



RURAL - URBAN HEALTH DISPARITIES IN INDIA

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ABSTRACT Rural-urban health disparities have been persisting over period of time in India. Disparities in health sector are prevailing more in rural areas rather than urban areas on account of socio-economic issues. Disparities in health sector are recognised between rural and urban areas with respect to some indicators viz., Birth and death rate, Infant mortality rate (IMR), Maternal mortality rate (MMR), Life expectancy, Total fertility rate (TFR), and communicable diseases. As per medical journal, The Lancet which positioned India 154 ranks out of 195 countries over healthcare index and made the country as the biggest underachievers in provision of healthcare in Asia. Hence, the government of India brought in a comprehensive National Health Policy 2017; under which the policy proposes to enhance public health expenditure from 2% to 2.5% of GDP and also envisages its goal towards providing good quality healthcare to all classes of people. In this regard, this paper discusses about the rural-urban health disparities, causes of health disparities and role of the government in reducing the health disparities between rural and urban areas in the context of India.

KEYWORDS : Health disparities, Disparities causes, Health indicators, National Health Policy-2017.

Introduction

Disparities in health sector are spreading at large between rural and urban areas in India. In the context of rural –urban health disparities in the country, rural people literally have been more vulnerable compared to urban people in terms of getting healthcare services on account of low literacy level, poverty, destitution, disability, caste, ethnicity and gender issues. Hence, the disparities are prevailing more in rural areas compared to urban regarding health indicators. Meanwhile, the government has had a several health policies such as National Health policies (NHP)-1983 & 2002, National Rural Health Mission (NRHM)-2005 and National Urban Health Mission (NUHM)-2003. Besides, the government of India very recently rolled out a comprehensive National Health Policy-2017; under the policy, the emphasis will be given to the highest possible level of health and wellbeing for all people at all ages and this policy is primarily meant to ameliorating the health system in all its dimensions. Moreover, the policy favoured the rural areas by providing free cost of medicines, adequate health infrastructure and the policy recommends of providing equal, affordable and accessible healthcare services without any kind of discrimination across the country. In the wake of higher expenditure on private healthcare by rural masses, the govt contemplated and recommended to enhance its public spending currently from 1.5% to 2.5% of GDP and offering more than 50% of public health facilities by 2025 in order to strengthen the public healthcare market for providing quality healthcare to all classes of people in the country. Moreover, in the budget (2018-19), the government has ensured of providing health coverage of Rs.5 Lakh per family; nearly 50 crore population would be covered under the scheme. Definitely, this scheme is going to increase the insurance penetration both in rural and urban areas and thereby reducing the lacuna of health disparities regarding insurance coverage between rural and urban areas across the country.

Review of Literature

1. Rama Baru, et al (2010): In this paper, authors sought to examine about the states of health service delivery in India and also on the constraints it encounters in delivering equity in terms of availability, accessibility and affordability across geographical, social and economic groups. Besides, the paper attempts in explicating key health service barriers and what recent initiatives taken by the government to reduce inequities with regard to health services in the country.
2. Dr. Dinesh Das & Minakshie Pathak (2012): Authors in the paper critically examined the rural-urban disparities associated with selected socio-economic indicators viz., income, human resource development and infrastructure facility, etc. In addition, the paper emphasised the conditions of women in rural-urban areas across the country.
3. Baishakhi Deya, & Analva Mitraa (2013): This paper made an attempt on highlighting the current scenario of health in India, particularly about rural areas. Further, the paper extended its scope in describing disparities in healthcare management,

underlying causes over health disparities and offered some remedies in this regard.

4. Jayakrishnan Thayyil (2013): This article discussed the issues about the demerits in the rural health of India, region and state-wise inequalities in health status, health infrastructure and availability of man power, etc.
5. Suma Scaria (2017): In this article, author made an investigation about health inequities in conjunction with multi-dimensional issues viz., caste, gender, macroeconomic policies, discriminatory values and norms, etc. In light of this, the author carried out a study in a small village of Kerala, in order to examine about how these social issues would affect on health inequities by arguing the existing literature.

Objectives

1. To understand about rural-urban health disparities in India
2. To examine the causes of health disparities between rural and urban areas
3. To analyse the role of the government in reducing the health disparities in India

Methodology

This paper is a descriptive one and it is based on secondary data; Data has been collected from different sources viz., articles, books, news papers, reports and various websites. This paper examines the issues about rural health disparities in India along with suitable tables and figures regarding aforementioned objectives.

Rural-Urban Health Disparities in India

Health disparities are prevailing over several decades. In the context of India, over 70% of population are residing in rural areas and they are basically deprived of health facilities. Meanwhile, both the union government and state government took the several initiatives in order to mitigate the rural-urban health disparities across the country. Rural-urban inequalities are better perceived through some health indicators, which could possibly prove that how far disparities are there between rural-urban areas in India.

Table -1: Health Indicators

Sl. No	Indicators	India	
		Rural	Urban
1.	Birth rate	22.9	17.3
2.	Death rate	7.5	5.6
3.	Life expectancy	66.7	71.5
4.	Infant mortality rate (IMR)	44	27
5.	Maternal mortality rate (MMR)	56	34
6.	Total Fertility Rate (TFR)	25	1.8
7.	Mortality ratio at all ages	7.6	5.6

Source: Compiled from different sources

As the table 1 shows that, there is a significant difference between rural and urban areas pertaining to health indicators which mentioned above; but, few indicators which reflect of the widening inequalities in terms of health insurance, health infrastructure and non-communicable diseases between rural and urban areas across the country.

Causes of Health Disparities between Rural and Urban Areas

1. Poor Infrastructure:

Rural and urban health disparities are aggravating due to inadequate infrastructure. Basically, healthcare infrastructure includes III tier system viz., sub-centre, primary health centre (PHC) and community health centre (CHC), which are established based on magnitude of population. At present, there are 153655 sub-centres, 25308 primary health centre and 5396 are community health centre in the country. In contrast; urban areas, have adequate infrastructure in terms of medical staff, staff financing, and diagnosis.

2. Socio-Economic Issues:

Poverty: In rural India, over 27 crore people are living below poverty line and the rate of poverty stood at 25% in rural areas and 14% in urban areas respectively. Though poverty rate is declining, masses from rural areas are not able to afford the healthcare services and they may have to spend around 72% of their pocket money by skewing towards private health care.

Cast: Caste is a social determinant of health outcome. Disparities are prevailing in rural India owing to caste or race and it is still posed as one of the barriers to quality healthcare. In Indian caste scenario, health disparities are relatively higher in lower caste and they have been confronting with multiple health issues such as, stunting, wasting, underweight and anaemia neonatal, postnatal; infant mortality and maternal mortality.

Gender: The UN recognised that gender equality as a basic human right. In the context of gender disparities in terms of healthcare accessibility, there is a wide imbalance between rural and urban areas on account of illiteracy, poverty, child marriage and male dominated society. In India, as per 2011 census, gender ratio was 943 females/1000 males because of preferences given to male child rather than female child.

Table -2: Indicators of Gender Disparities

Sl. No	Indicators	India			
		Rural		Urban	
		Female	Male	Female	Male
1.	Anaemia	54.2%	25.2%	50.8%	18.4%
2.	Sterilisation	36.1%	0.3%	35.7%	0.3%

Source: National family health survey-4

As the table 2 indicates that, inequalities related to anaemia and sterilisation are higher in females compared to men in both urban and rural areas. Apart from the said indicators, gender disparities are perceived from other dimensions as well viz., gender ratio of children, family planning method, comprehensive knowledge of HIV/AIDS, etc.

Disability: Disability is a global issue, over 15% of the total population are suffering from some form of disability and they are likely to face greater healthcare inequalities compared to people without disabilities. According to Indian census 2011, the prevalence of disability was found to be more in rural areas (2.24% of total population) compared to urban areas (2.17 % of total population). In addition, disabled people are more vulnerable to health disparities in terms of access to health and rehabilitation.

3. Geographical Barriers: Geographical distance is considered as one of the barriers to healthcare availability in India. As mentioned earlier, India is geographically seventh largest country in the world; As far as rural India is concerned, people have been finding it difficult over commuting to urban or cities in accessing for healthcare services.

Role of the Government in Reducing the Health Disparities in India

1. National Health Policy -1983

The government of India in accordance with Alma Ata Declaration on primary healthcare and ICMR-ICSSR joint panel recommendations came out with the policy termed as National Health Policy 1983. Under

the policy, universal, comprehensive primary healthcare was envisaged by the government in providing healthcare facilities to the masses across the country. In terms of rural- urban health disparities, this policy partly achieved those targets viz., decentralisation and de-professionalization in spite of no community participation, crude death rate, life expectancy had been on schedule and even as fertility & immunisation were much below as expected under the policy. However, this policy continued its focus on expanding of primary healthcare facilities in 6th and 7th five year plans to procuring comprehensive healthcare services to mitigate the inequalities between rural-urban areas.

2. National Health Policy – 2002

The government of India after long time had launched a revised policy 'National Health Policy 2002' of which, the government set out over 20 more strategies in order to achieve the 'increased access, improved efficiency, affordable cost and higher quality healthcare services to meet the outlined targets. Regarding rural-urban health disparities, the government set the strategies to largely provide healthcare facilities particularly to rural areas in the country.

In this revised policy, some of the social policies incorporated to encompass the underserved, needy population and it recommended of increasing health spending around 6% of GDP. Moreover, this policy had envisaged the gradual convergence of all health programmes into integrated administration and over rural-urban health disparities. Lastly, this policy gave rise to implementation of National Rural Health Mission (NRHM) on the hope of alleviating the rural healthcare problems and reducing the gap of rural-urban health disparities by making the rural health infrastructure adequate as well as effective one.

In fact, this revised policy was observed from draw backs perspective; implying that this policy didn't take into consideration of women empowerment, child health, and gender discrimination. Besides, the policy further ignored those issues viz., resource generation mechanism, allocation priority, workforce management and less attention gave towards old age groups. However under this policy, the government placed a greater endeavour bridging the gap between rural-urban areas related to health disparities in India.

3. National Rural Health Mission - 2005

The government had launched the scheme of National Rural Health Mission on 12 April, 2005. The main aim of the mission was to setup a fully functional, community owned, decentralised health delivery system in order to ensure simultaneous action on wide basis of dimensions viz., water, sanitation, education, nutrition, social and gender equality, etc. Meanwhile, there were several initiatives to meeting the targets of the mission. They were,

ASHA: It is the one of the components of the NRHM. It functions as an interface between the community and the public health system. After implementing the NRHM, about 8.94 ASHA engaged hitherto, which indicated that, from gross root level, they effectively deal with health issues of deprived sections in rural areas.

Patient Welfare Committee: In ensuring the provision of better health facilities and managing the health issues of the hospitals, Rogi Kalian Samiti was set up as an initiative to maintain the facilities of better healthcare to the patients in rural hospitals. In this direction, as many as 31,109 RKS have been established at primary health centres (PHCs); Community health centres (CHCs) & District hospitals (Dhs).

The Village Health Sanitation and Nutrition Committee: It is one of the key initiatives of the NRHM; they are envisaged as being control to local level community action under NRHM. This committee was entrusted to take leadership in terms of providing a platform for improving health awareness and access of community for health services by highlighting specific local need at a village level. Further, untied grants of Rs.10000 are given to every UHSNC under NRHM. Till date, around 5.12 lakh VHSNCs set up in India.

Janani Suraksha Yojana: It was also one of the interventions of NRHM; which was implemented on 12th April 2005. It was a safe motherhood intervention with the aim of bringing down of maternal & neo-natal mortality to the poor pregnant women. Since the beginning of NRHM, 7.04 crore women have been benefitted under the scheme.

Janani Shishu Suraksha Karyakram: The government of India launched the scheme on 1st June, 2011 across the country including UTs. In this scheme, totally free and cashless services provided to pregnant women associated with normal deliveries and caesarean in government run health institutions both in rural and urban areas. During 2012-13, Rs. 2107 crore provided to states and in 2013-14 more than Rs 2000 crore was approved to implement the free entitlements under JSSK.

National Mobile Medical Units: It was a mechanism under NRHM, ensuring of the provision of outreach services in rural and remote areas. In the NRHM, support was provided in 418 out of 640 districts to 2127 MMUs in the country.

National Ambulance Services: One of the initiatives of NRHM was to provide free ambulance services to patients in every nook and corner of the country. Over 16000 basic and emergency patient transport vehicles provided under NRHM. Besides, as many as 4769 vehicles empanelled for transporting patients. At present, all states and UTs have the facility for calling an ambulance by dialling 108 or 102.

4. National Health Policy – 2017

The government of India launched the National Health Policy 2017 after the time gap over fifteen years of the previous health policy (2002). This policy is about informing, clarifying, strengthening and prioritizing the greater role of the government in giving a shape to health systems in all its dimensions. In the context of rural India, as health disparities are persisting both in rural and urban, there was thought of bringing in new health policy in order to ensure universal healthcare pertaining to aforementioned issue. Consequently, the said policy has been launched by the government so as to mitigate the rural-urban health disparities by ensuring the free cost of drugs, diagnostics, and emergency care in all govt. run hospitals throughout the country. Certainly, it would reduce the gap of rural and urban health disparities over achieving its equity, universality and decentralisation principles.

In terms of pocket expenditure on availing of healthcare services which went up about 70 % in rural areas; the govt. contemplated to enhance its healthcare expenditure from 1.5% to 2.5% and it would be envisaged to offer its public health facilities more than 50% by the year 2025. Under the policy, the govt. intended to ameliorate rural health infrastructure, especially in high priority districts by 2025 and it assumed that there would be mid-level service providers who would help in addressing the issues viz., dearth of human workforce in rural and underserved areas, thereby filling the lacuna in delivering of health services. However, this policy is expected to encounter with some challenges in accomplishing its objectives in tier II and tier III towns, where there is severe shortage of healthcare services, well equipped infrastructure, trained medical staff and availability of medicines and so on.

Conclusion

Rural-urban health disparities are largely prevailing in spite of the government massive efforts towards improvement of health sector by bridging the gap of rural-urban health inequalities across the country. In the context of India, there has been less attention by the previous governments at health sector by hardly spending less than 2% of GDP, compared to other developed countries (USA roughly spends more than 15% on health sector) which seemed to be anti-poor attitude of the governments in the country. Meanwhile, the current government has rolled out the National Health Policy 2017, it is just the improvement of over previous two national health policies and it aimed at providing universal healthcare irrespective of caste, religion, ethnicity and gender. Under the policy, there is a recommendation of supplying free cost medicines which is of course welcoming move over reaching out the patients from gross root levels. Besides, it has specified the participation of private sector, which is certainly going to strengthen the health infrastructure and further it recommended enhancing more than 2.5% of GDP for the development of the health sector. In this regard, the current budget also ensured that providing insurance coverage up to of Rs. 5 Lakh per family under the National Health Protection Scheme (NHPS-2018). However, the government has yet to put a little more effort in making the recommendations or promises into reality in overcoming the obstacles of the health sector and establishing the parity of healthcare services between rural and urban areas in India.

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