

## **A STUDY ON ACCESS OF HEALTH OF RURAL PEOPLE WITH GOVERNMENT SCHEMES IN INDIA WITH SPECIAL REFERENCE TO OUTER REGION OF CHENNAI**

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### **ABSTRACT:**

In a country, the right to health is a fundamental human right that ensures every individual has access to quality healthcare services without discrimination. However, for rural communities, accessing adequate healthcare has often been a significant challenge due to various socio-economic factors and geographical barriers. The objectives are To Assess Awareness and Knowledge. The study has been conducted using the empirical research method. The samples have been collected using the simple random sampling method. A total of 208 samples have been collected for the study. The sample frame taken here is of public areas in and around Chennai. The independent variables are gender, age, educational qualification and occupation. Dependent variables used are aware of any government schemes or programs that aim to provide healthcare services specifically for rural communities. The Graphical representation is the statistical tool used for the study. Important findings related to the right to health of rural people with government schemes can reveal crucial insights about the effectiveness, challenges, and impact of healthcare initiatives in rural areas. Improved Healthcare Access: Government schemes have shown to improve healthcare access for rural people, reducing geographical barriers by establishing healthcare facilities closer to rural communities. In conclusion, the right to health of rural people with government schemes is a critical aspect of ensuring equitable healthcare access and improving the well-being of rural communities.

### **KEYWORDS:**

Rural regions , health care , clinical consultation , emergencies ,Government

## INTRODUCTION:

The evolution of the right to health of rural people with government schemes has witnessed significant changes and developments over time. Governments have recognized the importance of ensuring healthcare equity for rural communities and have implemented various initiatives to bridge the gap between urban and rural healthcare access.

**Early Healthcare Initiatives: Healthcare Reforms and Expansion:** With the recognition of healthcare as a fundamental right, governments began implementing healthcare reforms and expanding healthcare infrastructure. These schemes offered subsidized or free healthcare services to eligible individuals, reducing the financial burden of seeking medical care.

**Health Awareness Campaigns:** Governments launched health awareness campaigns to educate rural communities about preventive healthcare practices, hygiene, sanitation, and family planning. Some of the prominent government schemes and programs related to rural health in India include:

- National Rural Health Mission (NRHM):** Launched in 2005 (now subsumed under the National Health Mission), NRHM is one of the largest initiatives aimed at strengthening healthcare in rural areas. It focuses on providing accessible, affordable, and quality healthcare services, including maternal and child health, family planning, immunization, and infectious disease control.
- Pradhan Mantri Jan Arogya Yojana (PM-JAY):** Also known as Ayushman Bharat, this health insurance scheme provides financial protection to vulnerable rural families against medical expenses. PM-JAY aims to cover over 500 million beneficiaries across India, offering cashless treatment for specified illnesses at empaneled hospitals.
- Janani Suraksha Yojana (JSY):** This program promotes institutional deliveries and provides financial assistance to pregnant women in rural areas for safe childbirth and postnatal care. JSY aims to reduce maternal and infant mortality rates by increasing institutional deliveries.
- National Immunization Program:** India's comprehensive immunization program targets rural children, providing free vaccines to protect against several preventable diseases, including polio, measles, and hepatitis B.
- Rashtriya Kishor Swasthya Karyakram (RKSK):** This adolescent health program focuses on providing preventive, promotive, and curative healthcare services to rural adolescents. RKSK addresses the unique health needs and challenges faced by young people.
- National Vector Borne Disease Control Program (NVBDCP):** NVBDCP aims to control and eliminate vector-borne diseases like malaria, dengue, and lymphatic filariasis in rural areas through vector control measures, early diagnosis, and prompt treatment.
- National Nutrition Mission (Poshan Abhiyan):** This program targets the reduction of malnutrition in rural areas by improving nutritional practices, providing supplementary nutrition, and enhancing maternal and child care.
- National Health Resource Repository (NHRR):** NHRR aims to build a comprehensive database of healthcare facilities, personnel, and services in rural areas to facilitate better planning and resource allocation.

Factors affecting The right to health of rural people with government schemes are influenced by various factors that can either facilitate or hinder access to healthcare services. Geographical remoteness and lack of adequate healthcare infrastructure pose significant challenges, making it harder for rural communities to access medical facilities. Limited availability of healthcare professionals and essential medicines further exacerbate the situation. Additionally, socio-economic factors such as poverty, low literacy levels, and inadequate health awareness can impede

rural people's ability to seek timely and appropriate healthcare. However, government schemes aimed at improving rural health, such as mobile medical units, health insurance coverage, and health awareness campaigns, can play a vital role in mitigating these challenges and ensuring that rural populations receive equitable and quality healthcare services. Telemedicine and technology integration have emerged as significant trends, enabling remote consultations and healthcare access for rural populations. Public-private partnerships are being utilized to expand healthcare infrastructure and service delivery in underserved rural regions. Moreover, there is an increasing emphasis on preventive healthcare and health awareness campaigns to empower rural communities with health-related knowledge. Sustainable and comprehensive approaches that address social determinants of health are gaining traction to ensure the long-term effectiveness of government schemes. However, disparities in healthcare access and affordability persist in rural regions compared to urban areas. On the other hand, some other countries have more comprehensive government schemes targeted specifically at rural health, providing a broader range of services and financial support to ensure better healthcare equity for rural populations.

#### OBJECTIVES:

- To Assess Awareness and Knowledge.
- To Examine Government Health Schemes.
- To study the development of the Healthcare Infrastructure in rural areas.

#### REVIEW OF LITERATURE:

**Shrivastava, Shrivastava and Ramasamy (2013)** seeks that the population norms for establishment of primary health centers and sub-centres is for every 20,000 and 3,000 population respectively but health care is not available to the majority of the tribals due to multiple factors like lack of accessibility to health facilities, non-availability of health staff in the health centers, poor quality of services offered, lack of transport and communication facilities, traditional practices and superstitions, poverty and financial constraints, logistics barriers from the health care providers side, long waiting hours at the health center and timings of the facilities. ([Shrivastava et al.](#)) **VK Pathakar ,MM Manoj ,M ruikar (2020)** India with 8.6% of tribal population is finding it difficult to bridge the gap that exists between tribal and non-tribal population in regards to healthcare. Tribal population suffers triple burden of disease; in fact it is quadruple, namely, communicable diseases, non-communicable diseases, malnutrition, mental health, and addictions complicated by poor health seeking behavior. ([Pathak et al.](#)) **Sujata Rao (1998)** describes the health status of the tribals living in the scheduled area of Andhra Pradesh. She also critically examines the recent steps taken by the state government for providing better health care services in tribal areas. She finds that the conventional and bureaucratized approach of the government towards providing healthcare facilities has been highly ineffective. Hence, she argues that the strategies

to reduce morbidities and mortalities among tribals would need to contain specific directions for establishing interconnectivity between income, food security, female literacy and good health right down to the PHC level. **Mavalankar and ramani(2006)** seeks that Indian health system is at critical point. They stressed the need for building healthcare facilities that are responsive to community needs particularly for the poor. They have used a method of empirical research and adopted some methods to gather responses. They opined that people are awakened for their needs. ([Ramani and Mavalankar](#)) . **Keshava, Siddu, and Revankar (2012)** have studied the status and infrastructure of the health sector in Karnataka. They have observed that the health status of India is not satisfactory compared to other developing countries. The health expenditure in India is very low. In Gulbarga and Belgaum districts of Karnataka, the status of healthcare and infrastructure is very poor. They have stressed that health programmes have to be properly implemented for providing quality infrastructure and services. ([H et al.](#)) **Neelmani Jagsawal (2015)** Rural Health is one of vital elements of rural life. India being a nation of villages requires an intensive approach towards rural health. Nearly 75 percent of health infrastructure and other health resources are concentrated in urban areas. Even if several government programmes for growth of rural healthcare have been initiated, the procedural delay in implementation leads to its ineffectiveness. Rural areas have been infected with various contagious diseases like diarrhea, amoebiasis, typhoid, infectious hepatitis, worm infestations, measles, malaria, tuberculosis, whooping cough, respiratory infections, pneumonia and reproductive tract infections. ([Jaysawal](#)) **Manoj Mohanan, Katherine Hay and Nachiket Mor (2016)** have analyzed the quality of health care in India. Their study found that the quality of health care at the system level requires a focus on governance issues, including improvement of public sector management, building institutional capacity, and promoting a culture of data-driven policies. They advocate for evidence-based approaches to improve the quality of healthcare and health outcomes in India ([Mohanan et al.](#)). **Ahuka L (2009)** There is a major maldistribution of physicians in the Democratic Republic of the Congo (DRC). While 70% of Congolese live in rural areas, relatively few doctors practice there. Of the 25 medical schools in the DRC (14 public and 11 private) only one private medical school is located in a rural area. The purpose of this article was to analyze and compare the graduates of an urban- and a rural-located university in DRC ([Ahuka](#)). **Fuller J, Ballantyne A (2000)** In response to settlement patterns in Australia, most immigrant specialist services and programs have been developed in metropolitan locations and large provincial cities. However, immigrants have also settled in smaller numbers in country locations. It is of concern, therefore, to consider how responsive and equitable health-care services can be delivered in country regions when immigrants do not reach the critical mass that would warrant the development of specialist services. This paper draws on a consultation conducted in South Australia to propose a way forward in linking country health services with local immigrant communities and immigrant specialist services in cities ([Fuller and Ballantyne](#)). **Kandamuthan S , Madhireddi R (2016)** In the current age, when health is expected to be equitable and sustainable, Odisha seems lost in time with health care still remaining a distant dream for the tribal population in the state. Implementation of health policies in tribal areas remains a challenge as the community suffers from malnutrition, lack of clean drinking water, poor sanitation, poverty, and geographic inaccessibility. In the last seven years, public-private

partnerships (PPPs) were used as a medium to remove social taboo and improve access to health care among the tribal population. The objective of this study is to evaluate the effectiveness of various PPPs in tribal health and the lessons learnt ([Kandamuthan and Madhireddi](#)). **Smalley B K, Warren J C (2014)** A number of strategies have been developed to address the problems faced by rural populations in achieving a healthy mental status. Many of these approaches directly counteract some of the barriers to maintaining mental health or receiving mental health services that rural residents face. Two of the most promising approaches are integrated care services and telehealth technologies. Currently, licensure restrictions limit the ability of telehealth to meet the demand for services, and policy advocacy to expand scope of practice to allow for more widespread use of tele-mental health services would help directly address the provider shortages seen in rural settings ([Smalley and Warren](#)). **Jacob A M (2022)** Health care is a fundamental right of every human being. About half of the world's population (An estimated 3.4 billion of the world's 7.6 billion in 2018) lived in rural areas. Individuals in rural areas often have poor access to healthcare because of poor accessibility and availability of standard healthcare systems and socio-cultural factors affecting their perception of health compared to the urban population. Though there is a projected decrease in the absolute percentage of the world's population dwelling in rural areas by 2050, there is also a projected increase needing to prioritize rural health. This chapter shall discuss the critical factors that disadvantage the rural population. It also considers the methods used to work out rural healthcare delivery strategies to decrease this disparity in rural areas' health care facilities([Jacob](#)). **Koonan S(2019)** The legal framework relating to the realization of the right to sanitation in rural areas is complex and fragmented, with laws and institutions focusing on different aspects of sanitation at different administrative levels. The framework is further complicated with the presence of a strong policy framework framed by the Union Government from time to time which primarily governs the sector. This chapter examines the law and policy framework for the realization of the right to sanitation in rural areas in India. It specifically examines the framework for implementation of the right to sanitation in rural areas from the perspective of rights including the right to sanitation([Koonan](#)). **Turner D (2010)** Housing makes a difference to our health. Decent, safe, and affordable housing contributes to our mental and physical well-being, while inadequate housing or even homelessness can do the opposite. Having a pre-existing mental illness or substance use issue often restricts a person's options to access, afford, and maintain the kind of home that would enhance and promote recovery. On the foundation of reviewed literature, as part of a practicum placement with Northern Health and Mental Health and Addictions, I undertook this quantitative, descriptive study in Prince George, and set forth to develop an understanding of the need and type of housing required for individuals with a serious and persistent mental illness (SPMI)([Turner](#)). **Singh K (2005)** In India 60-70% of the population live in rural villages. The rural population suffers from a burden of disease and disorders due to the non-availability of appropriate healthcare personnel and facilities. Since 1950, the Indian Government has responded with a series of five-year plans but has been unable to address the lack of healthcare professionals prepared to work in isolated and rural areas([Singh](#)). **Ramachandran N (2017)** Apart from focus group discussions, the team conducted personal interviews with the heads of 20 households in each village. Although the suggested toolset was used to collect information, and a few additional

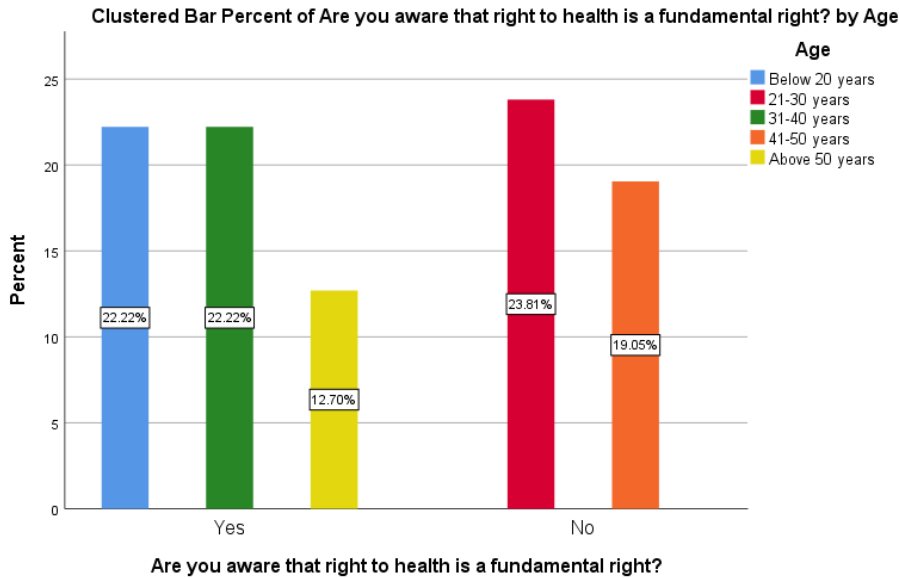
tools were introduced, the main learning from the study was the importance of observation in gaining new insights and opening up new avenues for solutions. This case study does not focus on the tools used, although samples are presented for illustrative purposes. Instead, it provides a glimpse of the kind of information which can be collected through their use. Links to manuals which describe the tools are also provided. The study details the actual process of conducting a participatory appraisal, particularly in the context of rural India ([Ramachandran](#)). **Kankana De (2017)** seeks to present the results of their study based on direct interviews with 200 tribal adolescents. She has found that the majority of rural tribal people are suffering from skin disease, sexually transmitted infection, reproductive tract infections, diarrhea, TB and leprosy but they do not have proper knowledge about nature and the cause of several diseases. ([De](#)). **Bandyopadhyay M, Mac pherson S (2019)** A majority of the women started living with their husbands immediately after marriage in most cases. In the tribal village of Motipur, three women were married to their own blood relatives; two of them were married to their first cousin on their father's side, and another was married to some other blood relation. In village Santoshpur almost a quarter of the surveyed women were married to their own blood relatives. Women's health status is very much dependent on the socio-economic condition of the household and accordingly the health status of the women varies considerably ([Bandyopadhyay and MacPherson](#)). **Bala and Thiruselvakumar (2009)** explored the problems in delivering public health services to the tribal population of India. They opined that government has established Primary Health Centres and Sub-centres in tribal areas but still healthcare is not available to majority of the tribals due to lack of accessibility to health facilities, non-availability of health staff in the health centers, lack of equality of services and also traditional practices and superstitious beliefs have blocked health care delivery to the tribals. ([Bala and Thiru Sivakumar](#)) **Mishra, Kusuma and Babu (2015)** analyzed the barriers to public health services among migrant tribal communities in Bhubaneswar of Eastern India. Both qualitative and quantitative research techniques were adopted in the study. Researchers have opined that to improve health and health care access, there is a need for a comprehensive migrant sensitive health care system. ([Mishra et al.](#))

## **METHODOLOGY:**

The study has been conducted using the empirical research method. The samples have been collected using the simple random sampling method. A total of 208 samples have been collected for the study. The sample frame taken here is of public areas in and around Chennai. The independent variables are gender, age, educational qualification and occupation. Are you aware of any government schemes or programs that aim to provide healthcare services specifically for rural communities. The Graphical representation is the statistical tool used for the study.

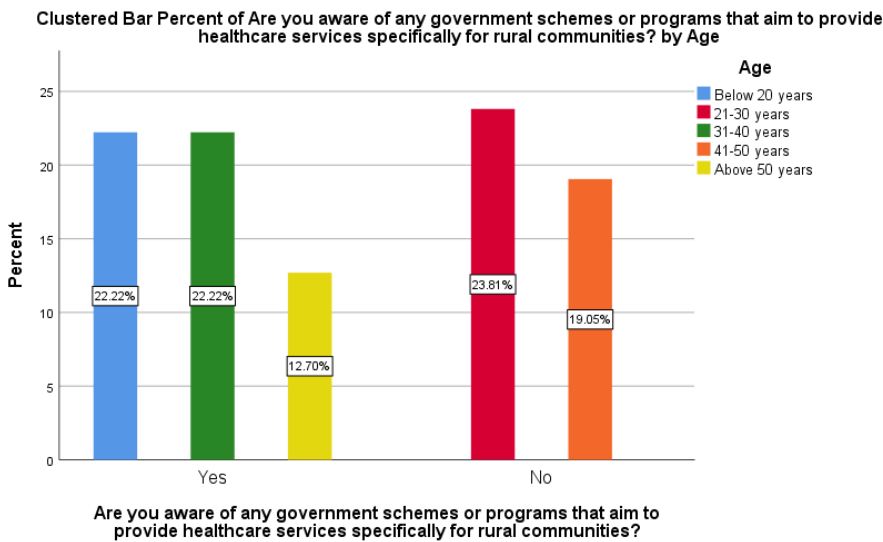
## ANALYSIS

**Figure 1**



**Legend:** Figure 1 shows the percentage of right to health is fundamental right and comparison with age of the respondents.

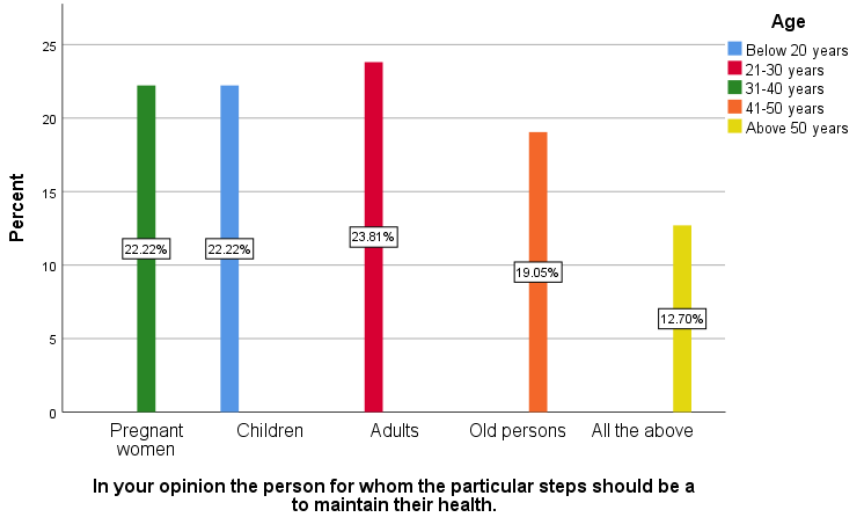
**Figure 2**



**Legend:** Figure 2 shows the percentage of people's awareness of any government schemes or programs that aim to provide healthcare services specifically for rural communities.

**Figure 3**

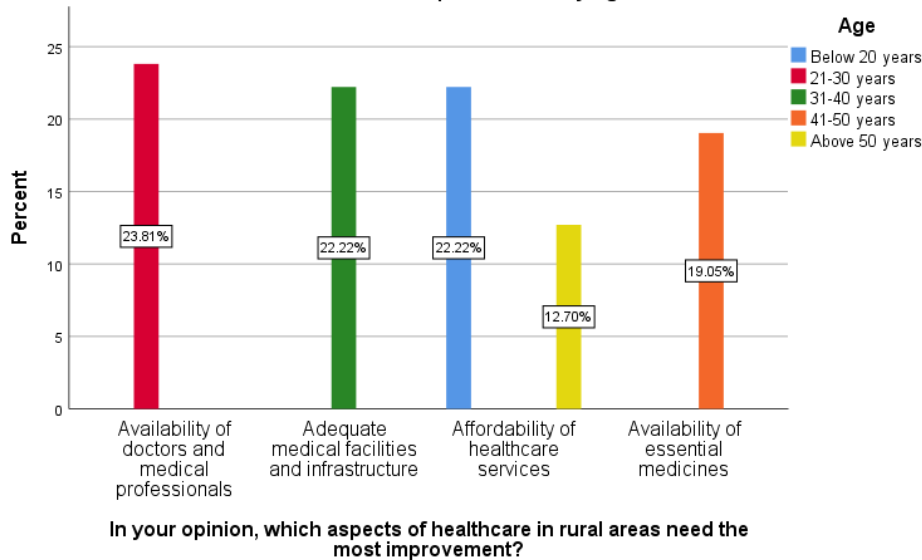
Clustered Bar Percent of In your opinion the person for whom the particular steps should be a to maintain their health. by Age



**Legend:** Figure 3 shows the opinion of the person for whom the particular steps should be to maintain their health.

**Figure 4**

Clustered Bar Percent of In your opinion, which aspects of healthcare in rural areas need the most improvement? by Age

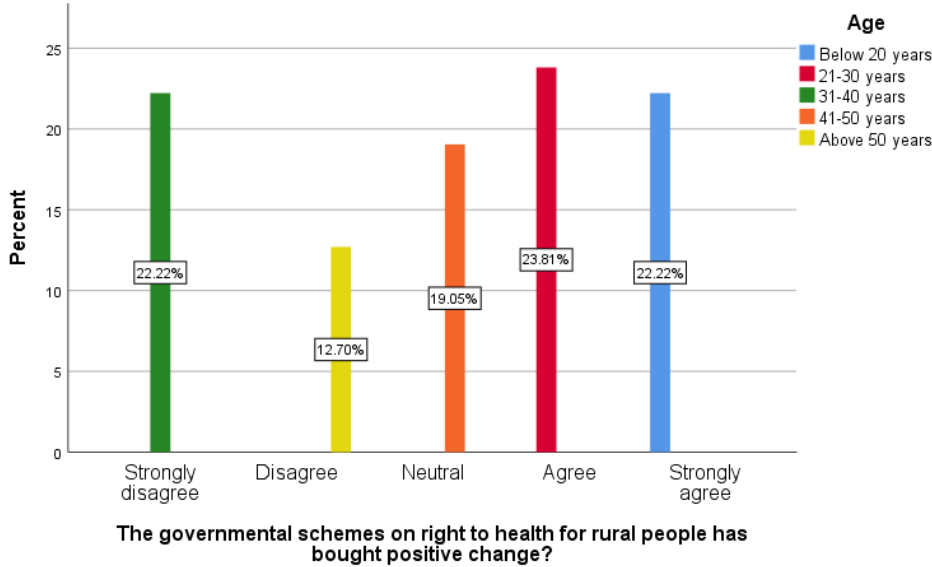


**Legend:** Figure 4 shows opinion, which aspects of healthcare in rural areas need the most improvement.



**Figure 5**

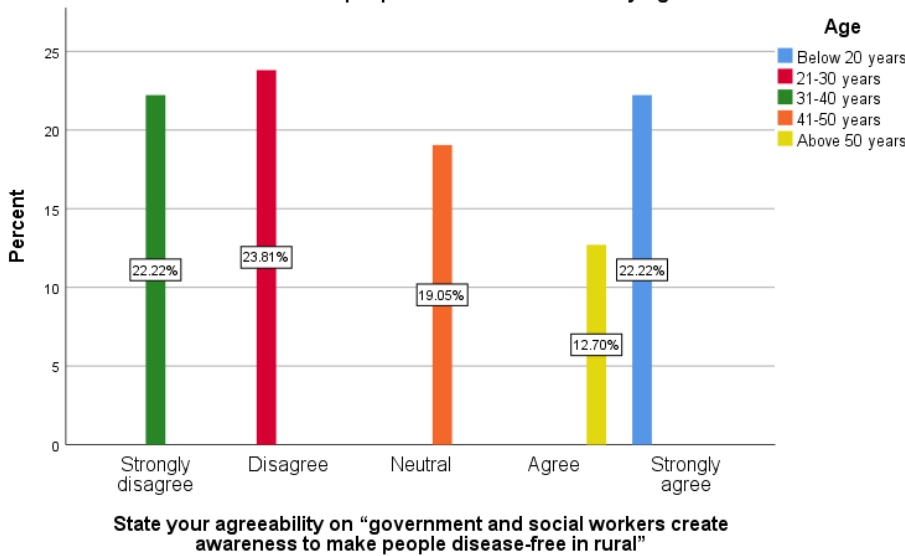
**Clustered Bar Percent of The governmental schemes on right to health for rural people has bought positive change? by Age**



**Legend:** Figure 5 shows the agreeability of the statement “The governmental schemes on right to health for rural people has brought positive change”.

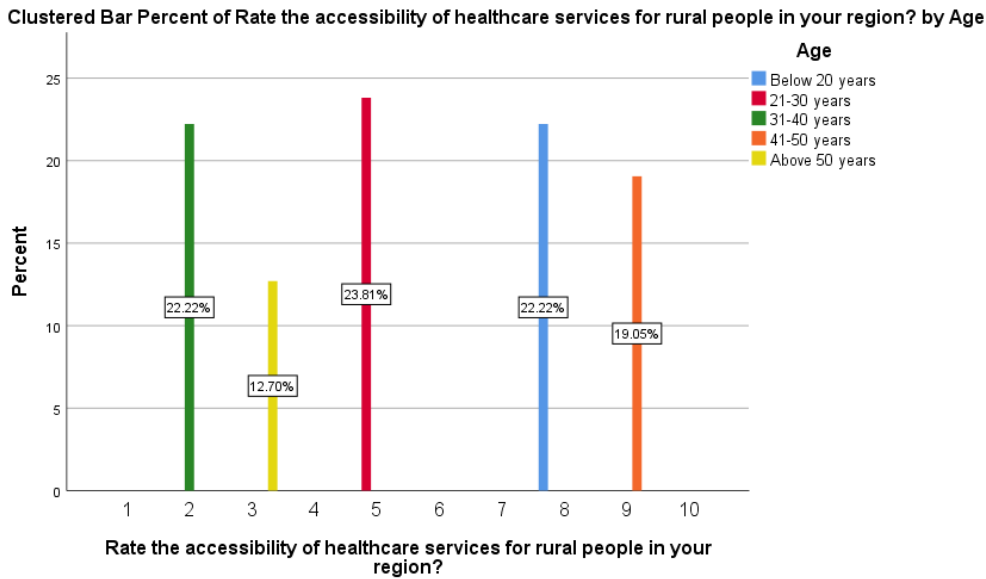
**Figure 6**

**Clustered Bar Percent of State your agreeability on “government and social workers create awareness to make people disease-free in rural” by Age**



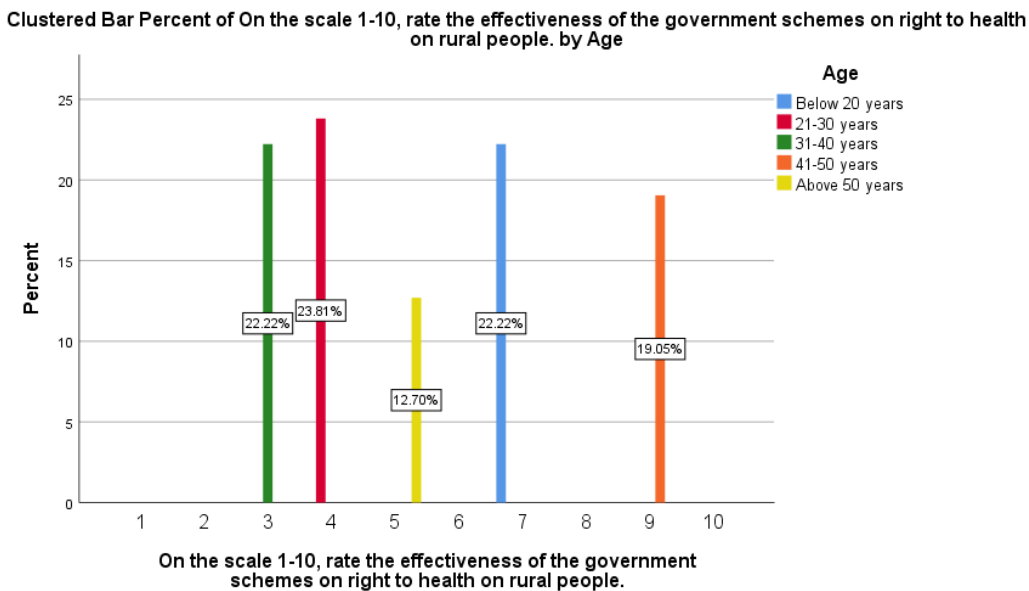
**Legend:** Figure 6 shows the agreeability of the statement “government and social workers create awareness to make people disease-free in rural”

**Figure 7**



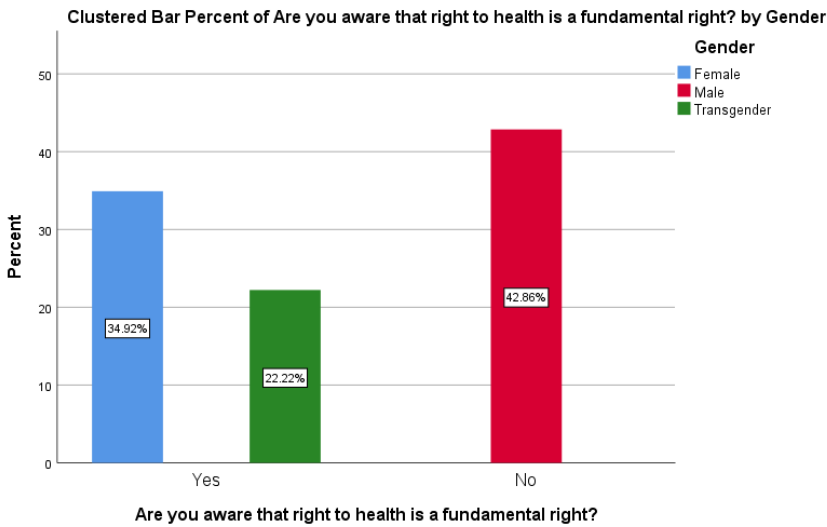
**Legend :** Figure 7 shows the ratings the accessibility of healthcare services for rural people in your region.

**Figure 8**



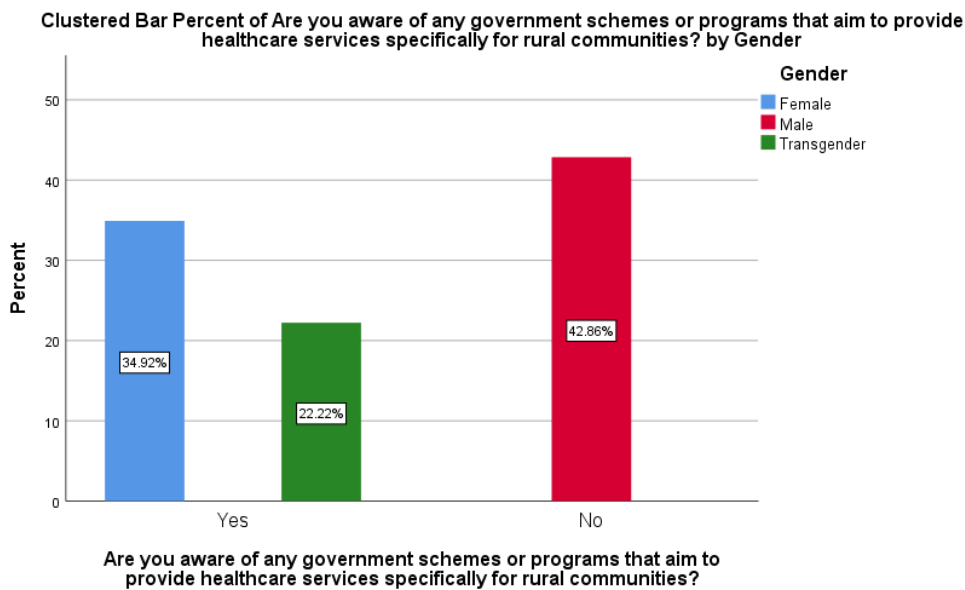
**Legend:** Figure 8 shows the effectiveness of the government schemes on the right to health of rural people.

**Figure 9**



**Legend:** Figure 9 shows the percentage of people's awareness about the right to health is a fundamental right.

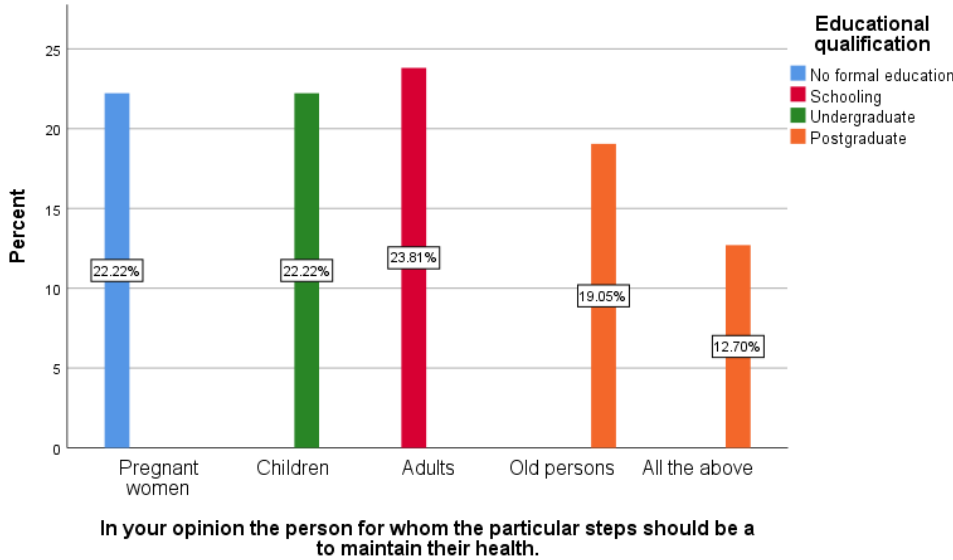
**Figure 10**



**Legend:** Figure 10 shows the percentage of people's awareness of any government schemes or programs that aim to provide healthcare services specifically for rural communities.

**Figure 11**

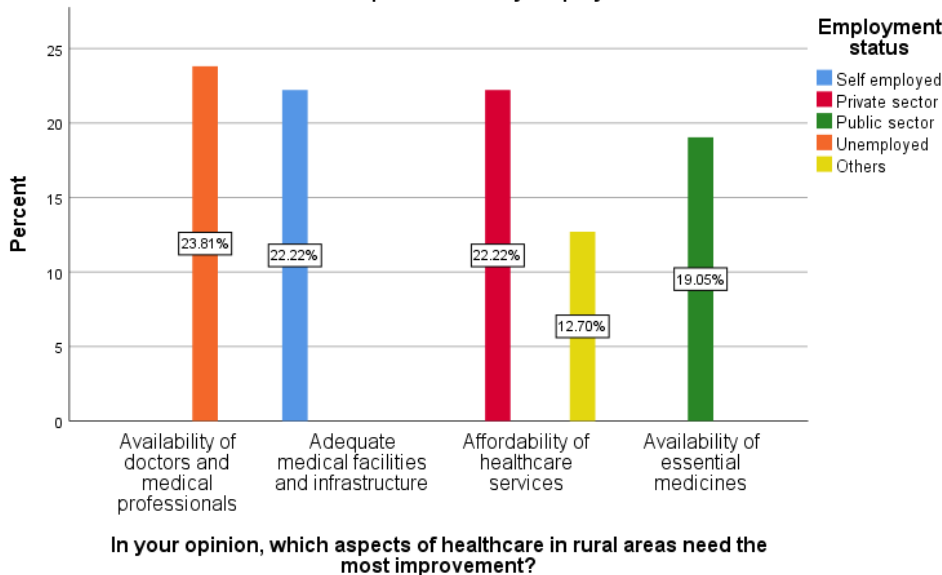
**Clustered Bar Percent of In your opinion the person for whom the particular steps should be a to maintain their health. by Educational qualification**



**Legend:** Figure 11 shows the opinion of the person for whom the particular steps should be to maintain their health.

**Figure 12**

**Clustered Bar Percent of In your opinion, which aspects of healthcare in rural areas need the most improvement? by Employment status**



**Legend:** Figure 12 shows opinion, which aspects of healthcare in rural areas need the most improvement.

## RESULT:

**Figure 1:** From the graph it is shown that 23.81% of respondents who are 21-30 yrs are accepting/saying no and 22.22% of respondents who are 31-40 yrs opted yes to the question: Are you aware that right to health is a fundamental right. **Figure 2:** From the graph it is shown that 23.81% of respondents who are 21-30 yrs are accepting/saying no and 22.22% of respondents who are 31-40 yrs opted yes to the question: Are you aware of any government schemes or programs that aim to provide healthcare services specifically for rural communities. **Figure 3:** From the graph it is shown that 23.81% of respondents who are 21-30 yrs responded as adults and 22.22% of respondents who are below 20 yrs opted children to the question: In your opinion the person for whom the particular steps should be to maintain their health. **Figure 4:** From the graph it is shown that 23.81% of respondents who are 21-30 yrs responded as Availability of doctors and medical professionals and 22.22% of respondents who are 31-40 yrs opted adequate medical facilities and infrastructure for the question: In your opinion, which aspects of healthcare in rural areas need the most improvement. **Figure 5:** From the graph it is shown that 23.81% of respondents responded as agreed and those who are 21-30 yrs responded and 22.21% of respondents who are below 20 yrs responded as strongly agreed to the question: The government schemes on right to health for rural people has brought positive change. **Figure 6:** From the graph it is shown that 23.81% of respondents responded as disagreed and those who are 31-40 yrs responded and 22.21% of respondents who are below 20 yrs responded as strongly agreed to the question: State your agreeability on “government and social workers create awareness to make people disease-free in rural” **Figure 7:** From the graph it is shown that 23.81% of respondents who are 21-30 yrs responded 5 on the rating scale and 22.22% of respondents who are 31-40 yrs opted 2 on the scale to the question: Rate the accessibility of healthcare services for rural people in your region. **Figure 8:** From the graph it is shown that 22.85% of respondents who are 41-50 yrs responded 6 on the rating scale and 21.45% of respondents who are 31-40 yrs opted 10 on the scale to the question: On the scale 1-10, rate the effectiveness of the government schemes on right to health on rural people. **Figure 9:** From the graph it is shown that 42.86% of respondents who are males are accepting/saying no and 34.92% of respondents who are females opted yes to the question: Are you aware that right to health is a fundamental right. **Figure 10:** From the graph it is shown that 43.90% of respondents who are males are accepting/saying no and 21.92% of respondents who are females opted yes to the question: Are you aware of any government schemes or programs that aim to provide healthcare services specifically for rural communities. **Figure 11:** From the graph it is shown that 25.81% of respondents who are in their schooling responded as adults and 22.22% of respondents who are undergraduate opted pregnant women for the question: In your opinion the person for whom the particular steps should be to maintain their health. **Figure 12:** From the graph it is shown that 23.81% of respondents who are unemployed responded as Availability of doctors and medical professionals and 22.22% of respondents who are private sectors opted adequate medical facilities and infrastructure for the question: In your opinion, which aspects of healthcare in rural areas need the most improvement?

## DISCUSSION:

**Figure 1:** The graph shows that 23.81% of respondents who are 21-30 yrs are accepting/saying no and 22.22% of respondents who are 31-40 yrs opted yes to the question: Are you aware that right to health is a fundamental right? The response for no is significantly more than yes which shows that the respondents aren't aware that the right to health is a fundamental right but the right to health is a fundamental right under the Indian constitution. **Figure 2:** From the graph it is shown that 23.81% of respondents who are 21-30 yrs are accepting/saying no and 22.22% of respondents who are 31-40 yrs opted yes to the question: Are you aware of any government schemes or programs that aim to provide healthcare services specifically for rural communities? The response for no is significantly more than yes which shows that the respondents aren't aware of the government schemes or programs that aim to provide healthcare services specifically for rural communities. **Figure 3:** From the graph it is shown that 23.81% of respondents who are 21-30 yrs responded as adults and 22.22% of respondents who are below 20 yrs opted children to the question: In your opinion the person for whom the particular steps should be to maintain their health. Those reasons actually drive the knowledge of the person for whom the particular steps should be to maintain their health. **Figure 4:** From the graph it is shown that 23.81% of respondents who are 21-30 yrs responded as Availability of doctors and medical professionals and 22.22% of respondents who are 31-40 yrs opted adequate medical facilities and infrastructure for the question: In your opinion, which aspects of healthcare in rural areas need the most improvement? Those reasons actually drive the opinion, which aspects of healthcare in rural areas need the most improvement. **Figure 5:** From the graph it is shown that 23.81% of respondents responded as agreed and those who are 21-30 yrs responded and 22.21% of respondents who are below 20 yrs responded as strongly agreed to the question: The government schemes on right to health for rural people has brought positive change? Here the people agree with the question which was raised and some of the people strongly disagree and we come to know that the majority of the population have the knowledge about the government schemes on right to health for rural people that has brought positive change. **Figure 6:** From the graph it is shown that 23.81% of respondents responded as disagreed and those who are 31-40 yrs responded and 22.21% of respondents who are below 20 yrs responded as strongly agreed to the question: State your agreeability on "government and social workers create awareness to make people disease-free in rural". Here the people disagree with the question which was raised and some of the people strongly agree and we come to know that the majority of the population have the knowledge about government and social workers create awareness to make people disease-free in rural areas. **Figure 7:** From the graph it is shown that 14.85% of respondents who are 41-50 yrs responded 6 on the rating scale and 5.45% of respondents who are 31-40 yrs opted 10 on the scale to the question: Rate the accessibility of healthcare services for rural people in your region? Here the people are neutral with the question which was raised and some of the people and we come to know that the majority of the population have the healthcare service for rural people in your region. **Figure 8:** From the graph it is shown that 22.85% of respondents who are 41-50 yrs responded 6 on the rating scale and 21.45% of respondents who are 31-40 yrs opted 10 on the scale to the question: On the scale 1-10, rate the

effectiveness of the government schemes on right to health on rural people. Here the people are neutral with the question which was raised and some of the people and we come to know that the majority of the population have the government schemes on the right to health of rural people. **Figure9:** From the graph it is shown that 42.86% of respondents who are males are accepting/saying no and 34.92% of respondents who are females opted yes to the question: Are you aware that the right to health is a fundamental right? Here the people no with the question which was raised and some of the population have the aim to provide healthcare services specifically for rural communities. **Figure 10:** From the graph it is shown that 43.90% of respondents who are males are accepting/saying no and 21.92% of respondents who are females opted yes to the question: Are you aware of any government schemes or programs that aim to provide healthcare services specifically for rural communities? Here the people no with the question which was raised and some of the population have the aim to provide healthcare services specifically for rural communities. **Figure 11:** From the graph it is shown that 25.81% of respondents who are in their schooling responded as adults and 22.22% of respondents who are undergraduate opted pregnant women for the question: In your opinion the person for whom the particular steps should be to maintain their health. Here the people with the question which was raised and some of the population have the person of whom the particular steps should be to maintain their health. **Figure 12:** From the graph it is shown that 23.81% of respondents who are unemployed responded as Availability of doctors and medical professionals and 22.22% of respondents who are private sectors opted adequate medical facilities and infrastructure for the question: In your opinion, which aspects of healthcare in rural areas need the most improvement? Here the availability of doctors and medical professionals with the question which was raised and some of the population have the person of whom the aspect of healthcare in rural areas needs the most improvement.

### **LIMITATION:**

One of the major limitations of the study in the sample frame. There is a major constraint in the sample frame as it is limited to the small area. Another limitation is the sample size of 208 which cannot be used to assume the thinking of the entire population in a particular country, state or city. The physical factors have a larger impact ,thus,limiting the study. There was a lack of understanding between people. It's very hard to interact with people.

### **SUGGESTION:**

The Indian government also offers several health insurance schemes, including Ayushman Bharat Yojana, which is designed to provide universal health coverage. The Indian government has launched several schemes to improve the health of rural people.

## CONCLUSION::

Rural areas are also now developed and the facilities are grown and the health and sanitation level is upgraded than the usual one. This paper attempts to understand the health and sanitation level in rural areas and also the effects of the government schemes in the rural areas. It was found that most benefited persons through the scheme are pregnant women, children and old persons. Even though many people are not aware of the right to health they are enjoying the rights in such a way by schemes. I would suggest that the government may stop making laws to punish the person polluting the environment as there are many laws and the government should provide special status to the person who keeps the environment neat and tidy which promotes the healthy rural areas. Government should promote the social workers by giving salary allowances, etc.

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