

Rural Health Problems and causes in INDIA at current scenario

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ABSTRACT:

Health is not everything but everything else is nothing without health. “In the beginning, there was desire which was the first seed of mind,” says Rig-Veda, which probably is the earliest piece of literature known to mankind. Since antiquity India being the first state to give its citizens national health care as a uniform right. However in the present scenario Indian rural health care faces a crisis unmatched to any other social sector. Nearly 86% of all the medical visit in India are made by ruralites with majority still travelling more than 100 km to avail health care facility of which 70-80% is born out of pocket landing them in poverty

Key words: Health, Rig-veda, uniform, right, present, scenario, rural.

Introduction:

Health is not everything but everything else is nothing without health. “In the beginning, there was desire which was the first seed of mind,” says Rig-Veda, which probably is the earliest piece of literature known to mankind. Since antiquity India being the first state to give its citizens national health care as a uniform right. However in the present scenario Indian rural health care faces a crisis unmatched to any other social sector. Nearly 86% of all the medical visit in India are made by ruralites with majority still travelling more than 100 km to avail health care facility of which 70-80% is born out of pocket landing them in poverty

Healthcare is the right of every individual, but lack of proper infrastructure, inadequate and expensive medical facilities, under qualified medical practitioners, inaccessible medical assistance have contributed towards the deplorable health care condition of the 600 million rural population in India. According to the 2013 economic survey, the total government expenditure on health in 2010 was estimated to be 4.1% of GDP. While 78% of the Indian population resides in rural areas, only 2% of medical professionals are available in these areas. Lack of proper implementation of various government policies and programmes targeted towards rural population and poor commitment of the medical practitioners, also aggravated the situation. Rural poor often fall victim to under qualified doctors in the vicinity of their homes, who extract large sums of money for even basic treatment. The only other alternative available is to travel to private

hospitals located in urban areas, an activity which is tedious, time consuming and expensive. India lives in its villages. All of us were taught that in school. What we weren't taught was that much of India does not live very happily.

We often see idyllic pictures of rural Indian life— stunningly beautiful images of rice fields rippling in the wind and children swinging from Banyan trees in the village square. However, the harsh reality is that one third of those men and women working in the fields are chronically starved and one half of those children swinging from the trees are permanently stunted from undernutrition. One out of every ten babies born never makes it to its first birthday.

India, home to one-sixth of mankind, is also home to one-third of all tuberculosis patients in the world. More than 300,000 children drop out of school every year because someone in their family comes down with tuberculosis and an extra income is needed to make ends meet. In fact, 25% of families of hospitalised individuals in Bilaspur fall below the poverty line due to hospital expenses. The experience of running the Outpatient Department (OPD) at Ganiyari has completely debunked this illusion. People come with a bewildering diversity of problems from HIV to advanced tuberculosis, from uncontrolled diabetes with a low body weight and a badly infected wound to severe malaria, from cancer of the cervix, a B.P. of 240/140 diagnosed for the first time in life, to burns sustained after falling in the fire after a convulsion.

Regardless of the problem, the underlying stories are most often the same: profound susceptibility because of associated undernutrition, delayed health care seeking because of difficulties of physical access, dissatisfaction with non-functioning or poorly functioning public health facilities, or problems exacerbated by irrational care by an unqualified practitioner.

In rural areas, there is widespread hunger, high levels of morbidity, and a vast unmet need for curative health care. Without anyone to advocate for the people who live in such conditions, the high numbers of premature deaths lead only to the further marginalization of these populations and trivialization of their problems.

Most of India's people, and most of its poor, still live in rural India. The burden of disease and its effects are disproportionately seen among the poor, with a clear gradient in illness and mortality between the lower and middle classes. This rural health crisis is becoming more complex and tenacious and is worsening the quality of life in rural India.

Agriculture is an important activity in Karnataka Nearly 70% of population is depending upon agriculture for their livelihood. But due to scarcity of rain in this year also drought has been effected, day by

day even water table is also been decreasing. People is suffering from scarcity of drinking water in some areas, most of the horticulture crop getting destroyed due to lack of rain this kind of situation has been raised in some region. In this situation NREGA Scheme has brought hopes for the rural people. Under this scheme GPs have taken up drought relief works like Desalting of lakes and gokatte. To bring maximum labourers to these works we have

Ineffectiveness of the primary health care created a breach in referral system which should serve as an entry point for the individual and continuous comprehensive coordination at all level of health care.[5] Utilization of services has shown to be residence and educational level dependent with 70% of illiterate availing no ANC care when compared with 15% of literate with rural women (43%) less likely to receive the ANC services when compared with urban women (74%).[6]

Dearth of men power, reluctant community participation and intersectoral coordination make the condition nastiest. There is a threat to collapse of the higher health care machinery owing to overcrowding by health care seekers which are bypassing the first level of contact and this is the major problem Indian health care system is facing. Low faith in public health services could be a reason for this by pass evident from the existing data.

The only way which could lead to the goal of health inclusion is by incorporating impoverish needy rural population through community participation. It is a common complaint of people that government health functionaries are struck with non-availability of medical staff. In one of the study, it was indicated that 143 public facilities found absenteeism of 45% doctors from PHCs with 56% of time found to be closed with an unpredictable pattern of closure and absenteeism during regular hour visit.[2] A survey report from Madhya Pradesh in 2007 states that out of 24,807 qualified doctors and 94,026 qualified paramedical staff mapped in the survey in the state, 18,757 (75.6%) and 67,793 (72.1%) were working in the private sector respectively highlighting the government failure to provide basic infrastructure to doctors and other health care workers in rural areas.[7] This could be tackle by focusing on skill up gradation, capacity development and capability reinvigoration and limiting the scope for practice of illicit and unqualified practitioners. Thus, primary health care in India needs to be re-evaluate and immediately warrants reforms and concrete steps to be taken, otherwise this tug of war between growth and human resource development remains will continue forever. planned to conduct health checkups and information camps in these work spots in big way under IEC activities.

While 78% of the Indian population resides in rural areas, only 2% of medical professionals are available in these areas. A huge percentage of children are chronically malnourished in India due to lack of adequate nutrition. There's a need to address maternity deaths and elderly care.

Nearly half of India's children- approximately 60 million – are underweight, 45% have stunted growth (too short for their age), 20% are wasted (too thin for their height, indicating acute malnutrition), 75% are anaemic, and 57% are deficient in Vitamin A.

Awareness regarding tuberculosis, typhoid, malaria, cancer and AIDS should take place regularly. Rural India is not healthy enough and steps should be taken to ensure that everybody irrespective of age, class and economic status should get access to basic health care. Everybody has the right to lead a healthy life.

Health issues

- Malnutrition.
- High infant mortality rate.
- Diseases.
- Poor sanitation.
- Safe drinking water.
- Female health issues.
- Rural health.
- Strategy.

The government's role:

Basic health care should be the immediate focus, since many rural places are devoid of any basic medical assistance within a 50-km radius. State government-run medical facilities in these areas are practically dysfunctional due to limited medical resources, substandard equipments, low supply of medicines, lack of qualified and dedicated human resources and gross negligence in dealing with patients. Though at various levels the government has come up with programmes and policies, it falls short of proper implementation. Hence in many places, state-run medical facilities are present only on paper, but not in practice. Frequent mass health care awareness programmes and medical camps should be organised. Mobile clinics should be launched to make primary health care reach the doorsteps of the poor.

But are the funds allocation by the government sufficient? PHCs in rural India are short of more than 3000 doctors, with the shortage being 200% over the last 10 years, according to an analysis by India Spend. Lack of public medical professionals leads people to travel to far flung places and in the process compromise one day earning. Besides, private medical services are expensive in nature, thereby making it practically unavailable to the rural poor. The government should make attempts to increase manpower in public hospitals

The following are the major problems of health services:

Neglect of Rural Population: A serious drawback of India's health service is the neglect of rural masses. ...

Emphasis on Culture Method: ...

Inadequate Outlay for Health: ...

Social Inequality: ...

Shortage of Medical Personnel: ...

Medical Research: ...

Expensive Health Service:

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