

Chapter 11

From Public Awareness to Phygital Action: Health Literacy, Economics, and Leadership in India's Healthcare Reform

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ABSTRACT

Over seven decades, India's health reform has transitioned from traditional awareness programs to participatory "phygital" (physical + digital) models. This paper traces the evolution of health literacy governance through successive Five-Year Plans (1951–2017), analyzing how economic priorities, marketing strategies, and leadership paradigms shaped reform outcomes. It highlights the shift from rural welfare and communicable disease control to challenges of lifestyle disorders, digital health equity, and nutrition security. Persistent gaps in efficiency, communication, and leadership integration across the phygital ecosystem are identified. The study concludes with recommendations to embed health literacy, digital inclusion, and collaborative leadership within India's public health framework, advancing equitable, action-oriented, and sustainable healthcare reform.

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INTRODUCTION

Health literacy is a foundational outcome of public health systems, referring to the ability of individuals and communities to access, understand, evaluate, and apply health information in ways that enable informed decision-making. It extends beyond mere knowledge acquisition to encompass the practical capacities required to navigate health systems, engage with health services, and respond effectively to social, economic, and environmental determinants of health at individual, household, and community levels. Internationally, health literacy is recognized not only as a determinant of health in its own right but also as a mediating variable that influences preventive behaviors, treatment adherence, and the overall functioning of health systems. This dual role positions health literacy as both an outcome and a mechanism within public health governance.

In India, the evolution of health literacy as a policy concept has been closely intertwined with the country's national development planning architecture. For nearly six decades, the Planning Commission of India (1951–2017) guided long-term socio-economic development through successive Five-Year Plans, within which health education and promotion were embedded as instruments of nation-building, population management, and human capital formation. Drawing on archival policy documents from the First to the Twelfth Five-Year Plans, this chapter traces how health literacy strategies evolved in response to shifting epidemiological realities, institutional capacities, and socio-cultural contexts. Rather than following a linear trajectory, India's health literacy governance reflects a negotiated process shaped by political priorities, demographic pressures, and changing conceptions of state responsibility.

In the immediate post-Independence period, health literacy was framed as a moral and civic responsibility integral to national reconstruction. Early Five-Year Plans embedded health education within school curricula and rural outreach programs, emphasizing hygiene, sanitation, and disease prevention as collective duties essential for self-reliance. Communication strategies during this phase were largely didactic and paternalistic, assuming that awareness alone would translate into behavioral compliance. While these initiatives succeeded in institutionalizing health education as a policy domain, they offered limited scope for community participation or contextual adaptation.

By the late 1960s and early 1970s, health literacy increasingly aligned with demographic and economic objectives, particularly through family planning and nutrition education programs. These interventions, implemented as vertically structured national policies, relied heavily on traditional cultural media—folk songs, street theatre, and village drama—to enhance message acceptance. Although culturally sensitive, this phase marked a shift toward program-specific communication that

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