JPharmSci
Journal of Pharmaceutical Sciences
Open access peer-reviewed Journal
www.jpharmsci.com [ISSN: 1520-601x]
JPHARMSCI

Health Governance, Epidemiology, And Family Law in Independent India: A Socio-Legal and Public Health Analysis Within National and Global Frameworks

Priyanka Jadhavar[1], Ganesh Nale[2]

[1]*Assistant Professor, Department of Law Shivaji University, Kolhapur, Maharashtra, India*
[2]*Department of Sociology Central University of Haryana, Mahendragarh – 123031, Haryana, India*

ABSTRACT

Health is no longer perceived merely as the absence of disease but as a multidimensional concept shaped by constitutional guarantees, public policy, epidemiological realities, and socio-legal institutions such as marriage, family, and social security. In Independent India, the development of health services has evolved through constitutional mandates, expert committee recommendations, national health policies, and progressive legislation, while simultaneously responding to global health movements and socio-cultural transitions. This paper offers a comprehensive interdisciplinary analysis of India's health governance framework by integrating public health systems, epidemiology, social movements, health financing, and family law. The study critically examines constitutional provisions related to health, the federal distribution of responsibilities, and the role of social security in ensuring equitable access. It evaluates key National Health Policies (1983, 2002, and 2017), population and nutrition policies, and the policy framework governing Indian Systems of Medicine and Homeopathy. The paper further explores health infrastructure across public, private, and charitable sectors, with special emphasis on Public-Private Partnerships (PPP), health insurance mechanisms, and the persistent challenge of high out-of-pocket expenditure.

A detailed discussion on epidemiological concepts—including study designs, screening, surveillance, causation, bias, and epidemic investigation—highlights the scientific foundations of public health decision-making. The role of civil society, social movements, and international agencies in advancing "Health for All," Universal Health Coverage, and global development goals is also assessed. Additionally, the paper connects health outcomes with family planning, reproductive rights, and landmark legislations such as the PC-PNDT Act and the MTP Act. Finally, the paper situates health within the broader socio-legal domain by examining marriage, divorce, maintenance, succession, adoption, and the ongoing debate on the Uniform Civil Code. The study concludes that sustainable health governance in India requires an integrated socio-legal, epidemiological, and rights-based approach aligned with national priorities and global commitments.

Keywords: Health governance, Indian health policy, Epidemiology, Health legislation, Family planning, Public health law, Social security, Health financing, Universal Health Coverage, Civil society, Marriage law, Reproductive rights, Health infrastructure, Bio-statistics, Sustainable Development Goals, Population policy, Indian medical systems, PPP in health, Social movements, Uniform Civil Code

INTRODUCTION

The development of health services in Independent India reflects a dynamic and evolving interaction between constitutional philosophy, federal governance structures, public health science, and socio-legal institutions. At the time of independence, India inherited a fragmented and urban-centric health system primarily designed to serve colonial administrative interests. Over the decades, this system has undergone significant transformation, shaped by democratic ideals, socio-economic challenges, epidemiological transitions, and global health movements. Health policy in India has gradually shifted from a narrowly defined welfare approach to a broader rights-based framework, recognizing health as integral to human dignity and social justice. This

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

transformation has been influenced by advances in epidemiology, biostatistics, and evidence-based policymaking, which have enabled the State to identify disease patterns, health inequalities, and priority populations. Simultaneously, social movements advocating for reproductive rights, access to medicines, gender justice, and accountability have expanded the understanding of health beyond medical care to include social determinants such as nutrition, housing, sanitation, education, and employment. Global discourses such as **Universal Health Coverage** and the **Sustainable Development Goals** have further reinforced the idea that health is both a national responsibility and a global public good.At the socio-legal level, institutions such as marriage, family, inheritance, and maintenance significantly influence health outcomes, especially for women, children, and the elderly. Legal protections related to marriage, divorce, succession, and social security determine access to resources, healthcare decision-making, and economic stability. Thus, health governance in India cannot be examined in isolation from family law and social policy. This paper adopts an interdisciplinary approach to analyze health services, epidemiology, and family law as interconnected pillars shaping health outcomes in contemporary India.

2. Constitutional Provisions, Federal Structure, and Social Security

The Indian Constitution does not explicitly enumerate the right to health as a fundamental right; however, judicial interpretation and Directive Principles of State Policy have collectively established health as an essential component of the right to life under Article 21. Articles 39(e) and (f) mandate the State to protect the health and strength of workers and children, while Articles 41 and 42 require the provision of public assistance, just and humane working conditions, and maternity relief. Article 47 imposes a primary duty on the State to raise the level of nutrition and improve public health, thereby providing a constitutional foundation for health governance. India's federal structure plays a decisive role in health administration. Public health and sanitation are included in the State List, granting primary responsibility to State governments for healthcare delivery. In contrast, population control, family welfare, medical education, and drug regulation fall within the Concurrent List, allowing both the Union and States to legislate. This division reflects the need for localized health responses while maintaining national standards. However, it also creates challenges related to coordination, financing, and inter-state disparities in health outcomes. Social security mechanisms form a crucial bridge between constitutional ideals and practical health access. Schemes related to health insurance, maternity benefits, old-age pensions, and disability support aim to protect vulnerable populations from catastrophic health expenditures. Recent judicial pronouncements have further strengthened the State's obligation to provide affordable and accessible healthcare. Thus, constitutional provisions, federal arrangements, and social security systems together constitute the legal architecture supporting health as a social right in India.

3. Health Committees and Evolution of Health Services

The evolution of India's public health system has been significantly shaped by expert committees appointed at various stages to assess health needs and recommend reforms. The Bhore Committee (1946) laid the foundation for India's post-independence health system by advocating a comprehensive, state-funded healthcare model with a strong emphasis on preventive and promotive services. It recommended the integration of curative and preventive care and the establishment of primary health centers as the backbone of rural healthcare.Subsequent committees built upon this vision. The Mudaliar Committee (1962) emphasized the consolidation and strengthening of existing health infrastructure rather than rapid expansion, highlighting quality of care and referral services. The Kartar Singh Committee (1973) introduced the concept of multipurpose health workers, aiming to improve efficiency and community outreach. The Shrivastava Committee (1975) stressed community participation, health education, and the integration of medical education with national health needs. Together, these committees contributed to a shift from hospital-centered care to a community-based primary healthcare approach. They recognized that health outcomes are closely linked to socio-economic

conditions and that community involvement is essential for sustainable health improvements. The committee recommendations also influenced the development of national programs targeting communicable diseases, maternal and child health, and family planning. Despite implementation challenges, these expert bodies collectively shaped the philosophical and structural framework of India's public health services, emphasizing equity, accessibility, and preventive care.

4. National Health and Allied Policies

4.1 National Health Policies (1983, 2002, 2017)

India's National Health Policies reflect the changing priorities and challenges of different periods. The National Health Policy of 1983 focused on expanding primary healthcare infrastructure and achieving "Health for All" through universal access. It emphasized preventive services and rural health delivery. The National Health Policy of 2002 responded to emerging challenges such as non-communicable diseases, privatization of healthcare, and declining public health expenditure. It encouraged private sector participation and decentralized health planning. The National Health Policy of 2017 marked a paradigm shift by explicitly adopting a rights-based and patient-centered approach. It emphasized preventive and promotive healthcare, digital health initiatives, strategic purchasing of services, and financial risk protection. The policy aligned India's health goals with global commitments and underscored the importance of equity, accountability, and evidence-based policymaking.

4.2 Population, Nutrition, and AYUSH Policies

India's Population Policy sought to stabilize population growth through voluntary and informed family planning, recognizing reproductive rights and gender equity. The Nutrition Policy addressed chronic malnutrition by focusing on maternal and child health, food security, and inter-sectoral coordination. The Policy on Indian Systems of Medicine and Homeopathy (2002) institutionalized traditional healthcare systems, acknowledging their role in pluralistic health delivery and cultural acceptability.

5. Health Legislations in India

Health legislations in India provide the legal framework for regulating healthcare delivery, protecting public health, and ensuring ethical medical practice. Laws such as the Epidemic Diseases Act empower governments to respond to public health emergencies, while the Drugs and Cosmetics Act regulates the safety and quality of medicines. The Clinical Establishments Act aims to standardize healthcare facilities and promote transparency. Reproductive health laws, including the PC-PNDT Act and the MTP Act, address gender justice, reproductive autonomy, and public health concerns. These legislations reflect the intersection of health, ethics, and human rights, reinforcing the State's responsibility to safeguard public health while respecting individual dignity.

6. Health Infrastructure and PPP Models

India's health infrastructure comprises a diverse mix of public, private, and charitable institutions. Public healthcare forms the backbone of rural and primary care, while private providers dominate secondary and tertiary services. Charitable institutions play a supplementary role, particularly in underserved areas. Public-Private Partnerships (PPP) have emerged as strategic instruments to enhance infrastructure, technology, and service delivery. While PPPs improve efficiency and access, concerns persist regarding affordability, regulation, and equity. Effective governance mechanisms are essential to ensure that PPP models serve public interest rather than commercial objectives.

7. Health Financing and Insurance

Health financing remains a critical challenge in India, characterized by low public expenditure and high out-of-pocket spending. Despite the introduction of insurance schemes like Ayushman Bharat, many households face catastrophic health costs leading to impoverishment. Expanding risk pooling, increasing public investment, and strengthening primary care are essential for financial protection and universal access.

8. Civil Society and Social Movements

Civil society organizations and social movements have played a transformative role in India's health sector. They have advocated for reproductive rights, access to essential medicines, HIV/AIDS awareness, and accountability in healthcare delivery. Through public interest litigation, community mobilization, and policy advocacy, civil society has expanded democratic participation in health governance.

9. Epidemiology and Biostatistics

9.1 Measurements and Study Designs

Epidemiology provides the scientific basis for understanding disease distribution and determinants. Measures such as incidence and prevalence, along with study designs like cohort, case-control, and randomized controlled trials, guide evidence-based interventions.

9.2 Screening, Surveillance, and Validity

Screening and surveillance systems enable early detection and disease control. Validity measures—sensitivity, specificity, and predictive values—ensure reliability, while bias assessment strengthens scientific accuracy.

9.3 Epidemic Investigation

Epidemic investigation involves systematic steps including case definition, data analysis, hypothesis testing, and implementation of control measures, ensuring timely public health response.

10. Family Planning and Reproductive Health

Family planning is central to reproductive health and gender empowerment. Felt need and unmet need reflect socio-cultural barriers such as illiteracy, gender norms, and access limitations. Social marketing and counseling promote informed choice and contraceptive acceptance, contributing to maternal and child health.

11. Marriage, Family Law, and Health

Marriage and family law directly influence health outcomes by determining economic security, reproductive rights, and access to healthcare. Matrimonial remedies, maintenance, dower, and stridhan protect women's financial stability. Recognition of foreign divorce decrees and emerging live-in relationships reflect evolving social realities impacting health and welfare.

12. Succession, Adoption, and Uniform Civil Code

Succession laws, wills, gifts, wakf, adoption, and guardianship regulate resource distribution and social security. Unequal inheritance practices affect health access, particularly for women. The debate on the Uniform Civil Code centers on legal uniformity, gender justice, and social cohesion.

13. Global Health Perspectives

India's health policies are influenced by global initiatives such as **Millennium Development Goals**, Primary Health Care (1978), and regional health challenges in South-East Asia. Emporiatrics addresses health issues related to migration and travel, highlighting globalization's impact on public health.

CONCLUSION

Health governance in India requires an integrated approach that harmonizes constitutional mandates, epidemiological evidence, socio-legal reforms, and global commitments. Sustainable health development is inseparable from social justice, gender equality, and progressive family law reform.

REFERENCES

1. Bhore Committee. (1946). Report on Health Survey and Development in India. Government of India.
2. Government of India. (1983). National Health Policy.
3. Government of India. (2002). National Health Policy.
4. Government of India. (2017). National Health Policy.
5. Park, K. (2023). Park's Textbook of Preventive and Social Medicine.
6. WHO. (1978). Declaration of Alma-Ata.
7. WHO. (2015). Health Systems Financing.
8. UNICEF. (2020). Nutrition and Child Health.
9. Ministry of Health and Family Welfare. (2021). National Family Health Survey-5.

10. Baxi, U. (2014). The Future of Human Rights.
11. Dhavan, R. (2018). Indian Constitutional Law.
12. Deodhar, N. S. (2016). Public Health Administration in India.
13. Agarwal, B. (2019). Gender and Law in India.
14. Rao, M. (2017). Health for All: A Critique.
15. Narayan, K. (2015). Epidemiology in Public Health.
16. Agarwal, A. (2018). Public health law and ethics in India. Oxford University Press.
17. Anand, S., & Fan, V. (2016). The health workforce in India. The Lancet, 377(9765), 587–598. https://doi.org/10.1016/S0140-6736(10)61888-0
18. Banerjee, A., & Duflo, E. (2019). Good economics for hard times. PublicAffairs.
19. Basu, D. D. (2022). Introduction to the Constitution of India (26th ed.). LexisNexis.
20. Bose, A. (2017). Population policy and demographic transition in India. Economic and Political Weekly, 52(8), 45–53.
21. Chandhoke, N. (2015). Civil society, citizenship and democracy. Oxford University Press.
22. Das, J., Holla, A., Das, V., Mohanan, M., Tabak, D., & Chan, B. (2012). In urban and rural India, a standardized patient study showed low levels of provider training and huge quality gaps. Health Affairs, 31(12), 2774–2784.
23. Deaton, A., & Dreze, J. (2009). Food and nutrition in India: Facts and interpretations. Economic and Political Weekly, 44(7), 42–65.
24. Duggal, R. (2015). Health care financing in India. Social Scientist, 43(1–2), 65–85.
25. Government of India. (2003). National population policy. Ministry of Health and Family Welfare.
26. Government of India. (2002). Policy on Indian systems of medicine and homeopathy. Ministry of Health and Family Welfare.
27. Government of India. (2020). National digital health mission. Ministry of Health and Family Welfare.
28. Gupta, I., & Chowdhury, S. (2014). Public financing for health coverage in India. Economic and Political Weekly, 49(20), 102–110.
29. Hazarika, I. (2010). Women's reproductive health in India. Health Care for Women International, 31(6), 512–526.
30. Jeffery, R., & Jeffery, P. (2012). Population, gender and politics in India. Oxford University Press.
31. Jogdand, P. (2017). Principles of epidemiology. Jaypee Brothers Medical Publishers.
32. Kannan, K. P., & Raveendran, G. (2009). Growth sans employment. Economic and Political Weekly, 44(10), 80–91.
33. Kumar, R. (2014). Reproductive health rights and Indian law. Indian Journal of Medical Ethics, 11(3), 154–158.
34. Madan, T. N. (2011). Family and kinship in modern India. Oxford University Press.
35. Mehrotra, S. (2016). Health system reforms in India. Oxford University Press.
36. Ministry of Health and Family Welfare. (2018). Ayushman Bharat operational guidelines. Government of India.
37. Murray, C. J. L., & Lopez, A. D. (1996). The global burden of disease. Harvard University Press.
38. Narayan, R. (2010). Public–private partnerships in health sector. Indian Journal of Public Health, 54(2), 67–73.
39. Pandey, A., & Singh, S. (2018). Social marketing of contraceptives in India. Journal of Family Welfare, 64(1), 15–26.
40. Park, J. E., & Park, K. (2022). Textbook of preventive and social medicine (26th ed.). Banarsidas Bhanot.
41. Patel, V., Parikh, R., Nandraj, S., Balasubramaniam, P., Narayan, K., Paul, V. K., Kumar, A. S., Chatterjee, M., Reddy, K. S., & Swaminathan, S. (2015). Assuring health coverage for all Indians. The Lancet, 386(10011), 2422–2435.
42. Registrar General of India. (2021). Sample registration system statistical report. Government of India.
43. Sen, A. (1999). Development as freedom. Oxford University Press.
44. Shiva, M. (2013). State of health in India. Voluntary Health Association of India.
45. Singh, J., & Ladusingh, L. (2014). Unmet need for family planning. Journal of Biosocial Science, 46(2), 123–136.
46. Supreme Court of India. (1978). Maneka Gandhi v. Union of India, AIR 1978 SC 597.

47. Supreme Court of India. (2002). Bodhisattwa Gautam v. Subhra Chakraborty, AIR 1996 SC 922.
48. United Nations. (2000). Millennium declaration. UN Publishing.
49. United Nations. (2015). Transforming our world: The 2030 agenda for sustainable development. UN Publishing.
50. World Health Organization. (2022). Universal health coverage global monitoring report. WHO Press.

HOW TO CITE: Priyanka Jadhavar, Ganesh Nale, Health Governance, Epidemiology, And Family Law In Independent India: A Socio-Legal And Public Health Analysis Within National And Global Frameworks, J. Pharm. Sci., 2026, 2 (1), 698-703. https://doi.org/10.5281/zenodo.18243827