprehensive primary health care to all. Otherwise speaking, it has completely neglected preventive, pro-motive, rehabilitative and public health measures.

3. Inadequate Outlay for Health:

According to the National Health Policy 2002, the Government contribution to health sector constitutes only 0.9 percent of the GDP. This is quite insufficient. In India, public expenditure on health is 17.3% of the total health expenditure while in China, the same is 24.9% and in Sri Lanka and USA, the same is 45.4 and 44.1

respectively. This is the main cause of low health standards in the country.

4. Social Inequality:

The growth of health facilities has been highly imbalanced in India. Rural, hilly and remote areas of the country are under served while in urban areas and cities, health facility is well developed. The SC/ST and the poor people are far away from modern health service.

5. Shortage of Medical Personnel:

In India shortage of medical personnel like doctors, a nurse etc. is a basic problem in the health sector. In 1999-2000, while there were only 5.5 doctors per 10,000 populations in India, the same in 25 in the USA and 20 in China. Similarly the number of hospitals and dispensaries in insufficient in comparison to our vast population.

6. Medical Research:

Medical research in the country needs to be focused on drugs and vaccines for tropical diseases which are normally neglected by international pharmaceutical companies on account of their limited profitability potential. The National Health Policy 2002 suggests allocating more funds to boost medical research in this direction.

7. Expensive Health Service:

In India, health services especially allopathic are quite expensive. It hits hard the common man. Prices of various essential drugs have gone up. Therefore more emphasis should be given to the alternative systems of medicine. Ayurveda, Unani and Homeopathy systems are less costly and will serve the common man in better way. Concluding the health system has many problems. These problems can be overcome by effective planning and allocation more funds.

CHALLENGES

1. Nutrition:

Besides low birth weight, under-weight and stunted children, NFHS-II data revealed that nearly three-quartered children of below 6 to 35 months have some level of anemia. Anemia is common in women also. Thus, improving nutrition seems like the biggest task that may need intersectoral coordination and political commitment.

2. Child Mortality

Because of a considerable shortfall in the trend of reduced child mortality for achieving the MDG target, there is an urgent need for new approach and priorities in the overall strategy to achieve this MDG target. Intrapartum care, diarrhea diseases and acute respiratory infection need attention.

3. Lifestyle

Tobacco abuse among the young is on the increase. Physical activity is declining as affluence growing and food becomes more prevalent in the urban areas. Changing lifestyle may also be causing an increase in cases of coronary heart disease. Ageing of the population in any case is giving rise to a steep increase in the incidence of many chronic diseases, some of which are triggered by an adverse life style.

4. Ineffective Implementation

A large number of legal provisions exist in the health sector such as on smoking, drug abuse, waste disposal and protection of the environment but the level enforcement is poor. There is a need to strengthen the implementation mechanism.

5. Human Resources

The number of doctors, nurses and other paramedical workers per 1000 population is low. There is a shortfall, particularly in rural areas and for deprived segments of the population.

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