THE BRIEF ANALYSIS OF RURAL HEALTH SYSTEM

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ABSTRACT

*The proverb **'Health is Wealth'** obviously relates to the wealth that a person can accumulate to his or her health. In other words, the phrase indicates that if one is healthy, there is a tremendous possibility if assimilating wealth through hard work and labor. The healthcare sector in India is booming in terms of revenue generation and employment creation. In India, healthcare is divided into two segments - public and private. The public healthcare segment is responsible for maintaining the primary health requirements in rural and urban areas and is funded by the government. The private healthcare segment in India is mainly focused in urban centres. Rural India contains over 68% of India's total population, and half of all residents of rural areas live below the poverty line, struggling for better and easy access to health care and services. In India, 75% of the healthcare infrastructure is concentrated in urban areas where only 27% of the total Indian population is living. The remaining 73% of the country's population is lacking proper primary healthcare facilities. Private healthcare has been witnessing steady growth whereas there is a serious degradation in the quality or infrastructure in the public healthcare sector. The rural healthcare in India is characterised by under-staffed facilities with bad infrastructure and low availability of medicines. According to a KMPG report, "74% of Indian doctors are catering to the needs of the urban population."*

KEYWORDS- *HEALTH, DISEACE, MALNUTRITUTION, HEALTH CENTRE, FAMILY WELFARE, INFRASTRUCTURE.*

INTRODUCTION

Meaning

The proverb **'Health is Wealth'** obviously relates to the wealth that a person can accumulate to his or her health. In other words, the phrase indicates that if one is healthy, there is a tremendous possibility if assimilating wealth through hard work and labor.

But, on the other hand, if a person is not in good health, then his chances of working and amassing wealth becomes very bleak. So, the bottom line is that if you want to be wealthy you have got to stay healthy in the first place.

Examples

Below given are a few examples of sentences with the right use of the phrase 'health is wealth', to make you better understand the different contexts in which the phrase can be used.

"John you must take care of your health first, after all, health is wealth."

"I think that the company needs to also think about the health of its employees apart from worrying about the profits. After all, they can only work when they are healthy!"

"There is no point in doing business by compromising your health because a wise man once said that health is wealth."

"Farmers are able to work in fields because their bodies are strong and healthy; indeed, health is wealth."

"Anyone in a sorry state of health cannot accumulate wealth because he can't work" – health is wealth!

Origin

The phrase "Health is Wealth" was first used by **Ralph Waldo Emerson**, an American essayist, and philosopher who lived during the 19th century.

He used the phrase in the context of the American people, stating that health is of utmost importance than wealth and it true sense health is only the real wealth of a person.

However, what Emerson wrote in one of his works in 1860 wasn't exactly 'health is wealth'; nevertheless, it had exactly the same meaning. What he wrote was "The first wealth is health".

It is evident that Emerson signified health over wealth and believed that it is the true wealth a person can possess.

With the passage of time, the phrase was simplified a little; though, the meaning almost remained the same. Today, the widely used phrase 'health is wealth' is nothing but only the simplified form of what Emerson wrote in 1860 – "The first wealth is health".

Rural Healthcare Sector: A Challenge yet to be resolved

The healthcare sector in India is booming in terms of revenue generation and employment creation. In India, healthcare is divided into two segments - public and private.

The public healthcare segment is responsible for maintaining the primary health requirements in rural and urban areas and is funded by the government. The private healthcare segment in India is mainly focused in urban centres.

The healthcare market is expected to increase about three-fold by 2022 and result in `8.6 trillion. This growth is to be augmented by a surge of 20-25% in the medical tourism sector in India. The number of medical tourist arrivals in India increased to 1.07 million in 2018 from 0.98 million 2017. However, the rural healthcare sector still faces a plethora of challenges and needs focused policy-level interventions.

Min challenge facing the rural healthcare,

- Need more infrastructures at rural level at least a primary health care centres.
- Need good and trained medical professionals who are ready to work in these kind of areas.
- Government should give incentives to these medicos who work in rural areas.
- Stopping government doctors from running a private clinics.
- Robust system to distribute medicines to the required peoples.
- Rural people think government hospitals don't provide good service, this attitude needs to change and it will not change suddenly government will have to put a lot of its efforts in this regard.
- Stop an end to Corruption in hospitals, poor and needy people should be able to get any medicines or services without any hindrance from the staff
- The major health problems, which I found throughout my field work in rural areas of Maharashtra, are anemia in adolescent girls and women also, increasing no of malnourished children, still birth or different type of disabilities and somewhere no of cancer patients also increasing, Chhoti mats among children etc.
- Major Health issues - Community health problems in India

Major Health issues:

India was one of the pioneers in health service planning with a focus on primary health care. In 1946, the **Health Survey and Development Committee**, headed by **Sir Joseph Bhose** recommended establishment of a well structured and comprehensive health service with a sound primary health care infrastructure.

Social development through improvement in health status can be achieved through improving the access to and utilization of **Health, Family Welfare and Nutrition service** with special focus on underserved and under privileged segment of population.

Under the Constitution, health is a state subject. Central Government can intervene to assist the state governments in the area of control/eradication of major communicable and non-communicable diseases, broad policy formulation, medical and Para-medical education combined with regulatory measures, drug control and prevention of food adulteration**, Child Survival and Safe Motherhood** (CSSM) and immunization programme.

However, there are numerous health problems in India, like water supply and sanitation continue to be a challenge, only one of the three Indians has access to improved sanitation facilities such as toilet. India's HIV/AIDS epidemic is growing threat. Cholera epidemics are not unknown.

The maternal mortality in India is the second highest in the world. India is one of the four countries worldwide where polio has not yet been successfully eradicated and one third of the world's tuberculosis cases are in India. Three out of four children who died from measles in 2008 were in India.

According to the World Health Organization 900,000 Indians die each year from drinking contaminated water and breathing in polluted air. Following are some of the major community health problems in India.

Malnutrition:

According to a 2005 report, 42% of India's children below the age of three were malnourished, which was greater than the statistics of sub-Saharan African region of 28%. Although India's economy grew 50% from 2001–2006, its child-malnutrition rate only dropped 1%, lagging behind countries of similar growth rate. Malnutrition impedes the social and cognitive development of a child, reducing his educational attainment and income as an adult.

These irreversible damages result in lower productivity. Major nutritional problems in India are Protein Energy Malnutrition (PEM), Iodine Deficiency Disorder (IDD), Vitamin-A deficiency and anemia.

High infant mortality rate:

Approximately 1.72 million children die each year before turning one. The under five mortality and infant mortality rates have been declining, from 202 and 190 deaths per thousand live births respectively in 1970 to 64 and 50 deaths per thousand live births in 2009. However, this decline is slowing. Reduced funding for immunization leaves only 43.5% of the young fully immunized.

Infrastructure like hospitals, roads, water and sanitation are lacking in rural areas. Shortages of healthcare providers, poor intra-partum and newborn care, diarrheal diseases and acute respiratory infections also contribute to the high infant mortality rate.

Diseases:

Diseases such as dengue fever, hepatitis, tuberculosis, malaria and pneumonia continue to plague India due to increased resistance to drugs.

In 2011, India developed a totally drug-resistant form of tuberculosis. India is ranked 3rd highest among countries with the amount of HIV-infected patients. Diarrheal diseases are the primary causes of early childhood mortality. These diseases can be attributed to poor sanitation and inadequate safe drinking water in India. India also has the world's highest incidence of Rabies.

However in 2012 India was polio-free for the first time in its history. This was achieved because of the Pulse Polio Programme started in 1995-96 by the government of India. Indians are also at particularly high risk for atherosclerosis and coronary artery disease. This may be attributed to a genetic predisposition to metabolic syndrome and adverse changes in coronary artery vasodilatation. NGOs such as the Indian Heart Association and the Med win Foundation have been created to raise awareness of this public health issue.

Poor sanitation:

As more than 122 million households have no toilets, and 33% lack access to latrines, over 50% of the population (638 million) defecate in the open.(2008 estimate.). This is relatively higher than Bangladesh and Brazil (7%) and China (4%). Although 211 million people gained access to improved sanitation from 1990–2008, only 31% use the facilities provided. Only 11% of Indian rural families dispose of stools safely whereas 80% of the population leave their stools in the open or throw them in the garbage. Open air defecation leads to the spread of disease and malnutrition through parasitic and bacterial infections.

Safe drinking water:

Access to protected sources of drinking water has improved from 68% of the population in 1990 to 88% in 2008. However, only 26% of the slum population has access to safe drinking water, and 25% of the total population has drinking water on their premises. This problem is exacerbated by falling levels of groundwater caused mainly by increasing extraction for irrigation. Insufficient maintenance of the environment around water sources, groundwater pollution, excessive arsenic and fluoride in drinking water pose a major threat to India's health.

Kala Azar:

Kala-azar is a serious public health problem. Kala-azar control was being provided by the Government of India out of the **National Malaria Eradication Programme** (NMEP), until 1990-91. The Centre provides insecticide, anti-Kala-azar drugs and technical guidance to the affected states.

Female health issues:

Women's health in India involves numerous issues. Some of them include the following:

· **Malnutrition:** Most Indian women are malnourished. The average female life expectancy today in India is low compared to many countries. In many families, especially rural ones, the girls and women face nutritional discrimination within the family, and are anemic and malnourished. The main cause of female malnutrition in India is the tradition requiring women to eat last, even during pregnancy and when they are lactating.

· **Breast Cancer:** One of the most severe and increasing problems among women in India, resulting in higher mortality rates.

· **Stroke**: **Polycystic ovarian disease** (PCOD): PCOD increases the infertility rate in females. This condition causes many small cysts to form in the ovaries, which can negatively affect a woman's ability to conceive.

· **Maternal Mortality:** the maternal mortality in India is the second highest in the world. Only 42% of births in the country are supervised by health professionals. Most women deliver with help from women in the family who often lack the skills and resources to save the mother's life if it is in danger. According to UNDP Human Development Report, 88% of pregnant women (15-49) were found to be suffering from anemia.

Rural health:

Rural India contains over 68% of India's total population, and half of all residents of rural areas live below the poverty line, struggling for better and easy access to health care and services. Health issues confronted by rural people are many and diverse from severe malaria to uncontrolled diabetes, from a badly infected wound to cancer. Postpartum maternal illness is a serious problem in resource-poor settings and contributes to maternal mortality, particularly in rural India. A study conducted in 2009 found that 43.9% of mothers reported they experienced postpartum illnesses six weeks after delivery

Rural Health Care System in India

The health care infrastructure in rural areas has been developed as a three tier system as follows.

1. **Sub Centre :** Most peripheral contact point between Primary Health Care System & Community manned with one HW(F)/ANM & one HW(M)
2. **Primary Health Centre (PHC) :** A Referral Unit for 6 Sub Centres 4-6 bedded manned with a Medical Officer In charge and 14 subordinate paramedical staff
3. **Community Health Centre (CHC) :** A 30 bedded Hospital/Referral Unit for 4 PHCs with Specialized services

Population norms for rural healthcare infrastructure

Centre	**Population Norms**	
	Plain Area	Hilly/Tribal/Difficult Area
Sub Centre	5000	Sub Centre
Primary Health Centre	30,000	Primary Health Centre
Community Health Centre	1,20,000	Community Health Centre

The average population covered by a Sub Centre, PHC & CHCs are 5616, 35567 and 165702 respectively as on 31st march 2019

The Sub Centre is the most peripheral and first contact point between the primary health care system and the community.

Sub Centres 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, diarrhoea control and control of communicable diseases programmes.

Each Sub Centre is required to be manned by at least one auxiliary nurse midwife (ANM) / female health worker and one male health worker. Under National Rural Health Mission (NRHM), there is a provision for one additional second ANM on contract basis. One lady health visitor (LHV) is entrusted with the task of supervision of six Sub Centres. Government of India bears the salary of ANM and LHV while the salary of the Male Health Worker is borne by the State governments.

There are 7821 SCs which are upgraded as Health and Wellness Centre-Sub Centres (HWC-SCs) out of total 157541 SCs functioning in rural areas of the country as on 31st March, 2019. The significant conversion of SCs into HWC-SCs have been observed in the States of Tamil Nadu (985), Maharashtra (939), Gujarat (813), Uttar Pradesh (726), Chhattisgarh (650), Assam (628), Andhra Pradesh (612) and Karnataka (571).

Significant increase in Sub Centres are recorded in the States of Rajasthan (3000), Gujarat (1892), Karnataka (1615), Madhya Pradesh (1352), Chhattisgarh (1387), Jammu & Kashmir (1146), Odisha (761) and Tripura (433).

Percentage of Sub-Centres functioning in the Government buildings has increased from 43.8% in 2005 to 75.3% in 2019.

- Emergency Obstetric Care including surgical interventions like caesarean sections;
- new-born care; and
- blood storage facility on a 24-hour basis.

As on 31st March 2019, there are 3204 FRUs functioning in the country. Out of these, 95.7% of the FRUs are having Operation Theatre facilities, 96.7% of the FRUs are having functional Labour Room while 75.3% of the FRUs are having Blood Storage/ linkage facility.

CONCLUSION

Urban versus rural healthcare

In India, 75% of the healthcare infrastructure is concentrated in urban areas where only 27% of the total Indian population is living. The remaining 73% of the country's population is lacking proper primary healthcare facilities.

Private healthcare has been witnessing steady growth whereas there is a serious degradation in the quality or infrastructure in the public healthcare sector.

The rural healthcare in India is characterised by under-staffed facilities with bad infrastructure and low availability of medicines. According to a KMPG report, "74% of Indian doctors are catering to the needs of the urban population."

Dr. Anup Sadhu, a radiologist, told BE, "The situation of rural health care in India has not changed much during the past decade, though it is difficult to gauge from it from outside.

The patients are still in the hands of quacks and unscientific medical practices. The villagers have to travel a long distances to the nearest hospital in case of emergencies and their only viable transportation is private transport which many cannot afford."

Shortcomings

Most people in rural India opt for government healthcare facilities because of monetary issues and as transport options to the urban centres are not very affordable.

Despite that, only 11% sub-centres, 13% Primary Health Centres (PHCs) and 16% Community Health Centres (CHCs) in rural India meet the Indian Public Health Standards (IPHS). Only one allopathic doctor is available for every 10,000 people and one state run hospital is available for 90,000 people.

Dr. Sadhu said, "The most important factor is turning a deaf ear to the patients or their relatives. Their innocence is exploited and they are not allowed to know their rights. Poor literacy is a factor.

The doctor in the rural set up is rarely available; most of the centres are run by unskilled or semi-skilled paramedics. In a situation which is beyond control, the patients are sent to the tertiary care hospital where they get more confused and get easily cheated by a group of health workers and middlemen.

Non-availability of basic drugs is a persistent problem of India's rural healthcare. If there are two or three doctors in a rural hospital, they usually share their duties on mutual basis for 1-2 days per week and the rest is managed by a pharmacist or a nurse. In many rural hospitals, the number of nurses is much less than required."

Apart from these, there are certain other constraints that work impede the rural healthcare sector:

Infrastructure: The biggest concern for the rural healthcare system is the lack adequate infrastructure.

Satnam Singh, AGM, Smile Foundation, told BE, "The existing healthcare centres in rural areas are under-financed, uses below quality equipment, are low in supply of medicines and lacks qualified and dedicated human resources.

On top of it, underdeveloped roads, railway systems, poor power supply are some of the major disadvantages that make it difficult to set up a rural healthcare facility."

Doctor: Patient and Nurse: Doctor Ratio: Both these ratios contribute collectively to the inadequacy of the rural healthcare system. Every doctor needs a nurse to cater to their patients. Singh says,

"The rural healthcare infrastructure is three-tiered and includes a sub-centre, a PHC and a CHC. PHCs are short of more than 3,000 doctors, with the shortage up by 200% over the last 10 years to 27,421 as per a report by India Spend."

A patient is not always treated on time in rural India since the doctors are less in number.

Insurance: Insurance is something that is severely lacking in rural healthcare. India has one of the lowest per capita healthcare expenditures in the world. The government has only contributed to about 32% for the insurance in healthcare sector in India which is sufficient.

Affordability: This is a constraint since people cannot afford the up market health services when they need to visit private hospitals. With the advancement of technology, healthcare is also becoming increasingly costly. The cost of diagnostic facilities is also going up. Along with that, there are commissioned charges that most people don't understand.

Lack of Awareness: Awareness about proper healthcare is insufficient in India. Singh added, "The population needs to be educated appropriately on basic issues like the importance of sanitation, health, nutrition, hygiene and on healthcare policies, importance of medical services, their rights, financial support options, the need for proper waste disposal facilities. It is very important to inculcate a health seeking behaviour in them."

Lack of Medical Stores: Medicines are often unavailable in rural areas. **Dr. Sadhu** also said, "Supply of basic medicine is irregular in rural areas. The fair price shops (PPP model) are located in tertiary care and secondary care hospitals. These fair price shops charge differently in different locations. Discounts vary from 50% to 70% by the same provider on the same medicine

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