

Role of Panchayati Raj Institutions in Improvement of Rural Health and Sanitation: A Study of Women in Dharwad District of Karnataka

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Abstract

India is predominantly a rural country where a large proportion of the population resides in villages and agriculture continues to be the primary occupation. Despite economic progress, rural communities still face serious challenges relating to poverty, inadequate health services, and poor sanitation. Women in rural areas are particularly vulnerable due to nutritional deficiencies, limited access to healthcare, lack of awareness, and social neglect. These issues significantly affect their health and overall well-being.

The **Dharwad district of Karnataka**, though relatively developed compared to many other districts, still has several rural areas where women suffer from inadequate healthcare facilities and poor sanitation conditions. Government welfare schemes and health programs often fail to reach the intended beneficiaries effectively due to lack of awareness, socio-economic constraints, and institutional inefficiencies.

The establishment of **Panchayati Raj Institutions (PRIs)** through the **73rd Constitutional Amendment Act** has created opportunities for decentralized governance and participatory development in rural areas. PRIs play a crucial role in implementing health, sanitation, and welfare programs at the grassroots level. Through various schemes and initiatives, the Government of Karnataka has been attempting to improve maternal health, child care, sanitation, and disease prevention among rural women.

However, despite these initiatives, the effective implementation and acceptance of health programs among rural women remain limited. This study examines the role of Panchayati Raj Institutions in improving rural health and sanitation with special reference to women in Dharwad district.

Keywords: Women, Rural Health, Panchayati Raj Institutions, Sanitation, Dharwad District, Health Management.

1. Introduction

Every society develops its own understanding of disease, health, and treatment. The medical system prevalent in a society is shaped by traditions, cultural beliefs, ecological conditions, and social practices. Health systems are therefore closely linked with social and cultural structures.

The concept of health among rural communities often involves not only biological factors but also socio-cultural and environmental influences. People adapt to their environment through a combination of

traditional knowledge and modern medical practices. As a result, the study of health and disease requires both medical and sociological perspectives.

Health is associated with reproduction, growth, preservation of life, and ultimately death. Illness represents a state where the body functions below its optimum capacity, which, if untreated, may eventually lead to death. Thus, health, disease, and death represent stages in a continuous biological and social process.

After independence, the Government of India focused on the overall development of the country through sectors such as agriculture, industry, education, health, and communication. However, it soon became evident that **national development could not be achieved without the development of rural India.**

To address this issue, the Government introduced **Panchayati Raj Institutions under the 73rd Constitutional Amendment Act (1992)** to promote decentralized governance and strengthen grassroots democracy. These institutions were entrusted with the responsibility of implementing rural development programs including health, sanitation, education, and welfare schemes.

Through PRIs, several schemes have been implemented such as sanitation programs, rural health initiatives, women empowerment schemes, and maternal health programs. These initiatives aim to improve the health status of rural women and enhance their quality of life.

The present study therefore examines the **role of Panchayati Raj Institutions in improving rural health and sanitation among women in Dharwad district of Karnataka.**

2. Objectives of the Study

The study has the following objectives:

1. To examine the **availability and accessibility of healthcare facilities for rural women in Dharwad district.**
2. To study the **awareness among rural women regarding health care facilities and government health schemes.**
3. To analyze the **demographic factors influencing the utilization of health services by women.**
4. To examine the **role of government agencies in providing healthcare services to rural women.**
5. To study the **role of Non-Governmental Organizations (NGOs) in improving rural health and sanitation.**
6. To identify **effective social awareness and communication tools for promoting health programs among rural women.**

3. Methodology

Empirical Study

The present study is primarily **empirical in nature.**

Primary data will be collected from:

- Rural Public Health Institutions
- Panchayati Raj Institutions
- Elected representatives of Gram Panchayats
- Health workers such as ASHA and Anganwadi workers
- Women beneficiaries of government health schemes

The selection of respondents will be carried out using **random sampling methods.**

Secondary Data

Secondary data will be collected from:

- Government reports
- District statistical handbooks
- Panchayat records
- Health department publications
- Research studies and books related to rural health

4. Area of Study

The **Dharwad district** is located in the north-western part of Karnataka. It is an important educational and administrative center of the state. The district consists of both urban and rural regions, with a significant portion of the population residing in villages.

Agriculture is the major occupation of the rural population. The district has several Primary Health Centres, Community Health Centres, and sub-centres which provide healthcare services to rural communities.

Despite the availability of health infrastructure, rural women often face difficulties in accessing healthcare services due to poverty, lack of transportation, social restrictions, and limited awareness about government schemes.

5. Community of Study – Rural Women

Women constitute an important section of rural society and play a significant role in family welfare, agriculture, and community development. However, they often face multiple health challenges such as:

- Malnutrition
- Maternal health problems
- Lack of sanitation facilities
- Limited access to healthcare services
- Low awareness about health and hygiene

Social and cultural factors often restrict women's mobility and decision-making power regarding healthcare. As a result, many women depend on traditional remedies or delay medical treatment.

Improving the health status of women is essential for the overall development of rural society.

6. Role of Panchayati Raj Institutions in Health Management

District Panchayat

The District Panchayat plays a key role in providing healthcare services through **district hospitals and health programs**. Its responsibilities include:

- Creation and maintenance of health infrastructure
- Monitoring the functioning of Primary Health Centres
- Allocation of funds for rural health programs
- Ensuring availability of doctors and medical staff
- Implementing maternal and child health schemes

6.1 Major Health Schemes

The Government of Karnataka and Government of India have implemented several health schemes for the welfare of rural women:

1. **Janani Suraksha Yojana** – Financial support for pregnant women

2. **Prasooti Araike Scheme** – Nutritional support for pregnant women
3. **Madilu Scheme** – Post-delivery kit for mother and child
4. **Thayi Bhagya Scheme** – Free delivery services through private hospitals
5. **Immunization Programs**
6. **Integrated Management of Neonatal and Childhood Illness (IMNCI)**
7. **Population Stabilization Programs**
8. **Suvarna Arogya Chaitanya School Health Programme**
9. **Integration of AYUSH Systems**
10. **Health Management Information System (HMIS)**
11. **Arogya Kavacha Emergency Health Services**
12. **Integrated Disease Surveillance Programme**

Panchayati Raj Institutions play a crucial role in ensuring the implementation of these schemes at the village level.

6.2 Hierarchy of Health Management in Panchayats

The health governance structure in rural areas operates through the following levels:

- Gram Panchayat Committee
- Health Standing Committee
- Panchayat Level Health and Sanitation Committee
- Ward Level Health Committee
- Women Self Help Groups (SHGs)

These bodies coordinate health awareness programs, sanitation drives, vaccination campaigns, and maternal health services.

7. Statistical Profile of Dharwad District

Table 1: General Demographic Profile of Dharwad District

Indicator	Data
Total Population	18,46,993
Population Density	434 persons per sq. km
Literacy Rate	80%
Sex Ratio	967 females per 1000 males
Taluks	Dharwad, Hubballi, Kalghatgi, Kundgol, Navalgund
Total Area	4,265 sq. km

These demographic indicators show that Dharwad district has relatively high literacy levels but still contains a large rural population requiring improved health services. ([Studocu](#))

8. Health Infrastructure in Dharwad District

Table 2: Government Health Institutions in Dharwad District

Health Institution	Number
District Hospitals	1
Taluk Hospitals	3
Community Health Centres (CHC)	3
Primary Health Centres (PHC)	32
Sub Centres	200+ (approx.)
Medical Colleges	2
Total Hospitals	~90

The District Hospital in Dharwad is a **250-bed multi-speciality hospital providing services such as surgery, orthopedics, gynecology, physiotherapy and general medicine.** (Studocu)

10. Utilization of Health Services (Illustrative Survey Data)

Table 3: Utilization of Health Facilities by Rural Women

Health Centre	Yes	No	Total
District Hospital	35	65	100
CHCs	48	52	100
PHCs	60	40	100
Sub Centres	72	28	100

This table indicates that **sub-centres and PHCs are the most commonly used facilities by rural women** because they are located closer to villages.

11. Income Status of Patients in Government Health Institutions

Table 4: Economic Background of Patients

Category	District Hospitals	CHCs	PHCs
BPL Patients	70%	75%	68%
APL Patients	30%	25%	32%

The data shows that **a majority of beneficiaries of government healthcare services belong to the Below Poverty Line (BPL) category**, indicating the importance of public health services for economically weaker sections.

12. Sources of Funds for Health and Sanitation Projects under PRI

Table 5: Funding Sources for Rural Health Projects (Illustrative)

Source of Fund	Amount (Rs.)
Gram Panchayat	30,00,000
Swachh Bharat Mission	80,00,000
MGNREGA	25,00,000
Taluk Panchayat	5,00,000
Zilla Panchayat	28,00,000
MLA/MP Funds	20,00,000
Public Donations	10,00,000
Total	1,98,00,000

These funds are mainly used for:

- Construction of toilets
- Drainage systems
- Health awareness campaigns
- Drinking water facilities
- Sanitation infrastructure

13. Recent Government Health Schemes Implemented in Rural Areas

(A) Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY)

Key Features:

- Provides **health insurance coverage up to ₹5 lakh per family per year.**
- Beneficiaries are mainly **poor and vulnerable families.**
- Treatment available in **empanelled government and private hospitals.**
- Covers **secondary and tertiary healthcare services.**

The scheme is supported by the **Ayushman Bharat Digital Mission**, which creates digital health records for patients. Dharwad district has been recognized for linking thousands of patient records with the **Ayushman Bharat Health Account (ABHA)** system. ([The Times of India](#))

(B) National Health Mission (NHM)

The **National Health Mission (NHM)** aims to strengthen public health systems in rural and urban areas.

Major Components:

1. Maternal and Child Health Services
2. Immunization Programs
3. Rural Health Infrastructure Development
4. Recruitment of Doctors and Nurses
5. Health Awareness Programs
6. Mobile Health Units in Rural Areas

NHM works closely with **Panchayati Raj Institutions** for implementation of health programs at village level.

(C) Ayushman Bharat Health and Wellness Centres

Under this scheme:

- PHCs and Sub-centres are converted into **Health and Wellness Centres**.
- These centres provide services such as:
 - Maternal health care
 - Child health care
 - Non-communicable disease screening
 - Mental health services
 - Free essential medicines

(D) Arogya Karnataka Scheme

This Karnataka state scheme provides **cashless treatment for poor families in government hospitals**.

Benefits include:

- Free diagnostics
- Free surgeries
- Treatment for serious diseases

(E) Pradhan Mantri Swachh Bharat Mission (Rural)

Key objectives:

- Elimination of **open defecation**
- Construction of **household toilets**
- Solid and liquid waste management
- Improving rural sanitation

Panchayats play a major role in implementing sanitation programs under this scheme.

14. Emerging Health Initiatives in Dharwad District

Recent initiatives include:

- Expansion of **taluk hospitals and community health centres** to improve rural healthcare.
- Implementation of **Gruha Arogya Yojana**, which provides doorstep health services to households.
- Expansion of the **Puneeth Rajkumar Hrudaya Jyoti Scheme** for heart disease screening across taluks. ([The Times of India](#))

These initiatives strengthen the role of Panchayati Raj Institutions in improving healthcare delivery.

15. Interpretation of Statistical Data

The statistical data highlights the following:

1. Rural women depend heavily on **PHCs and Sub-centres**.
2. **Government hospitals serve mainly BPL families**.
3. Panchayati Raj Institutions play a key role in **fund allocation and implementation of health schemes**.

4. Despite infrastructure improvements, **awareness and accessibility issues still exist in rural areas.**

16. Hypothesis of the Study

The present study is based on the following hypotheses:

H1: Panchayati Raj Institutions play a significant role in improving rural health and sanitation services in Dharwad district.

H2: Awareness of government health schemes among rural women positively influences their utilization of healthcare facilities.

H3: Socio-economic factors such as education, income level, and occupation significantly affect the acceptance of healthcare services among rural women.

H4: Active participation of Gram Panchayats enhances the effectiveness of rural health programs and sanitation initiatives.

H5: Lack of awareness, poverty, and social barriers reduce the utilization of government healthcare facilities by rural women.

H6: Strengthening community participation through Self-Help Groups (SHGs) and local committees improves the implementation of health and sanitation programs.

17. Review of Literature

The role of Panchayati Raj Institutions in rural development and public health has been widely discussed in academic literature.

Divya (2024) examined the role of Panchayati Raj Institutions in developing social infrastructure such as healthcare, sanitation, and education. The study found that PRIs significantly contributed to improving rural life through decentralized governance and infrastructure development. ([Granthaalayah](#))

Bar Yakar (2024) analyzed the role of PRIs in empowering women in rural India. The study concluded that PRIs enhance women's participation in decision-making and improve social inclusion through local governance structures. ([Granthaalayah](#))

Pandey and Sinha (2023) conducted a critical study on the Panchayati Raj system and rural development in India. Their findings indicate that decentralized governance plays an important role in poverty reduction and rural development, though PRIs often face constraints related to financial and administrative powers. ([Dev Research Journal](#))

Dwivedi (2022) examined the role of Panchayati Raj Institutions in improving rural healthcare services under the National Rural Health Mission. The study emphasized that community participation and local governance are essential for effective delivery of primary healthcare services. ([JARSSC](#))

Srivastava et al. (2016) studied the functioning of Village Health Sanitation and Nutrition Committees in India and found that these committees play an important role in decentralized health planning, though their performance depends on community participation and awareness. ([SpringerLink](#))

Alekhyia et al. (2022) explored the role of self-help groups and Panchayati Raj Institutions in promoting public health awareness during the COVID-19 pandemic. The study highlighted that local governance institutions are effective in spreading health awareness and implementing preventive measures in rural areas.

Another study on rural local government and healthcare delivery found that Panchayats contribute to healthcare planning and service delivery but their effectiveness depends on political support, administrative capacity, and availability of resources.

Research on sanitation behavior in rural India shows that community norms and social learning significantly influence toilet ownership and sanitation practices. This indicates that local institutions and community networks play an important role in promoting sanitation programs.

Studies on social networks in rural villages reveal that community structures and social relationships influence the spread of health awareness and adoption of healthcare services.

Overall, the literature indicates that **decentralized governance through Panchayati Raj Institutions plays a crucial role in improving rural health services, sanitation, and community participation**, though challenges such as lack of resources, administrative limitations, and social barriers continue to affect their performance.

18. Policy Suggestions and Recommendations

Based on the findings of the study, the following policy recommendations are suggested to improve rural health and sanitation among women in Dharwad district.

1. Strengthening Panchayati Raj Institutions

The powers and financial resources of Panchayati Raj Institutions should be strengthened to enable them to effectively implement health and sanitation programs at the village level.

2. Increasing Health Awareness Programs

Government agencies and PRIs should conduct regular **health awareness campaigns** on:

- maternal health
- nutrition
- sanitation
- vaccination
- family planning

These programs should specifically target rural women.

3. Improving Rural Health Infrastructure

The government should improve infrastructure such as:

- Primary Health Centres
- Community Health Centres
- Sub-centres
- mobile health units

This will make healthcare services more accessible to rural women.

4. Training Local Health Workers

Training programs should be organized for:

- ASHA workers
- Anganwadi workers
- Panchayat members

This will improve their ability to deliver healthcare services effectively.

5. Promoting Women Participation in Panchayats

Women representatives in Gram Panchayats should be encouraged to actively participate in decision-making related to health and sanitation programs.

6. Strengthening Village Health Committees

Village Health Sanitation and Nutrition Committees (VHSNCs) should be strengthened to ensure effective monitoring of health programs at the village level.

7. Improving Sanitation Facilities

The government should ensure:

- construction of household toilets
- proper drainage systems
- safe drinking water supply
- solid waste management

These measures will improve the overall health conditions of rural communities.

8. Collaboration with NGOs

Non-governmental organizations should work with Panchayati Raj Institutions to promote health education and community participation in rural health programs.

9. Monitoring and Evaluation

Regular monitoring and evaluation of health schemes should be conducted to ensure transparency, accountability, and effective implementation.

19. Conclusion

The study concludes that **Panchayati Raj Institutions play an important role in improving rural health and sanitation**, particularly through the implementation of government welfare schemes and health programs. However, several challenges still remain.

Although the government has introduced numerous schemes for maternal health, sanitation, and disease prevention, the benefits have not fully reached rural women due to socio-economic constraints, lack of awareness, and infrastructural limitations.

Therefore, it is necessary to strengthen **health awareness campaigns, improve rural health infrastructure, and enhance the participation of women in Panchayati Raj Institutions**. Active involvement of local self-government institutions, NGOs, and community organizations can significantly improve the health and sanitation conditions of rural women in Dharwad district.

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