



## Neglect of Primary Health Care and Education in India are Reasons for its Backwardness

***To Keep the Body in Good Health is a Duty, Otherwise We Shall Not be Able to Keep Our Mind Strong and Clear.***

***—Gautama Buddha***

India, a country known for its rich cultural heritage and rapid economic growth, continues to grapple with significant challenges in achieving comprehensive development. **Among these challenges, the neglect of primary health care and education** stands out as a critical factor hindering progress.

The neglect of primary health care and education in India has roots in **historical, socio-economic, and political factors**. Colonial rule and subsequent **post-independence challenges** have left deep imprints on the country's development trajectory. During the colonial era, health care and education were often relegated to the margins, serving the interests of the ruling elite rather than the masses. The legacy of inadequate investment in these sectors persisted post-independence, exacerbated by issues such as **poverty, population growth, and bureaucratic inefficiencies**.

Primary health care serves as the cornerstone of any effective health system, providing essential services close to communities. However, in India, the primary health care infrastructure remains woefully inadequate, with rural areas bearing the brunt of neglect. Limited access to **quality health care services, shortage of trained medical personnel, and insufficient funding** have impeded efforts to **improve health outcomes for millions of Indians**. The consequences of neglecting primary health care are manifold, including **high maternal and infant mortality rates**, prevalence of **communicable diseases**, and **limited healthcare-seeking behavior** among marginalized populations.

A 2019 study by the **National Health Authority (NHA)** found that in rural Madhya Pradesh, nearly 18% of the population lives more than **5 km** from the nearest **Primary Health Centre (PHC)**. This distance, especially for pregnant women or those with critical illnesses, creates a significant barrier to accessing essential care.

According to the **World Health Organization (WHO)**, the ideal Allopathic general doctor-patient ratio is **1:1000**. In India, it stands at a dismal **1:1445 (2018 data)**. This shortage is particularly acute in rural areas, where many PHCs operate with just one doctor, if any.

Specialists like **pediatricians** and **gynecologists** are even rarer in **rural PHCs**. This lack of specialized care forces patients to travel long distances to district hospitals for even basic consultations, further straining the already burdened healthcare system.

Due to inadequate government funding for PHCs, many rely on user fees. This pushes essential healthcare out of reach for poor families, leading them to delay seeking care or resort to traditional medicine, often with detrimental effects.

India's **MMR (deaths per 100,000 live births)** stands at **97 (2018-20)**. India shows good improvement in MMR as compared to previous years (**2014-2017**) but lack of access to **quality antenatal care** and skilled birth attendants at rural PHC still persist.

India continues to grapple with diseases like **tuberculosis** and **malaria**. The inability of PHCs to provide proper **diagnosis, treatment, and public health education** due to resource constraints allows these diseases to persist.

Education is widely acknowledged as a **fundamental right** and a **catalyst for socio-economic development**. However, in India, disparities in access to quality education persist across regions and **socio-economic strata**. The education system faces numerous challenges, including **inadequate infrastructure, teacher shortages, outdated curricula, and high dropout rates**. Particularly in rural and remote areas, children often lack access to schools or receive substandard education, perpetuating cycles of poverty and inequality. The neglect of education not only deprives individuals of opportunities for personal advancement but also undermines the nation's human capital and innovation potential.

The literacy rate in **Kerala**, a state with a strong focus on education, is over **94%**, while in **Bihar**, a poorer state, is about **61.8%**. Children from wealthier families are significantly more likely to be enrolled in private schools, which often offer better facilities and teaching compared to government schools in rural areas. A report by UNESCO found that India has a shortage of over **1 million teachers**, disproportionately impacting rural schools. The curriculum in some schools may not focus on developing critical thinking and digital skills needed in the modern job market.

According to the **Annual Status of Education Report (ASER) 2023**, nearly **one-third** of grade **eight students** in rural India cannot read at the expected level.

Many rural schools lack proper buildings, sanitation facilities, and educational resources.

Indian higher education institutions are struggling to meet the expectations of the **contemporary challenges** and need for modern skills with a curriculum that was revamped almost four decades ago. The curriculum is the backbone of an education system, which requires regular tunings with the **evolving socio-economic** and other factors. Almost all of the country's colleges and institutes have to change themselves to provide students with the skills of the future and align their learning outcomes with the needs of the industry. As per the "**India's Graduate Skill Index: 2023 report** - About **44 percent of graduates** are employable for **top technical jobs**, while **53 percent** of Indian graduates are employable for **top non-technical jobs**.

The neglect of primary health care and education has far-reaching implications for India's development agenda. Socially, it exacerbates inequalities and reinforces caste, gender, and regional disparities. Economically, it hampers productivity, reduces labor market efficiency, and limits opportunities for inclusive growth. Human development indicators, such as literacy rates and life expectancy, are closely linked to investments in health and education. By neglecting these sectors, India jeopardizes its prospects for achieving sustainable development goals and fulfilling its potential as a global economic powerhouse.

Without a quality education, individuals, especially those from disadvantaged backgrounds, struggle to compete for jobs and escape poverty. A skilled workforce is essential for a nation's development. **Educational disparities** can limit **India's innovation potential** and **economic competitiveness**.

The interdependence between health and education underscores the need for integrated policies and interventions. Improved health outcomes positively impact educational attainment, as healthy children are more likely to attend school regularly and perform better academically. Conversely, educated individuals are better equipped to make informed health decisions, adopt preventive behaviors, and access health services. Recognizing this nexus, initiatives such as school health programs and community-based education interventions can yield synergistic benefits for both sectors, fostering holistic development.

Addressing the neglect of primary health care and education in India requires a multi-faceted approach encompassing **policy reforms, increased investment, and community engagement**.

Prioritize the expansion and upgrading of primary health care infrastructure, particularly in rural and underserved areas. Invest in training and deploying community health workers to bridge gaps in service delivery and promote preventive care.

Revise curricula to make them more relevant, inclusive, and responsive to the needs of diverse learners. **Improve teacher training** and support mechanisms to enhance **pedagogical skills** and classroom effectiveness. Invest in technology-enabled learning platforms to reach remote populations and facilitate personalized learning experiences.

Implement targeted interventions to address disparities in access to health care and education, focusing on marginalized groups such as **women, children, and tribal communities**. Ensure the provision of essential services in **culturally sensitive** and linguistically appropriate ways to enhance acceptability and utilization.

Increase public expenditure on health and education to meet international benchmarks and address resource gaps. Explore innovative financing mechanisms, including **public-private partnerships** and **social impact investments**, to leverage **additional funding** and **optimize resource allocation**.

Empower communities to actively participate in **decision-making processes** related to health and education. Strengthen grassroots organizations and community-based initiatives to promote **ownership, accountability, and sustainability of interventions**.

The neglect of primary health care and education in India represents a critical impediment to the nation's development aspirations. By addressing these systemic challenges and investing in human capital, India can unlock its full potential and embark on a path of **inclusive and sustainable development**. Through concerted efforts across sectors and stakeholders, India can overcome its **backwardness** and **emerge as a beacon of progress** and prosperity for the world.

**An Education Which Does Not Teach us to Discriminate Between Good and Bad, to Assimilate the One and Eschew the Other, is a Misnomer.**

**—Mahatma Gandhi**

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