

## **Socio-Economic Determinants that Hinder the Women from Getting Benefit Under National Health Mission**

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**Abstract:** The National Health Mission (NHM) in India was launched to improve access to healthcare, with a focus on maternal and child health, among other vulnerable groups. However, despite significant progress, women, especially in rural and marginalized communities, continue to face socio-economic barriers that hinder their full participation in and benefit from the mission's programs. This paper explores the socio-economic determinants—such as poverty, cultural norms, gender inequality, lack of education, geographic location, and health system challenges—that prevent women from accessing the healthcare services and benefits provided under NHM. The paper also highlights the need for policy reforms, targeted interventions, and a multi-pronged approach to ensure equitable healthcare access for all women.

**Keywords:** Women, Benefits, Socio-Economic, Policy Implication.

**Introduction:** The National Health Mission, launched in 2005, aimed to provide accessible, affordable, and quality healthcare to all, with a special focus on maternal and child health, as well as rural and underprivileged populations. Through programs like the Reproductive and Child Health (RCH) scheme, Janani Suraksha Yojana (JSY), and the National Rural Health Mission (NRHM), the NHM has brought healthcare services to the doorsteps of rural and underserved communities.

Despite these efforts, women, particularly those in socio-economically disadvantaged positions, continue to face significant barriers to accessing healthcare services. These barriers are not merely logistical but are deeply embedded in the socio-economic fabric of Indian society. This research paper aims to analyse the socio-economic determinants that hinder women from fully benefiting from the NHM, providing an in-depth understanding of the structural, cultural, and economic factors that need to be addressed.

- To identify the socio-economic factors influencing women's access to NHM benefits.
- To analyse how factors such as income, education, employment, and social status affect women's ability to benefit from NHM schemes.
- To explore regional disparities and socio-cultural constraints that hinder women's access to health services.
- To provide recommendations for improving women's participation in NHM.

### **Research Questions**

- What socio-economic determinants (such as income, education, occupation, and family structure) hinder women from accessing benefits under NHM?
- How do cultural and regional differences influence women's participation in NHM?
- What policy changes or interventions could enhance women's access to NHM benefits?

### **Research Design**

This study follows a **descriptive research design** as it aims to explore and describe the socio-economic barriers preventing women from benefiting under NHM based on secondary data. The research will analyse existing data and information regarding NHM and women's healthcare access.

### **Data Collection**

The study is based on secondary data, which includes existing data collected from government reports, official publications, surveys, research papers, and other credible sources. Key sources of secondary data for this research include:

- **Government Reports:** Publications from the Ministry of Health and Family Welfare (MoHFW), National Health Mission reports, and other related government sources.
- **Surveys and Research Papers:** Published research articles, surveys, and studies from academic journals, which analyse women's healthcare access and barriers in India.
- **NHM Data:** Secondary data from NHM schemes, which can include data on utilization of health services, financial accessibility, and outreach programs.
- **Census Data:** Socio-economic data from the Indian Census, which provides insights into women's education, income, employment, and regional disparities.

- **NGO Reports:** Reports from non-governmental organizations (NGOs) working on women's health issues, which may provide valuable insights into the barriers faced by women in accessing NHM services.

### **Limitations of the Study**

- **Data Availability:** Secondary data may not always be comprehensive or consistent across different regions, limiting the ability to conduct thorough comparative analyses.
- **Data Accuracy:** The reliability of the secondary data is subject to the accuracy and completeness of the original reports or surveys.
- **Regional Bias:** Some regions may have more data available than others, particularly urban versus rural areas, leading to potential bias in the findings.

### **Socio-Economic Determinants Hindering Women's Access to NHM Benefits.**

#### **1. Poverty and Economic Inequality**

- **Limited Financial Resources:** Women in lower socio-economic groups often face financial constraints, which can restrict their access to healthcare services under NHM, even when these services are nominally free or subsidized. Travel costs, purchase of medicines, and additional expenses still become barriers.
- **Inadequate Income:** Many women are engaged in low-income or informal employment and may not have the flexibility to access healthcare due to the demands of work and lack of paid leave.

#### **2. Socio-Cultural Norms and Gender Inequality**

- **Patriarchal Control:** In many rural and underserved areas, patriarchal structures restrict women's autonomy in decision-making, especially in health matters. Decisions regarding healthcare often require approval from male family members, limiting women's ability to seek treatment or participate in health programs.
- **Preference for Male Family Members:** In some communities, health services may prioritize men, either due to cultural beliefs or because resources are limited. This results in women being marginalized and less likely to benefit from the services provided.

### **3. Lack of Awareness and Education**

- **Limited Health Literacy:** Women, especially in rural and backward regions, often lack awareness about the available healthcare services under NHM. This lack of knowledge about their entitlements (such as maternal and child health services, vaccination, and health insurance) prevents them from utilizing the full scope of the program.
- **Educational Barriers:** Lower educational levels among women may also result in a lack of understanding regarding the importance of seeking timely medical care or understanding the benefits of NHM initiatives.

### **4. Geographic Barriers**

- **Distance to Health Facilities:** In remote or rural areas, women may face difficulties in accessing healthcare facilities, as many NHM programs are linked to Primary Health Centers (PHCs), Sub-centers, or Community Health Centers (CHCs) which may be far from their homes.
- **Poor Transportation Infrastructure:** Women in rural areas often have limited access to transportation, making it difficult for them to reach health facilities, especially when they are pregnant or have children who need care.

### **5. Cultural and Social Stigma**

- **Reproductive Health Issues:** Women may face stigma when seeking services related to reproductive health, maternal care, family planning, or sexual health. This can prevent them from seeking timely medical help under NHM.
- **Discrimination:** In some areas, there is a general reluctance to address women's health needs, such as menstrual hygiene management, sexual health, and postnatal care, due to cultural taboos and discrimination.

### **6. Lack of Female Healthcare Providers**

- **Gender Sensitivity in Healthcare:** Many women feel uncomfortable or culturally inhibited in seeking care from male doctors or healthcare providers. The lack of female doctors or health workers, particularly in rural or underserved regions, can prevent women from utilizing available services.
- **Inadequate Female Health Workers:** NHM's success relies heavily on frontline health workers (ASHAs, ANMs), who are predominantly women. However, in some cases, the

insufficient number or training of these workers hampers the delivery of services to women, especially in hard-to-reach areas.

## 7. Health System Challenges

- **Understaffed Health Facilities:** Many healthcare centers under the NHM are understaffed or lack the necessary resources to handle large numbers of patients, especially women seeking maternal and child health services. This can result in poor quality of care or long waiting times, discouraging women from seeking help.
- **Inadequate Implementation and Monitoring:** Lack of effective monitoring and proper implementation of NHM programs can hinder the availability and quality of services. Poor data collection, delays in the distribution of funds, and weak accountability mechanisms disproportionately affect women's access to healthcare.

## 8. Violence and Safety Concerns

- **Domestic Violence:** Women suffering from domestic violence may face barriers in accessing healthcare, either due to fear of retaliation or because they are prevented by their abusers from attending healthcare facilities.
- **Safety and Security:** In many rural or conflict-prone areas, safety concerns—such as fear of harassment or violence while traveling—can further prevent women from seeking out NHM services.

## 9. Caste, Religion, and Social Status

- **Discrimination Based on Caste and Religion:** Women from marginalized castes, tribes, or minority religious communities may face social exclusion, which reduces their access to health services. Healthcare workers might neglect or discriminate against women from lower castes or tribal areas, which diminishes their ability to receive services under NHM.
- **Social Exclusion:** Women from socially marginalized backgrounds may lack trust in government-run programs due to historical discrimination or negative experiences with healthcare services.

## 10. Poor Mental Health Services

- **Stigma Surrounding Mental Health:** Mental health care is an often-overlooked aspect of NHM, and societal stigma surrounding mental health issues can deter women from seeking help. In some cases, women with mental health challenges related to childbirth, domestic issues, or gender-based violence may not receive adequate support.

Addressing the socio-economic barriers that hinder women's access to NHM benefits requires a comprehensive and multifaceted approach. Below are some policy recommendations:

1. **Improved Awareness Campaigns:** There is a need for targeted health education campaigns, especially for rural and low-income women, to increase awareness of NHM services and the importance of maternal and child health.
2. **Gender-Sensitive Healthcare:** Health policies should address gender biases in healthcare delivery. Training healthcare workers to recognize and mitigate these biases is essential to ensure equal access for women.
3. **Infrastructure and Accessibility:** The government should improve transportation facilities and health infrastructure in rural and remote areas, ensuring that healthcare centers are adequately staffed and resourced.
4. **Community-Based Approaches:** Local women's groups, such as Self-Help Groups (SHGs) and ASHAs, should be further empowered and trained to disseminate information about NHM services and help bridge the gap in healthcare access.
5. **Anti-Stigma Programs:** Programs addressing the stigma around reproductive health and domestic violence should be incorporated into NHM's outreach to ensure that women feel safe and supported in accessing services.
6. **Caste and Religion-Sensitive Healthcare:** To combat caste- and religion-based discrimination, healthcare systems should implement measures to ensure inclusivity, such as special outreach programs for marginalized communities.

## **Conclusion**

This research has highlighted the various socio-economic determinants that hinder women's access to the benefits under India's National Health Mission (NHM). Despite the government's concerted efforts to improve healthcare access for marginalized groups, several socio-economic barriers remain that limit women's full participation in the mission's programs.

Key findings reveal that factors such as low income, limited educational attainment, socio-cultural norms, and geographic location significantly affect women's ability to benefit from NHM services. Women in rural areas, for instance, face compounded challenges due to inadequate infrastructure, distance to healthcare facilities, and cultural barriers that discourage seeking medical help. Additionally, economic constraints, including low household income and financial dependency, often prevent women from accessing health services or taking advantage of government schemes.

The study also highlights the role of education, where women with higher literacy levels are more likely to utilize NHM services. However, widespread illiteracy, especially in rural and remote areas, remains a major hurdle. Social factors, including patriarchal norms, domestic responsibilities, and limited decision-making power within families, further restrict women's ability to avail of healthcare benefits.

In conclusion, while NHM has made significant strides in improving healthcare for women, socio-economic determinants continue to pose substantial barriers. Addressing these barriers requires a multi-pronged approach, including improving women's education, enhancing economic opportunities, reducing geographic and cultural barriers, and empowering women within their communities. Policymakers should focus on creating targeted interventions that address the unique socio-economic challenges faced by women, especially in underserved regions. Only by tackling these issues comprehensively can NHM realize its full potential in improving women's health outcomes and ensuring equitable access to healthcare services.

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