Health care in rural India: A lack between need and feed

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Dear Editor,

Health is not everything but everything else is nothing without health. "In the beginning, there was desire which was the first seed of mind," says Rig-Veda, which probably is the earliest piece of literature known to mankind. Since antiquity India being the first state to give its citizens national health care as a uniform right. However in the present scenario Indian rural health care faces a crisis unmatched to any other social sector. Nearly 86% of all the medical visit in India are made by ruralites with majority still travelling more than 100 km to avail health care facility of which 70-80% is born out of pocket landing them in poverty.[1]

Government succeeded in generating infrastructures in urban area but fail to do so in rural, sustaining 70% of Indian population. Though existing infrastructural setup for providing health care in rural India is on a right track, yet the qualitative and quantitative availability of primary health care facilities is far less than the defined norms by the World Health Organization. Union Ministry of Health and Family Welfare figure of 2005 suggests a shortfall of 12% for sub centers (existing 146,026), 16% of Primary Health Centers (PHCs) (existing 23,236) and 50% Community Health Centers (CHCs) (existing 3346) then prescribed norms with 49.7%, 78% and 91.5% of sub centers, PHCs and CHCs located in government buildings and rest in non-government buildings respectively requiring a figure of 60,762, 2948 and 205 additional buildings for sub centers, PHCs and CHCs respectively.[2] Location of

PHCs and CHCs a far of distance from rural areas procures a heavy daily loss of wages. This leads the rural people accessing facilities of private health care practitioners, usually unregistered at affordable charges in their villages.[3]

Government reluctance toward the health care appears in that the roughly 0.9% of the total gross domestic product is allocated for health care. Spending average 14% of the household income on health care by the poor house hold varying from 1.3% in Tamil Nadu to about 37% in Jalore (Rajasthan) suggests people's reluctance toward health care putting it in a side corner then other priorities.[3] Only 0.5% of the rural enjoy basic sanitation facilities with a major population affected by the various health ailments owing to lack of sanitation coupled with polluted waters.[4] Felling seriously ill they either head toward the urban setup or the backward communities look for the witchcraft and hermits, placing them in the grip of lechers (money lenders), creating a physical.

Ineffectiveness of the primary health care created a breach in referral system which should serve as an entry point for the individual and continuous comprehensive coordination at all level of health care.[5] Utilization of services has shown to be residence and educational level dependent with 70% of illiterate availing no ANC care when compared with 15% of literate with rural women (43%) less likely to receive the ANC services when compared with urban women (74%).[6]

Dearth of men power, reluctant community participation and intersectoral coordination make the condition nastiest. There is a threat to collapse of the higher health care machinery owing to overcrowding by health care seekers which are bypassing the first level of contact and this is the major problem Indian health care system is facing. Low faith in public health services could be a reason for this by pass evident from the existing data.

The only way which could lead to the goal of health inclusion is by incorporating impoverish needy rural population through community participation**.** It is a common complaint of people that government health functionaries are struck with non-availability of medical staff. In one of the study, it was indicated that 143 public facilities found absenteeism of 45% doctors from PHCs with 56% of time found to be closed with an unpredictable pattern of closure and absenteeism during regular hour visit.[2] A survey report from Madhya Pradesh in 2007 states that out of 24,807 qualified doctors and 94,026 qualified paramedical staff mapped in the survey in the state, 18,757 (75.6%) and 67,793 (72.1%) were working in the private sector respectively highlighting the government failure to provide basic infrastructure to doctors and other health care workers in rural areas.[7] This could be tackle by focusing on skill up gradation, capacity development and capability reinvigoration and limiting the scope for practice of illicit and unqualified practitioners. Thus, primary health care in India needs to be re-evaluate and immediately warrants reforms and concrete steps to be taken, otherwise this tug of war between growth and human resource development remains will continue forever.

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References

1. Kumar R. Academic institutionalization of community health services: Way ahead in medical education reforms. J Family Med Prim Care 2012;1:10-9.
2. Bhandari L, Dutta S. Health infrastructure in rural India. India Infrastructure Report; 2007.
3. Iyengar S, Dholakia RH. Access of the rural poor to primary healthcare in India. Rev Market Integr 2012;4:71-109.
4. Sharma RK, Dhawan S. Health problems of rural women. Health Popul Perspect Issues 1986;9:18-25.
5. Report of the Steering Committee of Health. Available from http://www.planningcommission.nic.in/aboutus/committee/strgrp/stgp_health.pdf. [Last cited on 2012 Jan 08].
6. Saha UC, Saha KB. A trend in women's health in India – What has been achieved and what can be done. Rural Remote Health 2010;10:1260.
7. Jat TR, Ng N, San Sebastian M. Factors affecting the use of maternal health services in Madhya Pradesh state of India: A multilevel analysis. Int J Equity Health 2011;10:59.