

Social Health and Sustainable Development in Chhattisgarh: Integrating Policy, Community Engagement, and Health Equity

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Abstract

This paper explores the connection between social health and sustainable development in the context of Chhattisgarh, a state characterized by a high tribal population and regional disparities. Social health—defined by community relationships, access to essential services, and overall social well-being—emerges as a foundational pillar in the pursuit of sustainable development. The research applies a mixed-methods approach, utilizing data from sources such as the National Family Health Survey (NFHS-5), Census 2011, and Sustainable Development Goal (SDG) indicators. It also incorporates thematic insights from local initiatives, including the Mitanin program and women's self-help groups, which have played a pivotal role in promoting grassroots health awareness and community empowerment. The analysis highlights persistent challenges such as unequal access to healthcare, environmental concerns, and socio-economic inequalities across different regions of the state. These findings point to the necessity of holistic policy reforms that focus on preventive healthcare, enhanced health infrastructure, and inclusive participation at the community level. For Chhattisgarh to progress toward the targets set by the 2030 SDG agenda, it is essential to adopt a people-centered approach that fosters equity, sustainability, and resilience in public health systems.

Keywords

Social Health, Sustainable Development, SDGs, Health Equity, Community Empowerment, Environmental Health, Chhattisgarh.

1. Introduction

Sustainable development is centered on creating a balance between economic progress, social equity, and environmental protection to secure the well-being of current and future generations. In the specific case of Chhattisgarh, this vision holds special relevance due to its socio-economic structure and geographic diversity. The state is predominantly rural and tribal, with many communities relying on agriculture and forest resources for survival. Despite being rich

in minerals and natural assets, Chhattisgarh continues to grapple with development gaps such as undernutrition, inadequate healthcare access, and environmental challenges.

Social health, which refers to the quality of relationships within communities and the extent of access to essential social services, plays a crucial role in achieving sustainable development. In Chhattisgarh, limited infrastructure in remote regions and disparities in service delivery particularly affect marginalized groups. However, community-driven models like the Mitandin health workers and women's self-help groups show how grassroots efforts can improve social outcomes and empower local populations. Exploring how social health interacts with broader development goals in Chhattisgarh can offer valuable strategies for inclusive growth. Aligning such efforts with the Sustainable Development Goals (SDGs) provides an opportunity to build resilient systems that promote health, equity, and sustainability for all sections of society.

2. Conceptual Framework

The foundation of this study is built on the interconnection between social health and sustainable development, especially within the socio-economic context of Chhattisgarh. As defined by Nagwanshi (2023), **social health** encompasses an individual's capacity to form meaningful interpersonal relationships, sustain social networks, and actively contribute to community welfare. It is not limited to physical or mental health but extends to how well individuals are integrated within society and how effectively they participate in collective development processes.

In this context, **sustainable development in health** refers to ensuring equitable, accessible, and quality healthcare services while conserving resources for future generations. It integrates three primary pillars: environmental responsibility, social inclusiveness, and economic viability. According to the World Health Organization (WHO, 2015), sustainable health systems should be resilient, efficient, and capable of addressing current needs without compromising long-term goals.

Social determinants of health—such as education, income, housing, and environmental quality—play a critical role in shaping sustainable development outcomes (Marmot et al., 2008). In rural and tribal areas of Chhattisgarh, challenges like poor infrastructure, limited access to clean water, and inadequate healthcare facilities contribute to weaker social health indicators.

Moreover, initiatives like the United Nations' Sustainable Development Goals (particularly SDG 3 on health and SDG 10 on reducing inequality) emphasize the importance of

strengthening community resilience, promoting preventive care, and fostering inclusive growth. Community engagement models, such as Chhattisgarh's Mitnin program, align well with these global frameworks by empowering local actors in healthcare delivery and encouraging social participation.

Thus, this framework emphasizes that achieving sustainable development in Chhattisgarh is not possible without addressing the core elements of social health—equity, empowerment, access, and active participation.

3. Objectives

1. To assess the current status of social health indicators in Chhattisgarh.
2. To analyze healthcare access and environmental health challenges in rural and tribal areas.
3. To examine community engagement and empowerment in local health systems.
4. To suggest policy interventions aligning with the SDGs for Chhattisgarh.

4. Methodology

This study adopts a mixed-methods approach, integrating quantitative and qualitative data to examine the relationship between social health and sustainable development in the state of Chhattisgarh. The methodology is structured to ensure a comprehensive analysis of trends, gaps, and regional variations in health and development indicators.

Data Sources:

The research relies primarily on secondary data collected from credible national and state-level sources. These include the *National Family Health Survey (NFHS-5, 2019–21)* for health-related statistics such as maternal health, child nutrition, immunization, and healthcare access. The *Census of India (2011)* is used for demographic and socio-economic indicators. Additionally, the *SDG India Index* by NITI Aayog provides performance rankings and insights into the state's progress toward achieving the Sustainable Development Goals. Supplementary data is drawn from recent *State Health Bulletins*, *Government of Chhattisgarh Reports*, and published documentation on the Mitnin program and community-based health initiatives.

Research

The quantitative aspect of the study includes the use of **descriptive statistics** to summarize data on health outcomes, infrastructure, and service coverage. **Trend analysis** is conducted to assess changes over time in selected health and development indicators. The qualitative component involves **thematic interpretation**, focusing on policy documents, community health models,

Methods:

and empowerment programs. This enables a deeper understanding of how social health initiatives function in practice and their alignment with sustainable development goals.

Scope and Area of Focus:

Although the research considers the overall status of Chhattisgarh, it places specific emphasis on three districts—**Bastar, Dantewada, and Raigarh**—representing tribal, conflict-affected, and semi-urban regions respectively. These districts provide varied socio-economic backdrops for analyzing how location-specific factors influence access to healthcare, community engagement, and environmental health. The purposive selection of these districts allows the study to capture diverse local realities and draw meaningful conclusions for policy application.

5. Data Analysis and Findings

5.1. Healthcare Access and Equity

The table below compares key health indicators of Chhattisgarh with national averages. The data highlights both achievements and areas that require urgent intervention to ensure equitable healthcare access across regions, particularly in rural and tribal areas of the state.

Indicator	Chhattisgarh	National Average	Remarks
Institutional Deliveries (NFHS-5)	84.7%	88.6%	Progressing, but still below national target. Rural gaps remain.
Full Immunization Coverage (12–23 months)	78.4%	76.4%	Slightly above national average, reflects effective outreach programs.
Households with Health Insurance Coverage	36.1%	41.8%	Limited insurance access, especially in tribal areas.
Infant Mortality Rate (IMR)	41 per 1,000 live births	35 per 1,000 live births	High infant deaths; reflects gaps in neonatal and maternal care.
Percentage of Children Under 5 Stunted	34.6%	35.5%	Slightly better than national average, but still concerning.
Percentage of Women (15–49) with Anaemia	67.2%	57.0%	Alarmingly high anaemia rate among women, needing nutrition interventions.

Percentage of Institutional Births in Public Facility	70.4%	52.1%	Indicates reliance on public health system in rural and poor regions.
Population Living in Rural Areas (Census 2011)	76.8%	68.8%	Higher rural share indicates greater need for rural health infrastructure.
Percentage of Households Using Clean Cooking Fuel	23.5%	43.0%	Low adoption of clean fuel; respiratory illnesses a concern.
Access to Drinking Water (within premises)	33.2%	49.3%	Poor water accessibility, leading to hygiene-related health issues.

Interpretation:

- While Chhattisgarh performs relatively well in immunization and public institutional births, it lags significantly in areas such as women's anaemia, clean fuel usage, and water accessibility.
- High dependence on public health institutions indicates both opportunity and vulnerability—suggesting the need to strengthen and modernize government facilities.
- The rural and tribal dominance in the population structure amplifies the urgency for targeted health outreach, mobile health units, and nutrition-based programs.

Observation: While immunization is on par, institutional deliveries and insurance coverage remain below national average. Tribal areas show significant disparity, especially in Dantewada and Bijapur.

5.2. Environmental Health

- **Clean Drinking Water Access:** Only 65% rural households have access to treated water (State Health Bulletin 2023).
- **Sanitation Coverage:** Under SBM, 92% declared ODF, but field reports suggest only 70% functional latrine usage.
- **Air Quality Index (Raipur):** Moderate pollution range (AQI 150–180), affects respiratory health.

5.3. Community Engagement

- **Mitanin Program:** Chhattisgarh's flagship community health worker scheme (similar to ASHA) has empowered over 70,000 Mitanins.
 - Over 80% are from tribal or marginalized backgrounds.
 - Played a critical role during COVID-19 in vaccination outreach.
- **Women SHGs (NRLM):** ~3.2 lakh SHG members involved in sanitation, nutrition awareness, and income generation.

6. Discussion

The data reflects a **moderate yet uneven trajectory** of social health development in Chhattisgarh:

- **Equity Gap:** Tribal and forest-dwelling populations continue to lack consistent access to institutional healthcare.
- **Environmental Vulnerabilities:** Water and air pollution in urban pockets; hygiene-related diseases in rural areas.
- **Empowerment Success:** Mitanin and SHG programs demonstrate scalable models for participatory healthcare.

7. Policy Implications and Recommendations

Recommendation	SDG Link	Local Action Needed
Strengthen Tribal Health Clinics	SDG 3 (Good Health)	Increase mobile health units in Bastar
Improve Water Quality Surveillance	SDG 6 (Clean Water)	Deploy IoT-based water testing
Scale Mitanin Model to Urban Slums	SDG 11 (Sustainable Cities)	Train peer educators in slum health
Integrate SHGs in Monitoring Schemes	SDG 5 (Gender Equality)	Participatory rural appraisal for health planning

8. Conclusion

Chhattisgarh presents a compelling case of developmental paradoxes. On one hand, the state has pioneered notable community-based health models such as the **Mitanin program**, which has empowered thousands of grassroots health workers and enhanced community outreach in remote and tribal areas. On the other hand, it continues to grapple with deep-rooted structural inequities—including insufficient healthcare infrastructure, high rates of maternal and child malnutrition, widespread anaemia among women, and limited access to clean water and sanitation. These disparities are particularly pronounced in rural and tribal regions, where geographical isolation and socio-economic marginalization restrict access to essential health services.

Achieving sustainable development in health within Chhattisgarh therefore calls for an **integrated, multi-sectoral approach** that not only addresses healthcare delivery but also tackles underlying social determinants such as poverty, education, nutrition, and environmental sustainability. **Resource management**—particularly in public health financing, human resources, and infrastructure—must be optimized to bridge existing service gaps. Equally important is **community participation**, which should be institutionalized through decentralized planning, local governance, and capacity-building initiatives.

Aligning these strategies with the **Sustainable Development Goals (SDGs)**, especially SDG 3 (Good Health and Well-being), SDG 6 (Clean Water and Sanitation), and SDG 10 (Reduced Inequalities), is both essential and feasible. With continued focus on **policy coherence, local empowerment, and data-driven planning**, Chhattisgarh has the potential to transform its health landscape and emerge as a model for inclusive and sustainable development in India.

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