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Health Care System of Rural Areas in India

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ABSTRACT:

Introduction: Health care is the improvement of health and preventive healthcare is especially essential in light of the rise in chronic illness prevalence and related fatalities globally, including in rural areas. The PHCs were working on it and envisaged providing integrated curative and preventive health care to the rural population, with an emphasis on the preventive and promotive aspects of health care. Over the past ten years, India's population has experienced considerable improvements in health, narrowing the gap between rural and urban areas as well as between the rich and the poor, and there is growing understanding that India has to establish a robust, all-encompassing primary healthcare system in order to improve population health status and lessen these inequities. The National Health Policy of 2016 and the budgetary announcements for the year 2018 known as Ayushman Bharat have two parts that will strengthen healthcare in India. **Objectives:** The objective of the study is to understand the preventive healthcare system in India and look into the functions of healthcare centres for preventive care in rural areas. **Methodology:** Explorative research methodology has been used, and the study is based on secondary sources, which are taken from books, annual reports of upper-level education, journals, and newspapers. **Findings:** This study reveals that the preventive healthcare system in India promotes the holistic development of people and the functions and roles of health care centres for preventive care in rural areas. **Conclusion:** The preventive healthcare system in India has been one of the most important aspects. The current status of public health in the nation is so unacceptable that any attempt to change it will unavoidably require administrative measures.

Keywords: Health care, Primary Health Care Centers, Health and Development

Introduction:

Health care is the improvement of health, and preventive healthcare is especially essential in light of the rise in chronic illness prevalence and related fatalities globally, including in rural areas in India. The healthcare services are divided under state lists and concurrent lists. While some things, like hospitals and public health, are on the state list, other things, like population management and family welfare, medical education, and drug quality control, are on the concurrent list. The primary agency in charge of carrying out numerous programmes and schemes in the fields of family welfare, disease prevention, and control is the Union Ministry of Health and Family Welfare (UMHFW). The term "infrastructure" refers to more than only physical infrastructure in the context of health. Hospitals, clinics, and dispensaries must all be staffed with competent individuals who have a focus on customer service. All citizens have the fundamental right to good health, and health promotion is integral to providing that right. According to the definition by the World Health Organization, "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Since prevention entails avoiding or delaying the onset of an illness, which is crucial for a high quality of life, preventive healthcare is a significant factor in determining health. A population that is healthy and educated, as a result of investment in human capital, is better able to contribute to the expansion of the economy through its employability, creativity, and productivity. The PHCs were working on it and envisaged providing integrated curative and preventive health care to the rural population, with an emphasis on the preventive and promotive aspects of health care. Over the past ten years, India's population has experienced considerable improvements in health, narrowing the gap between rural and urban areas as well as between the rich and the poor, and there is growing understanding that India has to establish a robust, all-encompassing primary healthcare system in order to improve population health status and lessen these inequities. The National Health Policy of 2016 and the budgetary announcements for the year 2018 known as Ayushman Bharat have two parts that will strengthen healthcare in India.

Review of Literature:

Sheikh (2012) conducted a study on the "Situation of Rural Health Care of Thoubal District in Manipur" and discovered that the majority of the health care facilities are situated in urban areas, which only have 20% of the district's population, indicating that few health care facilities are situated in rural areas of Thoubal district, despite the fact that the majority of the population resides there. It is discovered that 40% of doctors are missing while patients are receiving medical care, and a third of the medical staff is gone throughout a shift. The author has explicitly claimed that there was a high prevalence

of communicable diseases, which are the main reasons for the high rate of morbidity and death. These diseases include malaria, hepatitis, RTI/STI, leprosy, tuberculosis, viral hepatitis, and others. According to the aforementioned assessment, in Thoubal district, there is a significant gap in the availability of health centres between urban and rural areas. The poor rural population struggles to access the available health care services due to the paucity of health care facilities in rural areas. As a result, it is determined that additional health facilities need to be built or established for the welfare of the underprivileged population in the rural parts of Thoubal district.

Majumder & Upadhyay (2004) a study conducted a on In 16 of India's major states, a study was undertaken on the "analysis of the primary health care system in India," with a focus on reproductive health care services. The study's major goal was to evaluate the performance of primary healthcare services, with an emphasis on reproductive healthcare services. The authors used the Feldstein paradigm to assess the effectiveness of the natural healthcare system in Britain. According to the study's findings, there have been 100% changes in the number of medical officers per 30 000 people, which has resulted in an increase in service use of more than 30%. It is true that women who have received education are more aware of and use the services offered by health centers. Additionally, it has been found that rural residents use health services more frequently when they are located nearby or in peripheral areas, since it makes accessing the services more convenient. The utilisation of health care services in all 16 main states and across India is thus determined in large part by demographic considerations, socioeconomic structure, education, and the quality of services at the health centres.

Objectives:

1. To understand the healthcare system in rural areas of India.
2. Look into the functions of healthcare centres in rural areas.

Methodology:

Explorative research methodology has been used for this study, and the study is based on secondary sources, which are taken from books, annual reports of upper-level education, journals, and newspapers.

Health Care System in India

The National Rural Health Mission and the National Urban Health Mission are both parts of the National Health Mission. This goal, which is adaptable and dynamic, is designed to help states ensure that everyone has access to healthcare by bolstering health systems, institutions, and capacity building. "Achieving universal access to equitable, accessible, and high-quality health care services that are responsible and responsive to people's needs, with effective cross-sectoral convergence action to address the broader social determinants of health," is what NHM envisions. The mission aims to bridge the gap between urban and rural healthcare facilities, particularly for the poor and vulnerable, by improving the health infrastructure, increasing human resources, improving service delivery, and decentralising the programme to the district level to enable context-specific, need-based interventions, improving intra- and inter-sectoral convergence, and promoting efficient resource use. According to the 2011 Census, all State capitals, district offices, and other cities and towns with a population of 50,000 or more are gradually covered by NUHM. The NRHM will continue to cover towns and cities with a population under 50,000. The primary programmatic elements of NHM up until 2018 included strengthening the health system, communicable and non-communicable diseases, RMNCH+A, immunisation, etc. Through the use of Health & Wellness Centers, the introduction of Ayushman Bharat has caused a paradigm shift away from selective primary care and toward assuring complete care and suitable links to referral hospitals (HWCs). The enhanced service package, which is a strategic component for providing comprehensive primary healthcare and fulfilling NHP 2017's promise of universal health coverage, is one of the key components of HWCs. Along with this, other essential elements of HWCs include an expanded array of HR through mid-level healthcare personnel, an extended array of medications, new technology and point-of-care diagnostics, a strong IT system, community mobilisation, and health promotion activities.

Strengthening of Health facilities under Ayushman Bharat:

In order to achieve the aim of universal health coverage, the government introduced Ayushman Bharat as its flagship initiative in 2018. A full variety of treatments covering preventative, promotional, curative, rehabilitative, and palliative care are being offered in an effort to shift away from a selective approach to health care. There are two parts to Ayushman Bharat, and they work best together. Around 1,50,000 Sub-Health Centers (SHCs) and Primary Health Centers would be converted into Ayushman Bharat Health & Wellness Centers (AB-HWCs) (PHCs) by the year 2022 in order to provide comprehensive primary health care that is universally available and free of charge to users, with an emphasis on wellness and the provision of an expanded range of services close to the community. The Pradhan Mantri Jan Arogya Yojana (PMJAY) is the other element. It offers poor and vulnerable families health protection coverage so they can get secondary and tertiary treatment. These Health and Wellness Centers will offer a wide range of services, including expanding and enhancing current MCH and communicable disease-related services.

The health care infrastructure in rural areas

1. Sub Centre : One HW(F)/ANM & one HW staff the most remote point of contact between the primary healthcare system and the community (M)

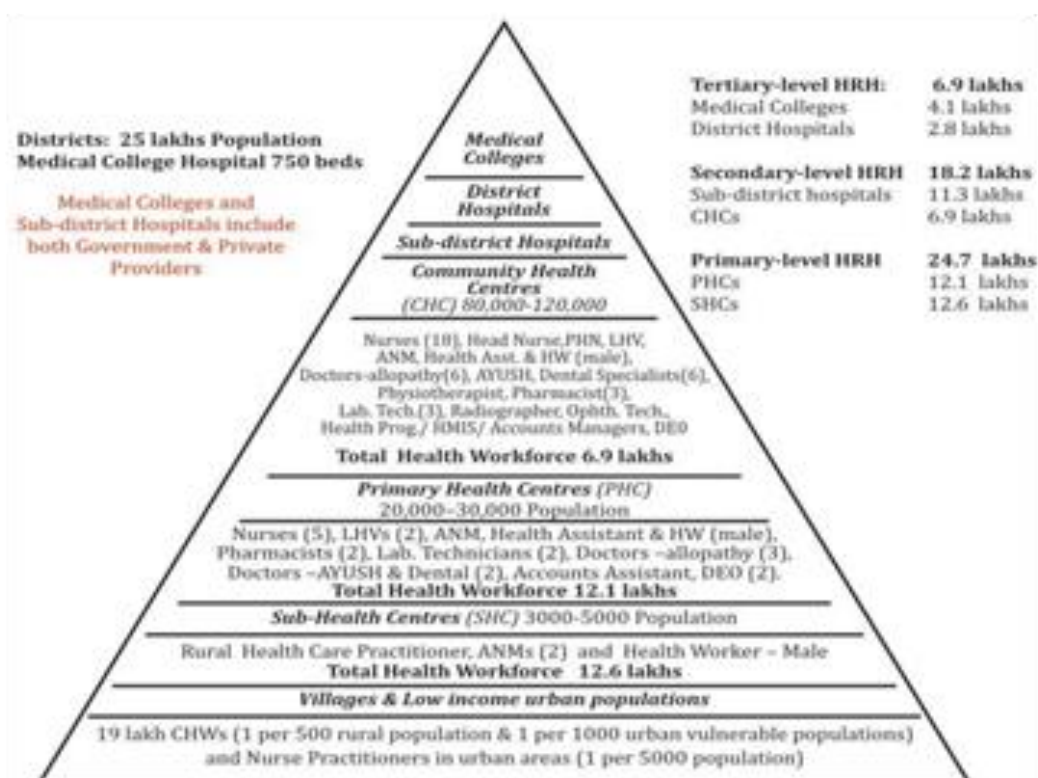
2. Primary Health Centre: A Referral Unit for Six Sub-Centres 4-6 beds are manned by a medical officer in charge and 14 subordinate paramedical staff.
3. Community Health Centre: A 30-bed hospital/referral unit for four PHCs with specialised services.

Population Norms		
Centre	Plain Area	Hilly/Tribal/Difficult Area
Sub-Centre	5000	3000
Primary Health Centre	30,000	20000
Community Health Centre	1,20,000	80,000

Through the above health care centers, the Government of India has delivered health care services to the rural population. A huge public health infrastructure has been developed in India, including a number of sub-centers, primary health centres, and community health centres.

Health Care Services:

1. Care in pregnancy and childbirth
2. Neonatal and infant health care services
3. Childhood and adolescent care services
4. Family planning, and other reproductive care services
5. Management of communicable diseases, including National Health Programs
6. Management of communicable diseases and outpatient care for acute simple illnesses and minor ailments
7. Care for common ophthalmic people and ENT problems
8. Basic oral healthcare
9. Elderly and palliative care services
10. Emergency medical services



Source: National Rural Health Mission and Ministry of Health and Family Welfare, Government of India

Functions of Health Care Centres:

1. Spreading awareness of the value of sanitation and hygiene in the community.
2. Taking care of the overall health of the people and providing free or low-cost treatment for prevalent illnesses.
3. Managing government clinics that offer even expensive medications for free or at a low cost.
4. Freely administering immunisations and inoculations against epidemic diseases such as polio, cholera, and tuberculosis.
5. Organising informational campaigns to educate the public on the prevention and causes of diseases including smallpox, cancer, AIDS, Hepatitis B, etc.
6. Practicing preventative medicine to stop the spread of illnesses like dengue and malaria. The following are examples of preventative medicine techniques: raising public awareness, fumigating high-risk regions, draining standing water, etc.
7. Providing quick emergency care in the event of accidents, diseases, and natural disasters.

Conclusion:

The healthcare system in India has been one of the most important aspects. The current status of public health in the nation is so unacceptable that any attempt to change it will unavoidably require administrative measures. The PHCs were created to provide comprehensive curative and preventative healthcare to rural residents, with an emphasis on the preventive and promotion aspects of healthcare. As part of the Minimum Needs Program (MNP)/Basic Minimum Services (BMS) Program, the State governments run and maintain PHCs. From this all service people are getting service and taking utilisation of health specialities which providing through health care centres.

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