State Intervention and Maternal Health Outcomes in India: A Sociological Evaluation of the National Rural Health Mission

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Abstract
The National Rural Health Mission (NRHM) is a major health initiative of the Government of India, launched on April 12, 2005, by the Ministry of Health and Family Welfare. The mission's primary objective is to ensure accessible, affordable, and quality health services in rural areas and significantly reduce maternal mortality rates (MMR), infant mortality rates (IMR), and total fertility rates (TFR). The program focuses on providing integrated, comprehensive, and effective health care, especially focusing on women and children from socioeconomically disadvantaged groups. The NRHM has significantly contributed to strengthening rural health institutions, decentralizing health services, and empowering human resources—especially ASHA workers, ANMs, and other health workers. The present paper analyzes the objectives of various women's health schemes, challenges faced in implementation, rural health infrastructure, and the role of health workers. The study aims to understand how the National Rural Health Mission is playing a crucial role in improving women's and maternal health in India.
Key terms: National Rural Health Mission, health, maternity and women's health, Maternal Mortality Rate (MMR), and Infant Mortality Rate (IMR).

Introduction

In India, issues of maternal and women's health have been deeply intertwined with social, cultural, and economic structures for centuries. Women's health is not just a biological aspect; it is also influenced by social inequalities, poverty, education, gender discrimination, and access to health services (Sen and Ostlin, 2008). Sociologically, motherhood is viewed not only as a biological process but also as a social institution, influenced by family, community, and state policies (Uberoi, 1993). In a developing country like India, women living in rural areas face numerous difficulties in accessing prenatal, perinatal, and postnatal services. Factors such as traditional beliefs, economic poverty, lack of health awareness, and gender inequality impact maternal health (Desai and Banerjee, 2019). It is in this social context that the Government of India launched the National Rural Health Mission (NRHM) on 12 April 2005 to provide access to quality health services in rural and backward areas (Ministry of Health and Family Welfare, 2005).

The NRHM focused on maternal and child health. Initiatives such as the Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram, and ASHA were launched, which played a significant role in promoting institutional delivery and reducing maternal mortality (Kumar et al., 2016). These programs positioned women not only as beneficiaries but also as partners in health decisions, leading to a restructuring of gender roles in rural society (Nair, 2011). From a social perspective, the NRHM has created a new health culture in rural India through decentralization of health services, community participation, and women's empowerment (Jeffrey & Jeffrey, 2010). However, several challenges remain—such as a lack of health infrastructure, the unavailability of trained personnel, and social gender bias—that perpetuate disparities in maternal health (Ravindran & Gaitonde, 2018). Therefore, this sociological study aims to understand the state of maternal and women's health in India and examines how the National Rural Health Mission has played a transformative role in improving women's health and maternal well-being. This study highlights the interrelationships between social structures, policymaking, and health access, which is an important step towards women's empowerment and social justice.

National Rural Health Mission

The National Rural Health Mission (NRHM), launched by the Government of India on April 12, 2005, under the Ministry of Health and Family Welfare, aims to provide accessible, affordable, and quality healthcare services in

rural areas. The mission specifically focuses on reducing maternal and infant mortality, improving reproductive health, and strengthening health infrastructure. NRHM implements schemes such as ASHA workers, Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram, and Mission Indradhanush. Additionally, access to healthcare services has been expanded by strengthening primary health centers and sub-centers. The mission has significantly increased health awareness and institutional deliveries in rural India by encouraging community participation (Kumar Singh, 2023).

A sociological analysis of the National Rural Health Mission

The National Rural Health Mission (NRHM) represents a significant state intervention aimed at reducing health inequalities in rural India. From a sociological perspective, it addresses the social determinants of health by improving access to maternal and child healthcare among marginalized populations, particularly women, Scheduled Castes, and Scheduled Tribes. The mission emphasizes decentralization, community participation, and the role of frontline health workers such as ASHAs in bridging the gap between the state and society. NRHM thus reflects the welfare-state approach to health, while also revealing persistent challenges related to social stratification, gender inequality, and uneven implementation.

The Concept of Health

Health refers to the overall condition of an individual's body and mind and the extent to which a person is free from disease or has the capacity to resist illness. It is not limited to physical fitness alone but includes multiple dimensions of human well-being.

According to the World Health Organization (WHO), *"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."* This definition emphasizes a holistic understanding of health that goes beyond medical conditions to include psychological and social factors.

The Encyclopedia defines health as *"a state of a vigorous body, mind, and consciousness in which there is an absence of physical disease, discomfort, and pain."*

At the global level, health has been recognized as a key development priority through the Millennium Development Goals (MDGs). Out of the eight MDGs, three were directly related to health:

- **Goal 4:** Reduce child mortality
- **Goal 5:** Improve maternal health, including reducing maternal mortality and ensuring access to reproductive health care
- **Goal 6:** Combat HIV/AIDS, tuberculosis, malaria, and other major diseases

Maternal health and maternal mortality in India

Maternal health in India is contextualized within a complex social, economic, and cultural context that surpasses medical care. While the country has made significant advances in reducing maternal mortality over the last couple of decades, maternal health outcomes continue to reflect deep-rooted social inequalities. Poverty, caste hierarchy, tribal identity, gender discrimination, and regional imbalance are strong determinants that affect women's access to maternal healthcare services. Consequently, women from rural areas, SCs, STs, and economically weaker sections bear the highest burden of maternal morbidity and mortality due to limited healthcare access and social marginalization. Maternal health is a crucial indicator of social progress and development, reflecting not only the effectiveness of health systems but also broader social determinants such as gender equality, education, and access to care. According to the World Health Organization, maternal health encompasses the physical, mental, and social well-being of women during pregnancy, childbirth, and the postpartum period, and is not merely the absence of disease or death.

In India, maternal mortality has shown a significant and sustained decline over recent years. As per the Sample Registration System (SRS) special bulletin, the Maternal Mortality Ratio (MMR) in India reduced from 130 maternal deaths per 100,000 live births in 2014–16 to 93 per 100,000 live births in 2019–21, indicating notable progress in maternal health outcomes. The latest SRS data for 2020–22 also reports a further decline in MMR to 88 per 100,000 live births. This improvement in maternal health indicators has been facilitated by several government interventions aimed at promoting safe delivery, antenatal and postnatal care, and reducing barriers to institutional healthcare. Key schemes include the Janani Suraksha Yojana, which encourages institutional births among socio-economically disadvantaged women; Janani Shishu Suraksha Karyakram

(JSSK), which provides free maternal and child health services; and broader initiatives under the National Rural Health Mission and its successor, the National Health Mission (NHM).

Maternal Mortality Ratio (MMR)

- **2014–16:** 130 maternal deaths per 100,000 live births.
- **2019–21:** Declined to **93 per 100,000 live births.**
- **2020–25:** Further reduction to **88 per 100,000 live births** according to SRS.
- The **Sustainable Development Goal (SDG) target for MMR is ≤70 per 100,000 live births by 2030.**

Maternal Health Service Utilization in India (NFHS-4 & NFHS-5)

Indicator	NFHS-4 (2015–16)	NFHS-5 (2019–21)
Antenatal check-up in first trimester (%)	58.6	70.0
At least four antenatal visits (%)	51.2	58.1
Institutional births (%)	78.9	88.6
Postnatal care within 2 days of delivery (%)	62.4	78.0
Caesarean section births (%)	17.2	21.5

Source: National Family Health Survey (NFHS-4 & NFHS-5), Ministry of Health and Family Welfare, Government of India.

Infant mortality rate in India

The infant mortality rate (IMR) is a key health indicator that measures the number of deaths of infants under one year of age per 1,000 live births, reflecting the effectiveness of health systems and socio-economic conditions (UNICEF, 2025). In India, the IMR has declined significantly in recent years. According to the Sample Registration System (SRS) Statistical Report 2023, the national IMR reached a historic low of 25 deaths per 1,000 live births in 2023, falling from about 40 per 1,000 live births in 2013, demonstrating substantial improvement in maternal and child health services.

Despite this overall progress, rural–urban and state-level disparities persist. Rural areas continue to experience higher infant deaths compared to urban regions, and several large states such as Madhya Pradesh, Chhattisgarh, and Uttar Pradesh report IMR levels around 37 per 1,000 live births, far above the national average. In contrast, states like Kerala have achieved remarkable success, with an IMR as low as 5 per 1,000 live births, among the lowest in the country.

Health Policies Related to Maternal and Child Health

- The **National Health Policy, 1983,** laid the foundation of India's public health system by emphasizing primary healthcare, preventive services, rural health infrastructure, and community participation, with maternal and child health as a core component of the **"Health for All"** approach.
- The **National Health Policy, 2002,** focused on strengthening the health system through improved access, quality, and affordability of services, encouraging public–private partnerships, and prioritizing maternal and child health, immunization, and reproductive and child health programmes.
- The **National Health Policy, 2017,** aims to achieve universal health coverage by strengthening primary healthcare, promoting preventive care, reducing out-of-pocket expenditure, and addressing social and regional inequalities, while continuing to prioritize maternal and child health and the reduction of maternal and infant mortality.

Statement of the problems- Despite the implementation of the National Rural Health Mission (NRHM), maternal health outcomes in India continue to show significant regional, rural–urban, and socio-economic disparities. Unequal access to quality healthcare, shortages of trained health personnel, and socio-cultural barriers limit effective service utilization among marginalized women. This study examines the extent to which NRHM's policies have achieved equitable and sustainable improvements in maternal health outcomes.

Importance of the study- This study has significance in that it gives a sociological insight into how state intervention, through the National Rural Health Mission, has impacted maternal health outcomes in India. It

would also help identify deficiencies in implementation, access, and equity, especially in marginalized sections. It would help develop more inclusive maternal health initiatives.

Research Methodology- The study adopts a **descriptive and analytical research design** based on both qualitative and quantitative approaches. Secondary data have been collected from sources such as NFHS, SRS reports, Ministry of Health and Family Welfare publications, and relevant government documents related to NRHM. To supplement this, existing research studies, policy reports, and academic literature are reviewed for sociological insights.

Objectives

1. To examine the maternal and women's health–related schemes implemented under the National Rural Health Mission.
2. To analyze the objectives and key strategies of the National Rural Health Mission in improving maternal health outcomes.
3. To study the rural medical infrastructure and the role of health workers in the delivery of maternal health services under the National Rural Health Mission.

1. Schemes Related to Maternal and Women's Health under the National Rural Health Mission

- **Janani Suraksha Yojana-** The ***Janani Suraksha Yojana*** is a 100 percent centrally sponsored scheme launched in April 2005 under the National Rural Health Mission. Its primary objective is to reduce maternal and infant mortality by promoting ***institutional deliveries*** among poor and marginalized pregnant women, particularly in rural and disadvantaged areas. Under this scheme, eligible women receive ***cash incentives*** for delivering in government health institutions, and ***ASHA workers*** are also provided incentives for facilitating antenatal care, institutional delivery, and postnatal follow-up.

Cash Assistance under JSY

Area	**Beneficiary**	**Amount (₹)**
Rural	Pregnant woman	1,400
Rural	ASHA worker	600
Total **(Rural)**		2,000
Urban	Pregnant woman	1,000
Urban	ASHA worker	200
Total (Urban)		1,200

Source: Ministry of Health and Family Welfare, 2023

- **Janani Shishu Suraksha Karyakram (JSSK)-** The **Janani Shishu Suraksha Karyakram** was launched by the Government of India on **1 June 2011** *to eliminate* out-of-pocket expenditure for pregnant women and sick newborns. Under this scheme, free services such as **antenatal and postnatal care, normal and caesarean deliveries, diagnostics, medicines, blood, diet, and transportation** are provided at public health institutions. The scheme plays a crucial role in ensuring safe motherhood and newborn care (Surap, 2019).
- **Mission Indradhanush- Mission Indradhanush** was launched on **25 December 2014** by the Ministry of Health and Family Welfare to achieve full immunization coverage for children and pregnant women. The programme protects against vaccine-preventable diseases such as diphtheria, tetanus, polio, measles, tuberculosis, and hepatitis-B. **Mission Indradhanush 2.0**, launched later, seeks to accelerate immunization coverage and contribute towards achieving the **Sustainable Development Goal of reducing child mortality by 2030** (ibid).
- **National AYUSH Mission-**The **National AYUSH Mission** was launched in September 2014 under the Ministry of AYUSH to promote traditional systems of medicine such as **Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy.** The mission aims to provide affordable and accessible AYUSH healthcare services, particularly in rural and remote areas, thereby complementing maternal and women's healthcare services (ibid).

- **Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A)**-The **RMNCH+A Strategy**, launched in 2013, is a comprehensive healthcare approach based on the **continuum-of-care framework**. It addresses health needs across the life cycle—from adolescence, pregnancy, and childbirth to newborn and child health. The strategy aims to reduce maternal and infant mortality and ensure equitable access to quality healthcare services (ibid).
- **Rogi Kalyan Samiti (RKS) / Hospital Management Society- Rogi Kalyan Samitis** are registered management bodies established at district, sub-district, community, and primary health centres. These committees function as trustees responsible for hospital management, patient welfare, and maintenance of health facilities. As of recent estimates, over **31,700 RKSs** have been constituted across the country, contributing to improved accountability and service delivery (Trivedi and Mohanty, 2019).
- **National Mobile Medical Units (NMMUs) and National Ambulance Service (NAS)**-**National Mobile Medical Units** have been established in several districts to provide outreach health services in remote and underserved areas, increasing access to maternal and women's healthcare. The **National Ambulance Service (NAS),** accessible through emergency numbers **102 and 108**, ensures timely referral and transportation of pregnant women and sick infants to health facilities (ibid).

2. Objectives of the National Rural Health Mission (NRHM)-

The **National Rural Health Mission (NRHM)** aims to provide **universal access to equitable, affordable, and quality public health services** for the rural population, with special focus on women, children, and marginalized communities. Its major objectives include:

- To reduce the **Infant Mortality Rate (IMR)** and **Maternal Mortality Ratio (MMR)** through improved maternal and child health services.
- To reduce the **Total Fertility Rate (TFR)** to the replacement level of **2.1**.
- To ensure **universal access to primary healthcare services**, including immunization, nutrition, safe drinking water, sanitation, and basic healthcare facilities.
- To prevent and control **communicable and non-communicable diseases,** with special emphasis on reducing anemia among women aged 15–49 years.
- To reduce the **incidence and mortality of tuberculosis** and eliminate **leprosy** as a public health problem by reducing its prevalence to less than **1 per 10,000 population**.
- To reduce the **annual malaria incidence** to less than **1 per 1,000 population** and bring down **microfilaria prevalence** to below **1 percent** in all districts.
- To strengthen **rural health infrastructure**, including Sub-Centres, Primary Health Centres, and Community Health Centres, in accordance with **Indian Public Health Standards (IPHS).**
- To provide effective **referral and emergency services**, particularly through functional Community Health Centres at the block level.
- To focus on **18 high-focus states** with weak public health indicators by improving infrastructure, human resources, and service delivery.
- To increase **public expenditure on health** and strengthen health financing mechanisms to reduce out-of-pocket expenditure and improve access to healthcare for the poor.

(Source: National Health Mission – Rural Statistical Annual Report 2021–22)

3. Medical Infrastructure and Healthcare Professionals in Rural India in the Context of National Rural Health Mission-

This objective aims to analyze the importance of the National Rural Health Mission (NRHM) in the upgradation of medical infrastructure in rural areas and the performance and availability of health personnel in India. This aims to analyze the upgradation of the three-tier rural health care system comprising Sub-Centres, Primary Health Centers, and Community Health Centers, and the induction of health personnel at the level of ASHAs, Auxiliary Nurse Midwives, and medical officers in rural areas of India and the progress being made in the increasing use and quality of maternity and child health care being received through this upgradation through the NRHM strategy to address the challenges that still exist in the use of health care programs in the rural sections of the country (Ministry of Health and Family Welfare [MoHFW] 2021-22; National Health Mission Framework).

- **Sub-Health Centre (SHC) Level**-The Sub-Health Centre (SHC) serves as the primary point of contact between the rural community and the primary healthcare system, typically covering 5–6 villages**.** It provides preventive, promotive, and basic curative services, with a strong focus on maternal and child health**.** ANMs and nursing staff deliver services such as antenatal and postnatal care, immunization, family welfare, and nutrition counselling, while complicated cases are referred to Primary Health Centres (PHCs)**.** According to the Ministry of Health and Family Welfare, India has 157,935 rural and 3,894 urban Sub-Health Centres, reflecting their crucial role in grassroots healthcare under the NRHM (Ministry of Health and Family Welfare, Government of India, 2024).
- **Primary Health Centre (PHC) Level**- The Primary Health Centre (PHC) serves as the first referral unit for about 5–6 Sub-Health Centres, covering approximately 30–40 villages. PHCs provide curative, preventive, and promotive healthcare services, including maternal and child health care, family planning, and emergency services. They are generally staffed with medical officers, staff nurses, and a Lady Health Visitor (LHV), and selected PHCs function with round-the-clock services. According to the Ministry of Health and Family Welfare, there are about 24,935 PHCs in rural areas and 6,118 PHCs in urban regions of India (Ministry of Health and Family Welfare, Government of India, 2024).
- **Community Health Centre (CHC)/Block-Level Hospital-** The Community Health Centre (CHC) functions as a block-level hospital and acts as the first referral unit for four to five PHCs, covering a population of approximately one lakh or around 100 villages. CHCs provide specialist services, including obstetric and gynecological care, pediatric care, and emergency services. As per the Ministry of Health and Family Welfare, there are around 5,480 CHCs in rural areas and 584 block-level hospitals in urban areas, playing a vital role in referral and specialized healthcare under the National Rural Health Mission (Ministry of Health and Family Welfare, Government of India, 2024)

Health Workers in Rural India under the National Rural Health Mission- Under the National Rural Health Mission, frontline health workers such as Auxiliary Nurse Midwives, Anganwadi Workers, and Accredited Social Health Activists play a crucial role in strengthening rural healthcare delivery and improving maternal and child health outcomes-

- **Auxiliary Nurse Midwives (ANMs)** form the backbone of the rural primary healthcare system. Working primarily at **Sub-Health Centres**, ANMs provide essential services such as antenatal and postnatal care, immunization, family planning, sanitation, and basic curative care. They act as an important link between the community and formal health institutions. Under NRHM, **two ANMs are generally posted at each sub-centre** to ensure timely, continuous, and quality healthcare services for rural women and newborns (Vora, 2012).
- **Anganwadi Workers** functioning under the **Integrated Child Development Services (ICDS) Scheme** are community-based workers responsible for addressing nutrition and early childhood care. They provide supplementary nutrition, health education, growth monitoring, and support immunization services for **children aged 0–6 years,** as well as for **pregnant and lactating women.** Anganwadi workers contribute significantly to improving maternal and child health, promoting health awareness, and supporting social development at the village level (ibid).
- **Accredited Social Health Activists (ASHAs)** are trained female community health volunteers appointed under NRHM to act as a bridge between the rural population and the public health system. ASHAs mobilize women for **institutional deliveries**, encourage immunization and family planning, facilitate access to health services, and spread health awareness. Their role has been particularly important in reducing **maternal and infant mortality** and improving utilization of primary healthcare services in rural areas (ibid).

Comparative Role of Health Workers under the National Rural Health Mission

Aspect	Auxiliary Nurse Midwife (ANM)	Anganwadi Worker (AWW)	ASHA (Accredited Social Health Activist)
Programme / Scheme	National Rural Health Mission	Integrated Child Development Services (ICDS)	National Rural Health Mission
Place of Work	Sub-Health Centre and outreach villages	Anganwadi Centre at the village level	Community/village level
Nature of Role	Trained health professional	Community-based nutrition and health worker	Community health volunteer
Main Responsibilities	Antenatal and postnatal care, immunization, family planning, sanitation, basic curative care, referral services	Supplementary nutrition, growth monitoring, health education, and support for immunization	Mobilization for institutional delivery, immunization, family planning, health awareness, and referral facilitation
Target Group	Pregnant women, mothers, newborns, general population	Children (0–6 years), pregnant and lactating women	Pregnant women, newborns, and women of reproductive age
Focus Area	Maternal and child health services	Nutrition and early childhood care	Health awareness and service utilization
Training Status	Formally trained nursing personnel	Basic training in nutrition and child care	Short-term health training
Contribution to MCH	Direct service delivery and clinical care	Nutritional support and preventive care	Community mobilization and linkage with the health system

Source: Ministry of Health and Family Welfare; National Rural Health Mission; ICDS; Vora (2025).

Suggestions

- Strengthen the **implementation of NRHM** by ensuring uniform quality of maternal health services across all regions, especially in high-focus and tribal areas.
- Improve **health infrastructure and availability of skilled health personnel** at Sub-Health Centres, PHCs, and CHCs to reduce regional and rural–urban disparities.
- Enhance **training, incentives, and support systems** for frontline health workers such as ASHAs, ANMs, and Anganwadi workers to improve service delivery and community trust.
- Promote **community participation and health awareness,** particularly among marginalized women, to overcome socio-cultural barriers in accessing maternal healthcare.
- Strengthen **monitoring, evaluation, and accountability mechanisms** to ensure effective utilization of funds and better governance under NRHM.
- Integrate maternal health interventions with **nutrition, sanitation, and education programmes** to address the broader social determinants of maternal health.

Conclusion

This paper draws attention to the fact that the mother's health indicators in the Indian context are largely influenced by the social structures, gender relations, and the role of the government in the country. NRHM has had an important role in the development of rural healthcare infrastructure in the country through the development of medical infrastructure in the countryside, institutional delivery services, and the deployment of village healthcare workers like ANMs, ASHAs, and Anganwadi workers in rural areas of the country. On the sociological front, the development of NRHM has led to the emancipation of women in the country through changes in healthcare-related perceptions in the country and the transformation of the role of women in the healthcare domain as participants in healthcare-related decisions in the country. But the report still finds that there are some

challenges. Disparities in regions, rural and urban, and socio-economic factors remain some of the factors that restrict the availability of quality maternal health services. Lack of trained staff, imbalances in the implementation of the policies, and socio-cultural factors such as gender bias, gender disparity, and some cultural beliefs remain some of the factors that restrict the achievement of the objectives of NRHM.

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