

## Inequalities in Utilization of Healthcare in India – Role of Topography

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### Editorial

Received date: 09/05/2017  
Accepted date: 10/05/2017  
Published date: 17/05/2017

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**Keywords:** Healthcare, Rural, Hard to reach, NRHM, Inequalities

### INTRODUCTION

India is a country of heterogeneity as evident from the various differences that exist between states, cities, towns, communities and households. Even within the same household, there is evident heterogeneity between individuals. However unique the differences may be, they can lead to inequalities, especially in the way people utilize healthcare. The various reasons or factors leading to differential utilization of healthcare are; topography, ethnic minorities, socio-economic status, gender inequality, literacy level, age, religion, caste, awareness level and quality of care being provided. India's topography is highly varied and however may be this factor be neglected but it is one of the most important one. Many parts in the country are difficult to reach. Such areas have limited access to health as healthcare staff including doctors, is usually reluctant in getting posted at these places, ambulances and other vehicles cannot reach in time in case of emergencies, the general health of the population is poor due to lack of basic amenities and absence of preventive and promotive healthcare services, and the only healthcare system that exists is the few quacks, local practitioners and local dais. Even the surveillance systems are ineffective in these areas due to lack of healthcare staff, limited availability of testing kits, redundant Internet services and irregular electricity supply. An important example of this is – Malaria surveillance. The biggest burden of malaria in India is borne by the most backward, poor and remote parts of the country, still the surveillance in these areas is as good as none.

Providing at-scale, high-quality public health services in rural/ hard to reach India is one of the country's greatest challenges. Strengthening of the existing system and incorporation of innovation is the key to tackle this problem. In 2005, Government of India launched National Rural Health Mission to strengthen health system in rural and difficult to reach areas. It has achieved little, due to inefficient governance and management, lack of political will, non-focus on quality of healthcare, inadequate staff recruitment, corruption and non-adherence to targets. Twelve years have gone by, and there is a need to strengthen the framework to achieve what it aimed to a first – Millennium development goals. Other steps must be taken such as increase in public health funding, incentivisation of health workers posted in hard to reach areas, improved transport, electricity and Internet facilities, strengthening infrastructure of primary health care services (sub centers and PHCs), increased 24 × 7 healthcare facilities, increased awareness amongst community so that the uptake and utilization of health services is optimum. India is a vast country and additional efforts are required to improve health indicators. Though, we have come a long way since independence but there is still a long and hard journey to transcend before we provide universal healthcare <sup>[1-3]</sup>.

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