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Rural Health in Andhra Pradesh

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Abstract:- The rural public health system is overwhelmed by the coexistence of communicable and infectious diseases alongside an emerging epidemic of non-communicable diseases. Many of these illnesses can be prevented if proper healthcare services are provided by the Government. The rural health care has been developed as a three tier system comprising, Sub-Centre Primary Health Centre, and Community Health Centre. With this back drop a modest attempt is made here to examine the working of the Primary Health Centers in the State of Andhra Pradesh to know as to how far they have fulfilled the objectives for which they have been established. The Study uses both primary and secondary data. Absence of doctors, non availability of medicines, short of toilet facilities, lack of public participation and unawareness of health Insurance are the major concerns of sample respondents. Vacancies of various posts, non residency of doctors, deficiency of adequate infrastructure and low funding are the findings from secondary data. Need to fill up the vacancy posts, sharing of the specialists, increasing the funding, importance to preventive medicine making the medicines available ,improving infrastructure facilities , developing regulatory mechanism, activating Hospital committees and in calculating awareness of health insurance are the recommended measures.

Keywords:- *Rural Health, Primary Health Center, illness.*

I. INTRODUCTION

Mahatma Gandhi rightly said "It is Health that is real Wealth and not pieces of gold and silver". According to the World Health Organization (WHO), health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." (World Health Organisation) Health is an important constituent of human resource development. "No Nation can be strong when its people are sick and poor." This is the statement of Theodore Roosevelt which portrays the importance of health and health care system in a society to become strong and prosperous. (Jyoti Prakash Rath & Maheshwar Sahu)

II. INDIA LIVES IN VILLAGES

India is the second most populous country of the world after China. India's population grew from 361 million in 1951 to 1,211 million in 2011. (Dyson, *Tim).* Rural India consists of 68.86 percent of the total population of the country. As per WHO statistics in 2011, 25.7 percent of total population in India is living below poverty line. (Dhanuraj D) and most of them live in the countryside and are doing odd jobs. women and children, the weakest members of Indian society, suffer most.(Live mint) According to Oxfam, India's top one percent of the population now holds 73 percent of the wealth while 670 million citizens, comprising the country's poorest half, saw their wealth rise by just 1percent**. (**oxfam-india**).**The poor are concentrated in rural areas and agriculture is their main stay. The poor have lower levels of education than the general population and suffer from higher disease prevalence. They have less access to health facilities than the general population, and they have very low access to clean water and sanitation.

Poverty leads to illiteracy, reduced nutrition and diet, poor housing, child labor, unemployment and so on. The poor cannot afford a healthy and balanced diet, a stable and clean house, etc. Thus, poverty is a path to illness.

The public health system is overwhelmed by the coexistence of communicable and infectious diseases alongside an emerging epidemic of non-communicable diseases. (Report of the National Commission on Macroeconomics and Health National Commission on Macroeconomics and Health)

More than 40 percent of hospitalized Indians are forced to borrow money or sell assets to cover their expenses and of those who are above the poverty line, 25 percent fall into poverty as a result of their hospitalization (Peters, David H et.al). Many of these illnesses and deaths can be prevented and/or treated cost-effectively if proper healthcare services are provided by the Government.

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III. RURAL HEALTH IN INDIA

India being the nation of villages requires an intensive access to rural health care. The rural health in India has been one of the important issues for development but neglected sectors in Indian economy. The health care system in rural areas has been developed as a three tier system comprising, Sub-Centre Primary Health Centre, and Community Health Centre.

As on 31st March, 2019, there were 157411 Sub Centres, 24855 Primary Health Centres (PHCs) and 5335 Community Health Centres (CHCs) functioning in the country. Further, out of 157411 SCs, 7821 SCs have been converted into Health and Wellness Centres (HWCs) in rural areas and out of 3302 SCs, 98 SCs have been converted into HWCs in urban areas. Similarly, out of 24855 rural PHCs, 8242 PHCs have been converted into HWCs in rural areas and out of 5190 urban PHCs, 1734 PHCs have been converted into HWCs. (Government of India, Ministry of Health and Family Welfare).

IV. PRIMARY HEALTH CENTER (PHC)

The Primary Healthcare Centre (PHC) not only provides good health to individuals or family but the rural community as a whole. The PHC services are equitable in the sense that their main users are women and children, the less advantaged members of rural society, and in terms of the range of services provided, including those considered as essential for primary health care. (Lawn JE et.al). It is the first contact point between village community and the medical officer. Each PHC is targeted to cover a population of 30,000 (or 20,000 in remote or rural areas). The PHCs are hubs for five or six sub centers that each covers three or four villages.

- *Evolution of PHCs in India*

The Primary Health centers (PHCS) centres were originally visualised as a 'social model' of health service delivery—frontline services close to the homes of people, that consider people's needs, integrate preventive and curative care and link to specialty care as needed.

(*Report of the health survey and Development Committee, vol. II,* GOI). India was one of the first few countries to recognize the importance of Primary Health Care Approach three decades before the Alma Ata declaration, when Sir Joseph Bhore Committee (1946) recommended a three tier system of health care delivery, through setting up of primary, secondary and tertiary health units in each district. The first primary health centre was set up as early as in 1952(.Bhattacharya SN)

Over the last six decades it has undergone several changes on the basis of recommendations of several committees from time to time, to meet the increasing demand for health care services. The Mudaliar committee (1962) committee recommended to stop further expansion of PHCs until quality of services in the PHCs improved. Health was declared as a "state" subject under the Indian Constitution. (*Report of the Mudaliar Committee*, GOI). The Kartar Singh Committee in 1973 recommended that the present ANMs should be replaced as Multi-purpose Health Workers (Report of Kartar Singh Committee, GOI).In India, the Alma-Ata declaration brought into policy focuses the original ideals of the Bhore committee. The Alma-Ata declaration gave impetus to the expansion of these centres within the country (Planning Commission of India, GOI). Later funding to primary health centres was shot up and the number of primary health centres was also increased. However National surveys (1986–1987) indicate that people sought outpatient care mainly at private doctors (53%) or the public hospitals (17%); only 4.9% used primary health centres (National Sample Survey Organisation). The structural adjustment policies launched in the early 1990s, advocated cost-containment strategies in the public health sector (World Bank)

The revised health policy 2002 reflects these developments— but is silent on the notions of 'comprehensive PHCs (National health policy). The Indian government in recent years has taken robust steps to promote universal health care through National Rural Health Mission (NRHM) Phase-1 (2005-2012) and Phase-2 (2012-2017) to carry out statutory architectural correction in the primary health care delivery system. The mission introduced a health cadre called Accredit Social Health Activist (ASHA) to bridge the gap between people and health centres to enhance the utilisation of health care services (Jackson PT et.al & Planning Commission, GOI).

V. METHODOLOGY

With this back drop and in this context, a modest attempt is made here to examine the working of the Primary Health Centres in the State of Andhra Pradesh to know as to how far they have fulfilled the objectives for which they have been established**.**

The Study used both primary and secondary data. The primary data are elicited from the sample respondents through a specifically designed structured questionnaire through personal interview method. The Secondary data are gathered from various published and unpublished literature available in the form of books and articles in the journals, websites, and Reports made from time to time.

Out of 13 districts in Andhra Pradesh, the study focuses on Chittoor District which happens to be one of the districts of backward Rayalaseema region of Andhra Pradesh. The district consists of three revenue divisions and there are 127 Primary Health Centres (PHCs) in the district. From each revenue division, one PHC is selected and thus three PHCs are selected at random. From each PHC, 50 beneficiaries are chosen at random and thus sample consists of 150 respondents. Care is taken to include all categories such as caste, gender and religion in the sample.

ISSN No:-2456-2165

A. This Is Andhra Pradesh

Andhra Pradesh is one of the 29 states of India. Situated in the south-east of the country, it is the seventh-largest state in India. The north-western portion of Andhra Pradesh was separated to form the new state of Telangana on 2 June 2014.The official language of Andhra Pradesh is Telugu. The state is bordered by Telangana in the north-west, Chhattisgarh and Odisha in the north-east, Karnataka in the west, Tamil Nadu in the south, and to the east lies the Bay of Bengal. Sri Venkateswara Temple at Tirupati is the world's second richest temple. The state is made up of the two major regions of Rayalaseema, in the inland southwestern part of the state, and Coastal Andhra to the east and northeast, bordering the Bay of Bengal. The state comprises thirteen districts in total, nine of which are located in Coastal Andhra and four in Rayalaseema. The economy of Andhra Pradesh is the seventh-largest state economy in India with ₹9.33 lakh crore (US$130 billion) in gross domestic product and a per capita GDP of ₹164,000 (US$2,300)

(Ministry of Statistics and Programme implementation, GOI). **T**he population of Andhra Pradesh Andhra Pradesh has a population of 54 million people, making it the tenth-most populated state in India. It is the seventh-largest state by area, covering 160,205 square kilometers with a density of 304.5 per km

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The rural population constitutes 70.4 percent of the total population of the State (Wikipedia). Andhra Pradesh's economy is mainly based on agriculture and livestock .In spite of several poverty eradication programmes, subsidies to poor people, pension schemes and so on targeting people below poverty line (BPL people) the poor who lack of food, cloth and shelter, continue to exist.

Financing health care of persons living below poverty line, especially for the treatment of serious ailments such as cancer, kidney failure, heart diseases, is one of the key determinants that affect the poverty levels in Andhra Pradesh. Indebtedness due to hospital expenditures is one of the main reasons for people falling into poverty in the state. Studies have shown that one of the major causes for continued poverty among poorer households in India is debt incurred due to health expenditure (Krishna, Anirudh).

B. Primary Health Centers In Andhra Pradesh

There were 1145 rural PHCs functioning in Andhra Pradesh in 2019. Their number was 1570 in 2005. Thus, there is a negative growth of PHCs in Andhra Pradesh. The average radial distance covered by each PHC is 6.18 km while average number of villages covered is 26. More than eighty percent of the PHCs are located within the village boundary, 12.4 percent are at the outskirts of the village and one percent of the PHCs are far from the village (Rural Health Statistics 2018-19)

C. Findings From Primary Data

The primary study made throws light the following findings**:-**

- Majority of the sample respondents (i.e. 64 per cent) favored to visit the PHC while 24 per cent utilized hospitals (both public and Private) located nearby towns, nine per cent used indigenous methods and the rest took treatment from unauthorized medical practioners who do not possess any medical degree or diploma. Among the respondents who visited the PHCs, 61 per cent have satisfactory opinion while 39 per cent of them did not convey their opinion. Only 28 percent of the respondents with severe illness had utilized the services at PHC and a good majority i.e. 72 per cent of the respondents used the PHCs for other medical services such as vaccinations, injections and related services. The women respondents told that they visited the PHC for family planning and vaccinations. This shows that the rural people are taking the PHCs very seriously.
- Availability of doctors at primary health centres (PHCs) is a major concern. A majority of the sample expressed that they had to wait for a longer time in the PHC due to the non availability of the doctor. They stated that the doctor visits the PHC at their convenience or they may absent themselves to duty. The rural health care has not changed much since their establishment. The patients are still in the hands of quacks and are depending on unscientific medical practices. A recent study has estimated that countrywide absenteeism rate in India is 43 percent in the public health sector .No doubt it is a herculean task for the public sector to get the qualified doctors to the rural areas. The qualified doctors are reluctant to work in rural areas because of the backward conditions or because of the private practice in the urban areas or because of children's education (Chaudhury).
- Around seventy per cent of the sample respondents told that neither doctors nor nurses are available outside the working hours and weekends.
- A majority of the respondents complained that often medicines are not available in the PHCs and they have to purchase outside the PHC but unfortunately prescribed medicines are often unavailable in rural areas. Dr. Sadhu also said, "Supply of basic medicine is irregular in rural areas…" (businesseconomics.in).
- A toilet facility is essential for the patients, and more so for women who visit the PHCs. But seventy two per cent of the respondents said that half the PhCs do not have toilet facility and if there is a toilet there will be no water.
- The public participation is vital for the success of any programme or organization. However, though in theory, there are Hospital Committees, but in practice; villagers complain that they remain on paper only.
- Ninety one per cent of the respondents are unaware of health Insurance.

ISSN No:-2456-2165

D. Observations From Secondary Data

- As per minimum requirement, a PHC is to be manned by a medical officer supported by 14 paramedical and other staff. Under NRHM, there is a provision for two additional staff nurses at PHCs on contract basis.But, 23.5 per cent of the posts of Doctors, 72.61 percent of the specialists, 10.21 percent of the ANMs, 21.34 percent of the nurses, 15.72 percent of the pharmacists, 23.65 percent of the lab technicians, and 40.6 percent of the radiographers are kept vacant in India. There is no different picture in the case of Andhra Pradesh. The corresponding percentages of vacancies are 7.9, 19.66, 28.69 15.48, 0.25, 63.58 and 36.43 respectively (Ministry of Health and Familywelfare, GOI).
- Too often, doctors posted to rural areas are not residing locally. About 80 per cent of doctors are residing within 20 km or 40 kms and attend their duty in the PHCs (Chaudhury). Some visit intermittently. Such doctors are reported to engage in private practice in nearby urban centers. Many operate private practices after hours (Heywood, Peter). According to Starfield *et al*., adequate availability of primary care physicians at health centres reduces disparities in health and delivers better health outcomes (Starfield B & Shi L, Macinko J).
- The biggest concern for the rural healthcare system is the lack of adequate infrastructure. There are 16613 PHCs in the country. Among them, 72. 1 per cent has labour rooms, only 36.5 percent have operation theatres and 57 per cent are functioning with telephone connections. It is pity to note that 4.8 per cent of the PHCs in India are running without electricity and 8.2 per cent are working without water facility (Ministry of Health and Family Welfare, GOI).
- Although people spend a lot on healthcare (the poorest spend one-eighth of their total income on healthcare), the government Spends much less. The Total Health Expenditure as percent of GDP was 3.8 in 2016-17 while it was 4.2 in 2004-05 (National Health Accounts Estimates for India 2016-17).

VI. SUGESIONS

Based on the findings from the primary data elicited and observations through secondary data, the suggestions made are as follows:-

- There is an urgent need to fill up the vacancy posts of doctors by giving some incentives to work in rural areas. There is a stipulation in Andhra Pradesh that each medical student after finishing his graduation should work in rural areas for some period. This should be implemented forcibly.
- A mechanism should be evolved to share the specialist from one PHC to another
- The Government should increase the funding to health sector.
- Measures should be initiated to concentrate on Preventive medicine also which include providing drinking water (to control water –borne diseases), controlling pollution (to reduce respiratory diseases) and encouraging healthy diet to keep people healthy. The recent decision of Andhra Pradesh Government to provide nutritious diet to school children as a part of Midday Meal Programme is an encouraging trend.
- The medicines should be made available to the patients at PHCs,
- The infrastructure facilities in the PHCs should be enhanced so that more people will be attracted to the PHCs.
- The people in rural areas are using PHCs heavily for vaccinations and other related activities. If the doctors are made available, medicines are provided and facilities are improved they will prefer the PHCs for other serious ailments also.
- A regulatory mechanism should be developed to control and regulate the various activities of the PHCS
- The Hospital committees should be activated to enlist the co-operation of rural people.
- Suitable steps may be taken to make the rural masses aware of various health insurance schemes.

VII. CONCLUSION

The aforesaid suggestions, if implemented, will go in a long way to make the PHCs much more efficient and effective.

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