

Access to health care in rural societies – challenges and policy implications: A review

Hema Naik

Associate Professor, Dept of Sociology, Govt First Grade College,
Harohalli.

DOI: <https://doi.org/10.5281/zenodo.17221924>

ABSTRACT:

This paper discusses the factors impeding the access to health care in rural Indian societies and spotlights the policy implications. Rural communities in India suffer from several hazards in getting proper and timely health care support. These lapses are negatively impacting the Indian rural population as there is a constant increase in maternal mortality, mal nutrition, infant mortality etc despite government emphasis on rural health care sector. Indian Rural population are already suffering from financial constraints owing to the agricultural pressures. Adding to the health care costs is making them further impoverished. It is also studied that number of Indians pushed below the poverty line due to the increasing health care costs was more than three times greater in rural areas than in urban areas. Health care expenditures are considered as the primary cause of poverty in rural India. The lack of public health care infrastructure is pushing rural people towards private health care systems in urban centres. The private health care amenities are not only expensive but are mainly urban centred. This is leading rural people to migrate to urban cities. Hence a need to review rural health care schemes and policies arises. There is a need to bring transformation in current rural health issues through addressing basic problems which can include expansion of small hospitals into less populated rural areas, formation of women health clinics, use of technology to expand rural health care reach etc.

KEYWORDS:

rural societies, health care access, challenges, policy implications.

.....

Introduction:

Rural health care in India is delivered through a three-tiered system including Sub Health Centres, Primary Health Centres and Community Health Centres All these layers are come under National Health Mission (NHM).

- » Sub Health Centres
- » Primary Health Centres
- » Community Health Centres

National Health Mission (NHM)		
Sub Health Centres SHC	Primary Health Centres PHC	Community Health Centres CHC
These units are basic health care providers they help rural people in providing health services to specific population.	These units serve as the first point of contact for rural communities offering combination of curative preventive and promotive health care.	These units act as referral centres for PHCs. Offering more advanced services including operation theatre, X Ray facilities and specialist consultation support.

Rural health schemes: The rural India is also benefitted through a number of health schemes including

1. National Health Mission– was launched to provide accessible affordable and quality health care to the rural population.
2. National Health Policy Of 2017–Assuring free comprehensive primary care is a key objective of the National Health Policy Of 2017 effective primary health care can prevent or pre-empt the occurrence of more serious health issues meaning that overall health outcomes can be improved significantly through investing in primary health care.
3. Ayushman Bharath Health and Wellness Centre– A flag ship initiative under the NHM that upgrades existing SHCs and PHCs into HWCs to deliver comprehensive primary health care services. The Ayushman Bharath Health and Wellness Centre are assisting rural India in transforming existing health care facilities to offer comprehensive primary health care services including preventive and curative services. Key components of this scheme include trained community health workers like Accredited Social Health Activities (ASHA) mobile medical units and ambulance services to improve accessibility and address the critical challenges of infrastructure and health worker shortages in rural health care centres.
4. Accredited Social Health Activists (ASHA) – these are trained women community health workers who serve as a link between communities and public health facilities facilitating access to services and health education.

5. The Ayushman Bharath Health and Wellness Centre are assisting rural India in transforming existing health care facilities to offer comprehensive primary health care services including preventive and curative services. Key components of this scheme include trained community health workers like Accredited Social Health Activities (ASHA) mobile medical units and ambulance services to improve accessibility and address the critical challenges of infrastructure and health worker shortages in rural health care centres. Schemes like Janani Suraksha Yojane, Matru Vandana, Kishore Swastya Yojane, Shishu Suraksha Yojane etc are helping the rural people to access health care facilities.

Key challenges in rural health care access:

1. Scarcity of infrastructure – a significant hurdle in providing adequate health care to rural population is insufficient health care infrastructure. The number of primary health centres is very less compared to rural population.
2. Scarcity of professionals– the insufficient number of specialist doctors, nurses, and other para medical personnel is a constraint in access in rural health care facilities. In rural areas the ratio of doctors is comparatively less according WHO norms. Most of the doctors are concentrated in urban areas. According to Karnataka branch of Indian Medical Association, Bangalore has 40 % of the total doctors of Karnataka state. In 2024–25 the availability of specialist doctors in rural India remained a significant concern with a reported shortage of approximately 80% in CHCs. Efforts under NHM including incentives like hard area allowances, preferential PG admissions and improved accommodation to attract and retain specialist doctors are not sufficient to retain the specialist medical personnel in rural areas. The shortfall of specialist doctors in rural CHCs has remained consistently high. It is standing high around 17,551 in 2023–24 indicating a long-standing problem.
3. Rural health investment –Government supporting with increased investments in rural health care sector. In India Rural Health Investment in 2023–24 was primarily channelled through NHM with a budget of allocation of INR 29,085.26 crores. The 15th Finance Commission provided grants to local governments for health services Ministry of Rural Health and Family Welfare received a significant increase in budgetary allocation. The 15th Finance Commission provided grants of 70,051 crore to local governments to strengthen health systems.

4. Budgetary allocation for health care and research – the budgetary allocation for health sector is correspondingly increasing.

	2021-22	2022-23	2023-24	% of change
Health and family welfare	81,780	76,370	86,175	12.8%
Health research	2,691	2,775	2,980	7.4%
Total	84,470	79,145	89,155	12.6%

Source: Budget expenditure hand book, 2024

Between 2012-13 to 2023-24 allocation towards the department of Health and Family Welfare has increased at an annual average rate of 12%. The allocation from 25,133 crores in 2012-13 to 87,175 crores in 2023-24.

Year	Allocation in crores
2012-13	25,133
2023-24	87,175

5. Private investments in rural public health care mechanism– Investments also come from private sector with NABARD financing rural health care infrastructure. But private investment fall short of rural population ratio.
6. Ayushman Bhava scheme– the launch of popular scheme Ayushman Bhava scheme which is supporting to improve health care access and awareness in rural areas is proving beneficial.
7. New schemes– Vikasit Bharath Sankalp Yatra is an initiative also provided on spot services for Ayushman Card creation to reach eligible populations in rural areas.

India has significantly reduced its maternal mortality ratio to 88 deaths per 100,000 live births in 2020-2022 down from 103 in 2017-2019 and a much higher figure in earlier years. This decline is largely attributed to improved health systems including institutional deliveries and skilled birth attendance Pradhan Mantra Matru Vandana Yojana and Saksham Anganwadi schemes have helped. The proportion of pregnant women who had an antenatal visit in the first trimester increased from 59% in NFHS-4 in 2015-16 to 70% in NFHS-5 in 2019-21. Institutional births have in-

creased from 51% to 59% at the National level in rural areas 87% births are delivered in Institutions while it is 94% in urban areas.

A review of Policy implications:

1. Increasing in improving health infrastructure– There is a need for improving infrastructure by investing in rural health care infrastructure such as the establishment of mother and child care units which are contributing to better health care delivery in rural areas.
2. Increasing community engagement– Community engagement is also very essential Initiatives within NHM focus on decentralization and community involvement to improve the responsiveness and accountability of the health system.
3. Increasing in nursing colleges in rural areas – new nursing colleges need to be established There is a need to co locate them with recently established medical colleges. A mission to eliminate sickle Cell anaemia by 2047 has been launched in 2023–24 Facilities in select ICMR labs will be a made available for research by public and private medical college faculty and the private sector.
4. Increasing Allocation towards PMABHIM – Allocation towards PMABHIM which seeks to create Primary Health Infrastructure increased from 1885 crore in 2022–23 to 4200 crore in 2023–24 with an increase of 123%. PMSSY is scheme for the establishment of new AIIMS and the upgrading of government medical colleges across all states.
5. Increasing allocation for Pradhan Manthri Swastya Suraksha Nidhi – the 4% health and education Cess on income was introduced in 2018–19 in reports on years 2018–19 and 2019–20 the comptroller and Auditor General had observed that although the Cess had been created the principles for allocating this amount towards the health sector had not been specified and no dedicated fund had been created to receive money for this purpose.
6. Insufficient investments in public health infrastructure– Insufficient investments in public health infrastructure can have negative consequences on access to health care and consequently on health indicators The National Health Policy 2017 proposed that the overall government expenditure on public health should be at 2.5% of GDP. As per the economic survey 2022–23 the overall public health expenditure was at 1.6% of GDP in 2020–21 and estimated at 2.1% of GDP in 2022–23.

Rural communities in India suffer from several hazards in getting proper and timely health care support. These lapses are negatively impacting the Indian rural population as there is a constant increase in maternal mortality, mal nutrition, infant mortality, current practices seeking to address this problem includes expansion of small hospitals into less populated rural areas formation of women health clinics use of technology to expand the health care access centres and also providing training for local health care personnel. These will address the issues of severe shortage of qualified medical personnel physical limitations such as distance lack of established health care infrastructure and inability to pay for necessary medical treatment.

Conclusion:

Thus, the lack of public health care infrastructure is pushing rural people towards private health care systems in urban centres. The private health care amenities are not only expensive but are mainly urban centred. This is leading rural people to migrate to urban cities. This is also leading to augmentation of financial burden through debts among rural people which is decreasing the possibility of getting necessary defensive health care services there by leading to severity of untreated health problems. Hence there is a need for reviewing the rural health care policies.

References:

1. Report Of Socio Economic and Caste Census, Government of India, New Delhi, 2024
2. National Health policy of 2017 – The Hindu Centre for Politics and public policy, New Delhi, 2025
3. Report National health Mission– Rural Health Care System in India, New Delhi, 2023–24
4. Rural health statistics– OGD, Open Government Data plat form, New Delhi, 2025
5. Report on Health care access in rural India, New Delhi, 2023
6. Report on Maternal mortality, WHO, 2024

Funding:

This study was not funded by any grant.

Conflict of interest:

The Authors have no conflict of interest to declare that they are relevant to the content of this article.

About the License:

© The Authors 2024. The text of this article is open access and licensed under a Creative Commons Attribution 4.0 International License.