**Major Health issues:**

India was one of the pioneers in health service planning with a focus on primary health care. In 1946, the Health Survey and Development Committee, headed by Sir Joseph Bhose recommended establishment of a well structured and comprehensive health service with a sound primary health care infrastructure. Social development through improvement in health status can be achieved through improving the access to and utilization of Health, Family Welfare and Nutrition service with special focus on underserved and under privileged segment of population.

Under the Constitution, health is a state subject. Central Government can intervene to assist the state governments in the area of control/eradication of major communicable and non‐communicable diseases, broad policy formulation, medical and Para‐medical education combined with regulatory measures, drug control and prevention of food adulteration, Child Survival and Safe Motherhood (CSSM) and immunization programme. However, there are numerous health problems in India, like water supply and sanitation continue to be a challenge, only one of the three Indians has access to improved sanitation facilities such as toilet. India’s HIV/AIDS epidemic is growing threat. Cholera epidemics are not unknown. The maternal mortality in India is the second highest in the world. India is one of the four countries worldwide where polio has not yet been successfully eradicated and one third of the world’s tuberculosis cases are in India. Three out of four children who died from measles in 2008 were in India. According to the World Health Organization 900,000 Indians die each year from drinking contaminated water and breathing in polluted air. Following are some of the major community health problems in India.

**Malnutrition:**

According to a 2005 report, 42% of India’s children below the age of three were malnourished, which was greater than the statistics of sub‐Saharan African region of 28%. Although India’s economy grew 50% from 2001–2006, its child‐malnutrition rate only dropped 1%, lagging behind countries of similar growth rate. Malnutrition impedes the social and cognitive development of a child, reducing his educational attainment and income as an adult. These irreversible damages result in lower productivity. Major nutritional problems in India are Protein Energy Malnutrition (PEM), Iodine Deficiency Disorder (IDD), Vitamin‐A deficiency and anemia.

**High infant mortality rate:**

Approximately 1.72 million children die each year before turning one. The under five mortality and infant mortality rates have been declining, from 202 and 190 deaths per thousand live births respectively in 1970 to 64 and 50 deaths per thousand live births in 2009. However, this decline is slowing. Reduced funding for immunization leaves only 43.5% of the young fully immunized. A study conducted by the Future Health Systems Consortium in Murshidabad, West Bengal indicates that barriers to immunization coverage are adverse geographic location, absent or inadequately trained health workers and low perceived need for immunization. Infrastructure like hospitals, roads, water and sanitation are lacking in rural areas. Shortages of healthcare providers, poor intra‐partum and newborn care, diarrheal diseases and acute respiratory infections also contribute to the high infant mortality rate.

**Diseases:**

Diseases such as dengue fever, hepatitis, tuberculosis, malaria and pneumonia continue to plague India due to increased resistance to drugs. In 2011, India developed a totally drug‐resistant form of tuberculosis. India is ranked 3rd highest among countries with the amount of HIV‐infected patients. Diarrheal diseases are the primary causes of early childhood mortality. These diseases can be attributed to poor sanitation and inadequate safe drinking water in India. India also has the world's highest incidence of Rabies.

However in 2012 India was polio‐free for the first time in its history. This was achieved because of the Pulse Polio Programme started in 1995‐96 by the government of India. Indians are also at particularly high risk for atherosclerosis and coronary artery disease. This may be attributed to a genetic predisposition to metabolic syndrome and adverse changes in coronary artery vasodilatation. NGOs such as the Indian Heart Association and the Med win Foundation have been created to raise awareness of this public health issue.

**Poor sanitation:**

As more than 122 million households have no toilets, and 33% lack access to latrines, over 50% of the population (638 million) defecate in the open.(2008 estimate.). This is relatively higher than Bangladesh and Brazil (7%) and China (4%). Although 211 million people gained access to improved sanitation from 1990–2008, only 31% use the facilities provided. Only 11% of Indian rural families dispose of stools safely whereas 80% of the population leave their stools in the open or throw them in the garbage. Open air defecation leads to the spread of disease and malnutrition through parasitic and bacterial infections.

**Safe drinking water:**

Access to protected sources of drinking water has improved from 68% of the population in 1990 to 88% in 2008. However, only 26% of the slum population has access to safe drinking water, and 25% of the total population has drinking water on their premises. This problem is exacerbated by falling levels of groundwater caused mainly by increasing extraction for irrigation. Insufficient maintenance of the environment around water sources, groundwater pollution, excessive arsenic and fluoride in drinking water pose a major threat to India's health.

**Female health issues:**

Women's health in India involves numerous issues. Some of them include the following:

              **Malnutrition:**Most Indian women are malnourished. The average female life expectancy today in India is low compared to many countries. In many families, especially rural ones, the girls and women face nutritional discrimination within the family, and are anemic and malnourished. The main cause of female malnutrition in India is the tradition requiring women to eat last, even during pregnancy and when they are lactating.

              **Breast Cancer:**One of the most severe and increasing problems among women in India, resulting in higher mortality rates.

              **Stroke**: Polycystic ovarian disease (PCOD): PCOD increases the infertility rate in females. This condition causes many small cysts to form in the ovaries, which can negatively affect a woman's ability to conceive.

              **Maternal Mortality:** the maternal mortality in India is the second highest in the world. Only 42% of births in the country are supervised by health professionals. Most women deliver with help from women in the family who often lack the skills and resources to save the mother’s life if it is in danger. According to UNDP Human Development Report, 88% of pregnant women (15‐49) were found to be suffering from anemia.

**Rural health :**

Rural India contains over 68% of India's total population, and half of all residents of rural areas live below the poverty line, struggling for better and easy access to health care and services. Health issues confronted by rural people are many and diverse – from severe malaria to uncontrolled diabetes, from a badly infected wound to cancer. Postpartum maternal illness is a serious problem in resource‐poor settings and contributes to maternal mortality, particularly in rural India. A study conducted in 2009 found that 43.9% of mothers reported they experienced postpartum illnesses six weeks after delivery.