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Primary Healthcare Opportunities and Challenges in Rural India

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Abstract:
The human resource's health is a crucial factor. Improved economic conditions and a higher standard of living are both correlated with good health. A healthy population may actively contribute to economic prosperity and can do more to advance the nation as a whole. Health for All is therefore the primary goal of all countries (GoTN 2008). India's governmental and private healthcare systems are both going through significant change. They make a significant contribution to meeting the population's health demands. Typically, the State Government bears primary responsibility for providing healthcare to the general public and especially to those who are marginalised. The State and Central Governments work to achieve the predetermined objectives of the health indicators through budgetary allocations to the health sector. The study's main goals are to learn about India's primary healthcare system and to comprehend the opportunities and difficulties that rural India's primary healthcare providers encounter. In this study, discussion and concussion secondary data were employed.

Keywords*: Health, Primary Healthcare, opportunities, difficulties, Rural India*

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I. Introduction:

In India, the idea of a Primary Health Centre (PHC) is not new. A PHC is a basic health unit that was introduced in 1946 by the Bhore Committee to provide comprehensive curative and preventative healthcare to rural populations, with a focus on these elements of care. The PHC and its Sub-Centres (SCs) have been envisioned by India's health planners as the ideal infrastructure for delivering healthcare to the rural people. In order to offer comprehensive healthcare to the rural population, the Central Council of Health advocated the building of PHCs in community development blocks during its inaugural meeting, which took place in January 1953. With little to no community involvement, these institutes were operating as outlying institutions providing healthcare services. As a result of their inability to offer the target population with proper healthcare, including due to inadequate staffing, inadequate equipment, and a lack of basic facilities, these centres came under increasing scrutiny.

One of the most crucial human activities to enhance quality of life is healthcare. Any healthcare system's principal goal is to help the community reach the highest possible level of health through the provision of services with the proper degree of quality and quantity. Some of the issues that the healthcare systems must overcome include growing people's expectations, increasing accessibility, awareness, and availability of services and technological advancements for the management of health problems. Systems for delivering healthcare must get ready to provide the people with the preventive, curative, promotional, and rehabilitative care that they require. Before and after independence, India's development thought included the difficulty of constructing rural health services, the state's obligation to provide them, and educating paramedical staff to perform limited curative and preventive roles. The organisation and delivery of healthcare services will become more important as a result of the increased expectations of healthcare consumers. Therefore, it is crucial to comprehend the greatest methods for planning and delivering healthcare services.

The history of medicine and health sciences in India spans several centuries. “But as foreign influences and cultural blending spread throughout the years, many medical systems developed and have continued to be extensively used. Under British administration, the allopathic system of medicine gained prominence and had a significant influence on the nation's whole approach to health care following Independence. Currently, India's

health care system is organised into three tiers to better serve its population. The main tyre, which is the initial tyre, was created to offer healthcare to the large majority of rural residents. Three different categories of healthcare organisations make up the primary tyre: Sub Centres (SC), Primary Health Centres (PHC), and Community Health Centres (CHC). A network of integrated health and family welfare delivery systems makes up the rural health care infrastructure, which offers primary health care services."

Rural communities' and individuals' "health are significantly impacted by access to high-quality healthcare services. More effort will be needed to address the health issues in rural areas than only improving the standard and accessibility of healthcare. "The disadvantages encountered by rural residents will continue to worsen until governments adopt an "upside-down" attitude, concentrating on creating healthy communities rather than just creating hospitals to make communities healthy. A market-centred strategy and more effective government intervention for horizontal and vertical hospital integration can solve the underutilization of current rural hospitals and healthcare facilities. Rural communities have found telehealthcare, mobile health units, and community-based health insurance to be beneficial. Utilisation of maternal health services is also significantly influenced by women's autonomy and media exposure. For those living in rural locations, having easy access to medical facilities is essential for appropriate medical care.""

II. Objectives of the study:

To know about the Primary Healthcare system in India
To understand the opportunities and challenges faced on Primary Healthcare the rural India

III. Methodology of the study:

This present study is completely based on secondary data in nature. The secondary data has been collected from, books, research papers, journals, GoI publications, newspapers and internet. For concussion & discussion narrative techniques has been used in this study.

Opportunities of Primary Healthcare in rural India:

Higher investments in health care: Only a small part of India's total budget is allocated to health care. Prior years increased fiscal support for the National Rural Health Mission resulted in noticeably better health outcomes. Rural areas saw the majority of this improvement, which decreased health disparities. The national Gross Domestic Product (GDP) is only 1% of the total budget for health care, which limits the best possible advancements. There is evidence indicating that states in India with greater health spending percentages have better health outcomes than those with lower health spending percentages.

State-funded health insurance and implications for primary health care: There are worries that the National Health Protection Scheme (NHPS) expenditures made by India may favour secondary and tertiary healthcare at the expense of primary healthcare. Evidence and experience from the consultation will be useful in the nation's efforts to turn things around.

Building and empowering primary health care teams: The majority of the presentations that day emphasised the importance of comprehensive health care, which includes the capacity to prevent and treat disorders affecting maternal and child health as well as communicable and non-communicable diseases and accidents. Numerous government and non-government organisations have employed non-physicians to provide healthcare in rural areas due to a lack of physicians in those locations

Challenges of Rural Health Care Services:

The information in the previous section demonstrates that the needs of the rural population in terms of health care have not been adequately satisfied. The bad health care system in rural areas is caused by a number of issues with the delivery of rural health care services. The following are some of the system's biggest issues.

Nature of Market for Health Care Services and its Inefficiencies:

- When health care production and consumption are efficient, "Pareto optimality or social optimality in marketing can be achieved. For patients with little income, health care is efficient when they are satisfied. Health care production is efficient when it's cheap per unit. Health care service market peculiarities hinder competitiveness and societal optimum."
- The demand for the provision of health care services is motivated by individuals' desire to restore and maintain optimal health. The transfer of health-related goods and services is not feasible within the framework of commercial transactions. The lack of marketability in the realm of healthcare diminishes the influence of market forces in determining price and quantity. Therefore, the market has a limited role in determining resource allocation.
- Information Asymmetries: "A market is deemed to exhibit perfect competition when both buyers and sellers possess complete and accurate knowledge regarding the product or service being exchanged. A state

of knowledge imbalance exists between healthcare providers and patients. Medical professionals possess knowledge on various illnesses and appropriate therapeutic interventions for these conditions. Patients are compelled to adhere to medical recommendations due to a dearth of knowledge. There is a greater degree of information asymmetry observed in rural settings in comparison to metropolitan areas."

- Supplier Induced Demand: Consumers rarely opt for health care services when given a choice. The demand for doctors' services might be affected because doctors are the service's provider. When the demand and supply of health care services are simultaneously set by the same individual at the same time, the market is more likely to fail in completing its functions owing to conflict of interest.
- Medical Education and Entry Barrier: "Most of those providing medical care are medical doctors. If people are free to enter and leave the medical field, competition for health care services will increase. A specialised physician in today's healthcare system needs to have completed at least seven years of medical schooling. The number of medical schools is capped in an effort to maintain a high standard of education. Few people who want to go into medicine actually get the chance to do so. Due to high competition for few medical school spots, private universities were able to amass sizable donations from would-be medical students. Fewer doctors are trained than are needed because of flaws in the medical education system, its admission policy and procedure, the intermediate education system, and the current socioeconomic system. It is biassed towards rural communities and contributes to the growth of corporate influence in the health care system. There is not only a severe lack of medical professionals, but it also appears that many of those who have been assigned to work in remote hospitals regularly fail to show up for their shifts. The lack of rivalry in the health care service delivery system is attributed in part to the medical education system."
- ASHAs and ANMs are the community health activists "who will raise people's understanding of health and its social determinants, so encouraging greater participation in local health planning and greater accountability for current health care services. The AWW's fundamental role is crucial and should be carried out as effectively as possible. Newborns need to be cared for, and all children under the age of six should be immunised. They must make sure pregnant women receive antenatal care, including tetanus vaccinations. Furthermore, they offer support to new mothers after delivery. The numerous difficulties encountered by these service providers at the grass-roots level are presented. In addition to the aforementioned infrastructural and other obstacles, these health providers also confront difficulties such as inadequate communication, an overly large field area, and an overwhelming amount of work. They advocated for a suitable size of the operational area and a clear delineation of duties. It's still a big problem because ASHA aren't given incentives at the correct moment, which demotivates them from doing their regular jobs. The recipients have voiced similar concerns, noting that each month's MAMATA Diwas falls on the second Friday. But that hasn't happened in four months because neither the service provider nor the ANM has shown up. The beneficiaries have begun to lose faith in the ASHA workers, who are tasked with communicating with those who live in remote areas."

Rural Biased Health Care System:

Primary health care, secondary health care, and tertiary health care are the three main categories of health care. Primary health care services are the first point of contact for most people who experience health problems. Secondary healthcare is for those who need ongoing treatment, sometimes in the form of a brief hospital stay. Services provided by highly specialised medical professionals and infrastructure are known as tertiary health care. The majority of people living in rural areas lack ready access to advanced medical treatment. Sixty-eight percent of India's population in 2011 was located in rural areas. Despite the fact that just 31.2% of our population resides in metropolitan areas, these populous hubs serve as marketplaces for the surrounding rural areas, providing them with the commodities and services they require.

The provision of health care services in convenient locations for rural residents has been taken on by the public sector. Consequently, the public sector has established a variety of health institutions to provide for the needs of rural residents and has delegated various health-related obligations. Sub-Centres and Primary Health Centres provide primary health care services at the ground and first-tier levels, respectively, in rural areas. Primary and secondary health care are being provided by Community Health Centres in semi-urban and metropolitan areas. In addition to primary and secondary care, urban district hospitals typically offer tertiary care to their patients.

Even though they are at the bottom of the rural health care system, Sub-Centres prioritise providing care for mothers and children. "As of March 31, 2016, 25354 PHCs were providing primary healthcare services to the public. People in rural areas who are experiencing relatively minor health problems can visit either a Primary Health Centre (PHC), a private doctor in the area, or a hospital in a nearby metropolis. Patients may choose to take advantage of the free primary care services offered by nearby medical practitioners because of the accessibility and convenience of the services. It's possible that people receiving services in rural areas won't notice when their providers are underqualified or when they receive "inappropriate diagnosis and treatment."

Some people may still choose to self-medicate by acquiring drugs from local glossary stores. Patients in rural areas that require advanced medical care must travel to larger cities to receive it."

Location and economic disadvantage make rural areas unattractive to private health care service providers. Healthcare facilities run by the government also fell short in providing for the requirements of rural residents. The vast majority of government-employed physicians lack the personal will to practise in rural areas. It is common knowledge that rural public health institutions suffer from high rates of absenteeism among their medical staff.

These hospitals are too far away for rural residents, but they have no choice. Transporting patients to hospitals, as well as providing lodging for their loved ones, can be difficult for those living in rural areas.

Inadequate Public Outlay on Health:

Despite being a signatory to "the Alma Ata Declaration of 1978, India allocates a disproportionately little portion of its budget to the health sector. Over the past three decades, public spending on health has been relatively stable at around 1% of GDP, but in most affluent countries, health spending amounts for more than 5% of GDP. Current health spending is significantly lower than what is needed to fund even the most fundamental healthcare infrastructure across the country. The rising share of private spending in health care is attributable to two factors: the first is the rising cost of health care services, while the second is the falling share of public spending."

Growing Out-of-Pocket Expenditure on Health and Impoverishment of rural poor:

More than eighty percent of rural Indians are unaware of the existence of health insurance. "The central government's health insurance programme, known as Rashtriya Swasthya Bima Yojana (RSBY), only serves 12% of rural residents. Most people who live in rural areas lack health insurance (86%). All medical costs must be paid for yourself. The cost of healthcare is not only exorbitant, but also on the rise. A significant obstacle to health care access in India is the high cost of treatment out of pocket. According to NSSO (2004), 28% of illnesses in rural areas go untreated because of cost. Health care costs were so high in 2004 that they drove 6.2% of all households below the poverty line. As a result, rising discretionary costs are blamed for contributing to rural poverty. Against this background, Ashok Jhunjhunwala noted that every year, healthcare costs alone drive 22 million people below the poverty line, with 40% of hospitalisation costs being covered by loans or the sale of assets."

Shortage of Doctors in Public Health Institutions:

The availability of doctors at the hospital is crucial to the standard of care provided. "One of the biggest issues in India's public health system is the country's severe lack of medical professionals, especially in rural areas. The vast majority of rural hospital staff physicians do not live in the communities where they practise. They used to come in from the neighbouring cities every day. It is the responsibility of public health facilities like PHCs and CHCs to provide the medical requirements of rural residents. As of March 2015, 8% of PHCs in India lacked doctors. More than 80% of CHC lacked surgeons, 76% lacked obstetricians and gynaecologists, and 82% lacked paediatricians."

From April 2013 to March 2016, 4,701 medical college graduates in India went overseas for further education or employment, as reported by the Medical Council of India. "Most of those who have stayed put prefer to practise in urban centres, rather than the more remote locations where the lack of medical professionals is most noticeable. Doctors in metropolitan regions are discouraged from working in rural areas because of the higher salaries and better working circumstances given by private hospitals."

Absenteeism of Doctors:

The presence of medical staff is just as important as the posting of medical staff to the provision of quality health care services in a public hospital. "The dedication of the medical staff at the public hospital in the countryside is paramount. It is possible that medical professionals who commute from neighbouring cities will miss work due to personal or work-related obligations. It's no secret that medical professionals have a high rate of absenteeism from the workplace. Hospitals in outlying areas with fewer amenities have a higher absence rate. Hospitals with poor infrastructure and a lack of necessary equipment also had a higher absenteeism rate."

Poor Quality of Healthcare Service:

The emotional suffering of a patient's loved ones is just as important to the healthcare system as the physical suffering of the patient themselves. "How people feel about the quality of the health care service will determine how much demand there is for it. Rural public hospitals have been criticised for providing subpar care due to a number of factors, including (but not limited to) a) a lack of necessary infrastructure, (ii) the frequent absence of trained medical personnel, (iii) the provision of services by less qualified individuals, and

(iv) the neglect of health care workers. Primary data collected from 240 rural Chitradurga district women was used in Rajeshwary Pujary's (2015) study on the utilisation of public hospital delivery health care services. She noted that 72.5% of respondents use the public hospital for their maternity care needs. Slightly more than half of women who use a public hospital for their delivery place the blame on the hospital's carelessness. More over a quarter of the women did not use the public hospital's delivery health care service. Most people said that public hospitals are lacking in adequate facilities (92.1 percent), and that medical staff members are sometimes negligent in their duties (85.7%). Almost two-thirds of women who did not use public hospitals for their deliveries said that the service providers there were unqualified."

Cash Transactions Public health services are supposed to be free of charge, yet reports indicate that patients often pay more outside of the system. Pathak et al. (2010) found that prenatal, birth, and postnatal services in the Indian public health sector rely heavily on unofficial payments.

Remedies for the Improvement of Health Care System:

Poor health results in the country are mostly attributable to the aforementioned issues with the healthcare system, which are especially pronounced in the country's rural areas. When these issues are addressed, the health care system as a whole improves, which in turn benefits patients. The following are a few of the most crucial corrective measures:

The current shortage of doctors is particularly acute in the field of speciality. "Many medical professionals may be able to work at facilities that offer superior amenities, along with higher salaries and more desirable working conditions. It's possible that even if doctors have the option to work in urban areas, they still won't. Many governments hospital-employed doctors may participate in private practise without fear of reprimand from their superiors. Disciplinary action by an employer may not be as detrimental to a doctor's financial situation if they have better opportunities in private practise. This is all due to a lack of available medical professionals. Boosting the number of medical schools is crucial to meeting the nation's need for trained medical personnel."

Demand for healthcare professionals is extremely high in the current job market. "Having private medical schools dominate the market and set their own admissions standards will drive up the cost of medical school in this setting. The high cost and small number of medical schools mean that the majority of rural students cannot afford to pursue a career in medicine. The government has started down this road, and it's a road that should be continued. Such actions may assist increase the number of students from rural areas who enrol in medical school, and they will almost certainly lower the commercial interest in health care services."

The importance of Accredited Social Health Activists (ASHAs) in rural maternal health care has been widely acknowledged in recent studies. Simply because their background and socioeconomic status are so disadvantaged. However, they are not competent enough to manage even the most fundamental aspects of healthcare. In order to prepare young people to provide primary health care in rural locations, medical education must develop certificate programmes lasting two to three years.

The government spends a fraction of what it does in Developed countries on health care. That's below the average of many developing nations. So, it's imperative that India's government increase spending on healthcare.

Very few people in rural areas have access to health insurance. Due to low incomes, many people in rural areas may not willingly sign up for health insurance. Therefore, the government should expand programmes like the Rashtriya Swasthya Bima Yojana (RSBY) to cover more individuals. Potentially useful for preventing rural poverty.

IV. Conclusion:

Maintaining a healthy population is in everyone's best interest, not just the individual's. Only if the vast majority of its citizens are able to "be health," can a country's healthcare system be said to be an appropriate reflection of its economic and social standing. Market forces often fail to ensure socially optimal solutions in the health care industry due to problems such as information asymmetry, supplier-induced demand for health care services, and governmental restrictions on the entry of medical colleges to train medical professionals. "The Indian health care services market is more supplier-friendly, ignoring the needs of those living in rural areas. To ensure that low-income persons in rural areas do not go without medical care, the state has a responsibility to offer these services to them at no cost. The study's findings, however, show that people's "out-of-pocket expenditure" is rising rather than falling. People are having a hard time since there is no access to diagnostic services or transportation for those who need to be referred. Some people will pay whatever it takes to receive better medical care, but others will show little motivation to do so since they can't afford it (and will instead resort to old remedies or even quacks). Care at the primary health care level is crucial in rural areas. Therefore, the study examined a wide range of variables that affect the efficiency of the primary healthcare facility. Conclusions Primary health care service effectiveness is influenced by a PHC's dependability in service

delivery, the availability of necessary infrastructure, and the level of community participation and coordination."

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