



CHALLENGES OF HEALTH INCLUSION IN RURAL INDIA: A SOCIOLOGICAL ANALYSIS

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Abstract:

India is a large and diverse country, with about 65% of the population living in rural areas. The social, economic and geographical characteristics of rural India are different from urban areas, and this difference adversely affects the availability and quality of health services. Rural health in India is a very serious and complex problem, which has been a matter of concern for policy makers, sociologists and health experts for decades. The level of health care in rural areas is relatively low, which includes lack of resources, lack of qualified doctors, lack of awareness, and poor state of infrastructure. In this article, we will analyze the health challenges of rural India in detail.

Key Words: Rural India, Health, Inclusion

Introduction:

India is the world's largest democracy and the second largest country in terms of population. It is a country full of diversity, where on one hand there are metropolises equipped with state-of-the-art technology, on the other hand, even today crores of people are living in villages without basic facilities. About 65% of India's population lives in rural areas, which are considered the backbone of the country. But it is unfortunate that even after more than 75 years of independence, rural India has not been able to get proper health services. Health is the basis of the all-round development of any person or society. Only a healthy person can fully participate in education, employment, and social activities. Therefore, accessibility and quality of health services are essential for the development of any country. But the health situation in rural areas of India remains a matter of serious concern. There, health services are far away from the common people due to lack of basic health infrastructure, lack of qualified doctors, lack of awareness about health, and economic and social barriers. In rural India, people still have to walk several kilometres to reach the primary health centre for treatment of minor diseases. In many areas, these health centres are also unavailable or exist only in name.

The result of neglecting primary health facilities is that the disease is not controlled on time and takes a serious form. Pregnant women, newborns, elderly people, and helpless people have to bear the brunt of it the most. The most important problem in the rural health sector is the acute lack of infrastructure. Thousands of health centres across the country are working without buildings, equipment and human resources. There are neither adequate doctors, nor nurses, nor pharmacists, nor essential medicines or testing facilities. Many times, a single doctor has to handle the workload of 2-3 centres. Lack of roads and transport to reach health centres is also a big challenge. Another serious problem is the unavailability of health workers. Doctors are appointed in rural areas, but it is difficult to motivate them to work there. There are many reasons behind this-lack of facilities, living standards difficulties, career growth limitations, etc. As a result, doctors are either absent or go on leave for long periods, leaving patients to rely on quacks and quacks. Lack of awareness about health is also a major obstacle. Many superstitions are still prevalent in rural society, such as illness is caused by the wrath of gods and goddesses, or the traditional exorcists are the solution. There is a great lack of information on topics like care of pregnant women, child vaccination, menstrual hygiene, malnutrition, family planning, etc. Many times, it is also seen that women shy away from going to the hospital at the time of delivery and deliver at home with the help of a midwife, putting the life of both the child and the mother at risk. Economic inequality is also a major problem in the rural health system.

Most of the population in the rural area is poor and their livelihood is based on agriculture or daily wage labour. When these people face serious illness, they either postpone treatment or get treatment by going into heavy debt. In such a situation, the utility of government health services becomes even more important, but unfortunately these services are either not available or are of very low quality. Apart from this, the condition of water and sanitation also affects rural health. Even today, pure drinking water is not available in millions of villages. People are forced to drink water from wells, ponds, or canals, which leads to the spread of waterborne diseases like diarrhea, typhoid, jaundice. Lack of toilets and the tendency of open defecation also give rise to serious health problems. However, the government has launched many schemes to solve these problems, such as National Rural Health Mission (NRHM), Ayushman Bharat Yojana, Janani Suraksha Yojana, Mission Indradhanush, etc. Through these schemes, innovations like institutional delivery, vaccination, insurance facility, mobile medical units, health and wellness centres have been brought in rural areas. Despite this, the desired results are not being achieved due to poor implementation, corruption, lack of resources and lack of cooperation at the social level. Today, there is a need to make rural health a national priority, instead of considering it the responsibility of only one scheme or ministry. In this, the rural health system should be strengthened by coordinated efforts of the central and state governments, public participation, participation of social organizations, and use of modern technology. India cannot be healthy until the villages are healthy. The dream of a strong, self-reliant and developed India can be realized only when the rural people of the country are also empowered in terms of health.

Health Inclusion:

Health is the fundamental basis of prosperity and progress of any society. Only a healthy citizen can play an active role in education, employment and social contribution. In a large and diverse country like India, where most of the population lives in rural areas, the need for health inclusion becomes even more important. Health inclusion means the availability of accessible, quality and affordable health services to all sections without any discrimination. In this, the poor, women, elderly, disabled, Scheduled Castes-Tribes, and people living in remote areas should also get health facilities equally. In this article, we will do a detailed analysis of the major challenges affecting health inclusion in rural India such as infrastructural deficiency, unavailability of doctors, lack of awareness, economic inequality, and technical barriers. Only by understanding these problems can we take effective steps towards an inclusive and strong rural health system.

Population and Health Structure:

According to the 2021 Census of India, about 90 crore people live in rural areas. The number of Primary Health Centres (PHCs) and Sub-Centres in rural areas is limited and the available health services are inadequate. The doctor-population ratio is very imbalanced in rural areas. While the WHO standard is 1:1000, in rural India this ratio is 1:10,000 or more in many states.

Burden of Disease:

Malnutrition, maternal and infant mortality, TB, malaria, dengue, waterborne diseases, skin diseases, mental health problems etc. are widespread in rural areas. During the Covid-19 pandemic it was seen how the weakness of rural health services created serious problems.

Major Challenges of Rural Health

Lack of Infrastructure:

Many primary health centres are without buildings or are in a dilapidated condition. There is a huge shortage of essential medicines, medical equipment, lab testing facilities. Villagers have to walk several kilometres to reach many health sub-centres.

Lack of Qualified Medical Staff:

There is a huge shortage of doctors, nurses, and other paramedical staff. The number of doctors going on posting to rural areas is low as they face lack of basic facilities and a tough lifestyle.

Lack of Health Education and Awareness:

Health education and awareness are extremely important for the progress of any society. It not only helps in preventing diseases but also motivates the individual to adopt a healthy lifestyle. But in a vast country like India, especially in rural areas, there is a great lack of health education and awareness, which leads to many health problems in the society. Lack of health education deprives people of basic health rules such as hygiene, nutrition, vaccination and regular checkups. For example, many people do not know how washing hands, drinking pure water and taking a balanced diet can prevent so many diseases. Due to lack of awareness, they do not visit the doctor on time and the diseases become serious. This problem is even more serious in rural and backward areas. There is often a lack of health centres, and those that exist lack trained personnel and medicines. People also do not take health problems seriously due to illiteracy, superstitions and social stereotypes. For example, some people still consider vaccination harmful or seek the help of traditional midwives at home instead of going to a hospital for delivery, which increases maternal and infant mortality. The ill effects of lack of health education are most visible among women and children. Adolescent girls do not have the right information about menstrual and reproductive health, due to which they fall prey to many infections. Children are also not taught the importance of nutrition and cleanliness, due to which they suffer from problems like malnutrition and infection. Both the government and society will have to work together to improve this situation. Health education should be made a compulsory subject in schools. Also, efforts should be intensified to spread awareness in rural areas through regular health camps, radio, mobile, and social media. Unless every citizen is health conscious, the overall progress of the country will remain incomplete.

Economic Barriers:

A large part of India's population lives in rural areas, but the condition of health services in these areas is very poor. There are many obstacles in the development of rural health services, of which economic barriers are the most important. Due to lack of financial resources, not only the expansion of health services stops, but the already available resources are also not used properly. Economic barriers in rural areas are mainly seen at two levels - the government and the common citizens. Due to the limited budget of the government and lack of priority, investment in health infrastructure is relatively low. There is a huge shortage of modern equipment in rural hospitals and primary health centres. The appointment of doctors and health workers is also less, due to which patients are not able to get timely treatment. On the other hand, the economic condition of rural citizens is also very weak. They mostly depend on agriculture, which is affected by the uncertainties of weather and market. Their monthly income is so low that they cannot afford private doctors or good hospitals. As a result, they become dependent on quack doctors or traditional home remedies, which makes health problems more serious. Due to economic constraints, there is a lack of awareness about health in rural areas. When living is challenging, it becomes difficult to give priority to health. Lack of nutrition due to poverty, neglect of hygiene and lack of timely treatment give rise to many diseases. To improve this situation, it is necessary that the government sets aside a sufficient budget for rural health. Also, a strong network of health facilities should be created with the participation of social organizations and the private sector. Health insurance schemes should be made simple and accessible so that even poor rural families can take advantage of it.

Transportation Problems:

The condition of health services in rural areas of India is still extremely challenging. The major challenges among these are the problems of transport and communication, which prevent rural communities from receiving timely and effective health services.

There is a huge lack of adequate and accessible transport to reach health centres, hospitals and primary health services in rural areas. Many villages in India are still connected by unpaved roads, uneven paths and poor infrastructure. These roads become even more inaccessible during the rainy season, making it difficult for patients to get timely medical care. In emergency situations, such as childbirth, accidents or serious illness, ambulances may not reach on time or may not arrive at all. In addition,

many villages do not have private vehicles and public transport is extremely limited or unavailable. This forces rural people to walk several kilometres to reach a health centre.

Communication Problems:

Weakness of communication media also hinders health services. In many rural areas, mobile networks, internet connectivity and electronic health information systems are either unavailable or very weak. This makes it difficult to establish contact between health workers and patients. Telemedicine, which has become a very useful medium in today's times, is also not being successful in rural areas due to lack of communication means. The reach of mediums like radio, TV or internet to spread health awareness is also limited, due to which people are deprived of necessary information.

Water and Sanitation Problems:

The condition of water and sanitation in rural areas has a direct impact on the health of the people living there. In most rural areas, the sources of drinking water such as hand pumps, wells or ponds are polluted. This leads to the spread of waterborne diseases such as diarrhea, typhoid, cholera, and skin diseases. In many areas, groundwater is found to have high levels of fluoride and arsenic, which causes serious problems like bone diseases and cancer. The situation in the field of sanitation is also worrying. Even today, there is a lack of toilets in some areas, forcing people to defecate in the open. This is particularly dangerous for women and children as it leads to infections and nutritional problems. Diseases such as malaria, dengue and filariasis are increasing due to lack of proper disposal of waste and dirty water. The government has launched schemes such as "Swachh Bharat Mission" and "Jal Jeevan Mission", which have brought about some improvement, but there is still a lack of awareness, resources and continuous monitoring at the ground level. To solve the problem, it is necessary to connect the villagers with water conservation, importance of cleanliness and health awareness. Unless every villager has access to pure water and a clean lifestyle, overall health improvement in India will remain incomplete.

Maternal and child health status many rural women deliver their babies at home with the help of a quack midwife instead of going to a hospital. Lack of knowledge about care of the newborn, breastfeeding, nutrition etc. immediately after birth creates a serious situation.

National Rural Health Mission (NRHM):

It was started in 2005 to improve the quality of health services in rural areas. Appointment of ASHA workers, health awareness campaigns, promotion of institutional delivery have been its main goals. Pradhan Mantri Jan Arogya Yojana (Ayushman Bharat) Scheme implemented to provide health insurance up to ₹ 5 lakh annually to poor families. Under this, Health and Wellness Centres are being established in rural areas. Other schemes Mission Indradhanush: Vaccination of children and pregnant women. Matritva Vandana Yojana: Financial assistance to pregnant women. Jal Jeevan Mission: Clean water supply in rural areas.

Social and Cultural Barriers:

Caste Discrimination:

Caste exclusion continues to be a serious problem in rural India, especially in the area of health services. Despite the Constitution guaranteeing equality and the right to health, casteism, which is deeply ingrained in society, continues to deprive people from Scheduled Castes (SC), Scheduled Tribes (ST), and Other Backward Classes (OBCs) of health services. In rural India, caste not only determines social status, it also influences who has access to what resources. People from Dalit and Adivasi communities face discrimination at many levels, from primary health centres to district hospitals. They are often made to wait for hours, treated disrespectfully, or sometimes even denied treatment. In many places, upper caste health workers do not even approve of visiting Dalit settlements or touching Dalit patients. This discrimination is not limited to behaviour, but also exists in structural terms. Health sub-centres in Dalit and Adivasi dominated villages are few in number, often closed, or there is a severe shortage of trained doctors and medicines. Regular access to health services like ASHA workers and ANMs is also very weak in these areas. Due to this, problems like malnutrition, infant mortality, maternal mortality and infections are very high in these communities. Caste exclusion combined with poverty, illiteracy and social neglect creates a vicious circle, which further worsens the health condition of these communities. Schemes launched by the government like Ayushman Bharat, Health Mission etc. cannot be fully effective unless caste discrimination is eradicated.

Gender-Based Inequality:

The state of health services in rural areas of India is already poor, but when we look at it from a gender perspective, there is a clear disparity in access to health facilities between women and men. Rural women, who are considered the backbone of society, remain neglected in terms of health services. This situation arises due to social, cultural and economic reasons. Women in rural India face many challenges - such as lack of health awareness, lack of freedom to take decisions, dependence on men, and difficulty in accessing health facilities. Due to traditional thinking, men's health is often given priority, while women's health problems are ignored.

COVID-19 and Rural Health:

The pandemic exposed that the health system in rural India is incapable of handling any emergency. There was a huge shortage of oxygen, ventilators, PPE kits, medicines. Proper arrangements for testing, tracking, and isolation could not be made in rural areas.

Use of Technology in Rural Health Services:

Telemedicine:

With the help of mobile and internet, it is possible for doctors to examine patients in remote areas. Telehealth centres have been started in many states. Doctors visit villages through mobile vans and provide health services.

Solutions and Suggestions:

Infrastructure Development:

The rural health system in India has been a neglected area for a long time, but in the last few decades, many schemes and efforts have been made to improve it. Infrastructure development has been very important to ensure better access and quality of health services in rural areas. The Government of India launched the National Rural Health Mission (NRHM) in 2005, which

aimed to strengthen the rural health services infrastructure. Under this, the number of Primary Health Centres (PHC), Community Health Centres (CHC) and Sub-Centres was increased. By 2020, more than 1.5 lakh sub-health centres and thousands of PHCs and CHCs have been established across the country. Availability of health workers, medicines and necessary equipment is being ensured at these centres. To improve the infrastructure, renovation of hospitals, construction of delivery centres, facility of clean drinking water, and emergency services such as ambulance service (such as 108 service) were started by the central and state governments. There has also been an increased use of digital technology, such as telemedicine, which has made it possible to get advice from specialist doctors even in remote rural areas. In addition, under the Ayushman Bharat scheme, 'Health and Wellness Centres' (HWCs) are being set up, which are working to expand primary health services. These include non-communicable disease screening, maternal and child health services, mental health care, and immunization facilities. However, many challenges still remain - such as a shortage of trained health workers, incomplete health facilities, transportation inconvenience, and limitations of technical resources. To overcome these challenges, the government will have to increase the health budget, train health workers, and emphasize community participation.

Improvement in Human Resources:

Doctors working in rural areas should be given special allowances, promotions and facilities. Health workers should be trained regularly and their numbers should be increased.

Community Involvement:

Community participation is proving to be a very effective means to improve access and quality of health services in rural areas of India. In the presence of huge population, social inequality, lack of literacy, and limited health resources in rural India, community participation can be the backbone of health reforms. Community participation means that people of the rural community themselves understand their health needs, participate in plans, monitor, and play an active role in health improvement. This concept holds special importance under the National Rural Health Mission (NRHM), where Village Health Sanitation and Nutrition Committees (VHNSC), ASHA workers, Anganwadi workers (AWW), and local panchayats together implement health schemes. As a positive impact, community participation has improved maternal mortality, infant mortality, and vaccination coverage in many areas. For example, antenatal care, institutional delivery, nutrition counselling, and family planning have been promoted through ASHA workers. At the same time, keeping the health agenda in the Gram Sabhas has also increased accountability at the local level. Additionally, when the community is involved in health decisions, their confidence increases, and they are more likely to use services. For example, local people's involvement in awareness programs against TB, malaria, and malnutrition has led to behaviour change. However, there are still many challenges, such as lack of awareness, barriers to women's participation, limited decision-making capacity at the panchayat level, and lack of resources. But continuous training, capacity building, and transparency are needed to overcome these barriers.

Education and Awareness:

The main reasons behind health problems in rural areas are illiteracy, lack of health awareness and lack of basic facilities. These problems can be solved only when education and health awareness are given priority. Many people in rural areas still rely on traditional and unscientific treatment methods. This situation can change when people are taught how important disease prevention and timely treatment is. For this, it is essential to first increase the level of education. An educated person is not only aware of his health, but he can also make his family and community aware. Through health education, people can be informed about basic things like hygiene, nutrition, vaccination, family planning, maternal and child health. Including health related topics in schools and organizing regular health camps in villages can be positive steps in this direction. Health services in rural areas can also be made effective by empowering ASHA workers, Anganwadi services and Primary Health Centers. Apart from this, the participation of government and non-government organizations is also necessary to improve rural health services. Modern health facilities can be made available to remote villages through mobile health clinics, telemedicine, and digital health education campaigns. The understanding that "health is wealth" needs to be developed in the society and the basis for this is strong education and awareness. The dream of a healthy and prosperous India will be realised only when the rural population understands the importance of education and becomes conscious about their health.

Increasing Government Expenditure on Health:

India should spend at least 2.5% of its GDP on the health sector, while currently it is about 1.2%. GDP (Gross Domestic Product) is an important measure of the economic condition of a country. When the GDP of a country increases, it directly affects the public services of that country, especially health services. "Increase GDP for health" means that if the economy of the country is strong, then more resources can be made available for the betterment of the health of the people. There is a deep relationship between health and GDP. The increase in GDP increases the income of the government, due to which it can spend more on health services. This includes the construction of hospitals, appointment of doctors, availability of medical equipment, supply of medicines and expansion of health services in rural areas. Along with this, the government can further strengthen health insurance schemes like Ayushman Bharat, Janani Suraksha Yojana, etc. On the other hand, if the citizens remain healthy, they will be more productive, that is, they will be able to work more efficiently and continuously at their workplaces. This will increase the productivity of the country and will also accelerate the GDP. So, it is a positive cycle - as GDP grows, health services improve, and healthy citizens contribute to further GDP growth. In developed countries, 8-10% of GDP is spent on the health sector, while in a country like India, this share is about 2-3%. If India increases its GDP and increases the proportion of spending on health, the health condition of the country can improve significantly. Participation with the private health sector should be increased, especially in rural and backward areas, but public health services should be given priority.

Conclusion:

The health problems of rural India are multi-dimensional and cannot be solved by just one scheme. A holistic approach is required to take into account all aspects - social, economic, cultural and technological. Unless rural India is healthy, the overall development of India is not possible. Therefore, the government, civil society and every individual need to make concerted efforts in this direction.

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