



3. Redefining Health & Hygiene-Towards a Healthier Rural India

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Abstract

Nearly 70% of the Indian population lives in villages where health issues are looming large. Health is a birth right of every individual & Indian rural scene has always been hit with health hazards in the rural regions. But these days' health issues in rural India have become very precarious. Even though Government is dealing with these issues with the help of all stake holders the problems persists. Health problems of the villagers continue to soar high amidst supportive measures. There are problems connected with qualified medical functionaries, non access to medical facilities, lack of medical infrastructure, lack of medical drugs etc. This paper examines different aspects of health issues rural India is facing & addresses several strategies to tackle these issues.

Key Words- Health issues, Rural India, lack of medical support, measures for betterment

Introduction

Rural India is facing several health problems. In the absence of **medical** infrastructural facilities rural India is suffering from vital health protection. Even though Indian government has taken a lot of care to tackle these issues there are still an increasing number of health problems which need to be addressed immediately. The problems suffered in promotion of rural health are

1. Lack of quality infrastructure
2. Lack of qualified medical functionaries
3. Non access to basic medicines
4. Lack of medical facilities

Issues of health in rural India

- rural India has been suffering from following major health issues.

1. Maternity deaths



2. Girl children below 1- 5 year deaths
 3. Pre natal deaths
 4. Mal nutrition
 5. Under nutrition
 6. Complete absence of pure drinking water facilities
 7. Complete nonexistence of Sanitation
 8. Absolute absence of Hygiene
 9. Complete deficiency of medical care units
 10. Absence of healthy practices & medical care knowledge
- people have access to just 33%
2. Rural people have to walk at least 5 kms to reach the nearest PHC
 3. 61% of the rural population go for private health support with great difficulty
 4. Cost of treatment is higher in private sector health centers at least by 9%
 5. Rural people postpone treatment due to costly rates in private sector health centers

The statistics: The health issues in rural regions are not only increasing but the statistical details are so horrifying that if immediate attention is not given to providing health support there would be an exposure of sickening facts about medical provision & the imbalance in urban rural health practices.

1. 28% of the urban population have access to 66% of the health services while 72% of the rural

6. The ratio of rural population to doctors is six times lower than in urban areas
7. The ratio of rural beds vis-à-vis the population is 15 times lower than in urban areas (**National Rural Health Mission NHRM**)
8. 66 % of the rural population in India lack access to preventive medicines



9. 31 % t of the rural population in India has to travel over 30 km to get needed medical treatment
10. Nearly 3,660 PHCs in rural India lack either an operation theater or a lab or both
11. Nearly 50 % of the posts for obstetricians, pediatricians, and gynecologists in PHCs or CHCs are vacant
12. There is a 70% shortfall of medical specialists in CHCs
13. Nearly 39 % of PHCs are currently without a lab technician
14. 47% of the rural admissions to hospitals is financed by personal loans sale of personal assets
15. Nearly 30 of the rural population do not opt for medical care as they found it too inaccessible & costly
16. Naerly39million rural people are pushed to poverty because of ill health.
17. As on 31st March, 2014, there are 152326 Sub Centers, 25020 Primary Health Centers (PHCs) and 5363Community Health Centers (CHCs) functioning in the country which is very less compared to rural population percentage.
18. Nearly 10.3% of the sanctioned posts of HW (Female)/ ANM were vacant as compared to 40.5% of the sanctioned posts of Male Health Worker in India.

Governmental Measures

To combat health issues in rural India , Government of India & state governments has taken measures to establish health centers.

1. The Community Health Centre (CHC)-A 30 bed hospital/referral unit for 4 PHCs with specialist services.
2. The Primary Heath care centre(PHC)-A referral unit for 6 (4-6 bed) sub centers staffed by a medical officer in charge and 14 paramedics.



3. The Sub Centre-The most peripheral point of contact between the primary health care system and the community, staffed by 1 Health Worker-Female (HM-F)/Auxiliary Nurse Midwife (ANM) and 1 Health Worker-Male (HW-M).

Prospective policy making-

1. Government should address the problem of lack of specialist doctors in rural regions. Even though several states have made rural service compulsory for government doctors, the % of resident doctors is very less.
2. Government should prioritize funding pattern to rural health. It should enhance funding for rural health care centers through budgetary allocations. The expert consensus is that public spending on healthcare should be doubled to more than 2% of GDP from the current 1%.
3. Government is often accused of lack of participation in health

care infrastructure development activities. This should be addressed.

4. Rural India lacks of access to basic medicines.
5. Government should fill vacant posts in all rural medical centers For instance.
6. At PHCs, 41.5% of the sanctioned posts of Female Health Assistant/ LHV, 49.7% of Male Health Assistant and 25.9% of the sanctioned posts of Doctors were vacant. (World Health Statistics 2012). This ration has to be balanced.

The national rural health mission

The National Rural Health Mission seeks to provide effective healthcare to rural population throughout the country with special focus on 18 States, which have weak public health indicators and/or weak infrastructure. These 18 States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya



Pradesh, Nagaland, Odisha, Rajasthan, Sikkim, Tripura, Uttarakhand and Uttar Pradesh. The mission is an articulation of the commitment of the government to raise public spending on health from 0.9% of GDP to 2-3% of GDP. (Roy & others-. Social Inequalities in Health and Nutrition, 2004).

1. Reduction of infant mortality and maternal mortality.
2. Universal access to public health services / women's health, child health, drinking water, sanitation and hygiene, nutrition and universal immunization.
3. Prevention and control of communicable and non-communicable diseases.
4. Population stabilization-Gender and demographic factors.
5. Revitalizing local health traditions and mainstreaming ISM.

The Strategy to Improve Rural Health

1. To Train and enhance capacity of Panchayati Raj Institutions (PRIs) to own, control and manage public health services.
2. To Promote access to improved healthcare at household level through the female health activist (ASHA).
3. To provide a Health Plan for each village through Village Health, Sanitation & Nutrition Committee of the Panchayat.
4. To Strengthen health sub centers through an untied fund to enable local planning and action and more multi-purpose workers (MPWs).
5. To Strengthen existing PHCs and CHCs, and provision of 30-50 bedded CHC per lakh population for improved curative care to a normative standard (Indian Public Health Standards defining personnel, equipment and management standards).



6. To Prepare and implement an inter-sectoral District Health Plan prepared by the District Health Mission, including drinking water, sanitation & hygiene and nutrition.(Roy et al. (2004). Social Inequalities in Health and Nutrition)
7. To integrate vertical health and family welfare programmes at national, State, district, and block levels.
8. To provide technical support to national, State and district health missions, for public health management.
9. To Strengthen capacities for data collection on health issues.
10. To formulate transparent policies for deployment of health human resources
11. To develop capacities for preventive health care
12. Regulation of private sector including the informal rural practitioners to ensure availability of quality service to citizens at reasonable cost. Promotion of Public
13. Private Partnerships for achieving public health goals.
14. Mainstreaming AYUSH - revitalizing local health traditions.
15. Reorienting medical education to support rural health issues including regulation of Medical care and Medical Ethics.

Conclusion

Rural health issue should be addressed at the earliest. Measures to make villagers access to clean water and medical care, enabled through modern technology, can provide a holistic and innovative approach to providing health care in rural settings in India. Using technology can be an inventive way to capitalize on the resources of local people and distant doctors to a complex result improved wellness and quality of life. At the same time improved access to integrated comprehensive primary health care should be prioritized through promotion of healthy life styles.



Organizing healthy participatory partnerships with all the stake holders of the community needs to be taken up quickly. The health care industry which includes Hospitals, Pharmaceutical Companies, Drug Manufacturers, Diagnostics & Device Manufacturers, Health Technology Information Providers, Health research analysts, Primary medical drug suppliers , etc need to be strengthened.

References

Joe. (2008). Health inequality in India: Evidence from NFHS-3. Economic and Political Weekly, 43:41-48.

Das, R. K. and Purnamita Dasgupta. 2000.- Child health and immunization: A Macro-Perspective. Economic and Political Weekly, 35:645-655.

Roy et al. (2004). Social Inequalities in Health and Nutrition in Selected States.

Economic and Political Weekly, 39:667-683

Kulkarni, M. K. (1992). Universal immunization programme in India: Issues of Sustainability. Economic and Political Weekly, 27:1431-1437

Guruswamy et al. (2008). Public Financing of Health Services in India: An analysis of Central and State Government Expenditure. Journal of Health Management, 10:49-85.

Navaneetham, K. and Dharmalingam, A. (2002). Utilization of maternal health care services in South India. Social Science and Medicine, 55:1849-1869.