

Rural Health in Haryana: Social Issues and Way Ahead

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Abstract – Health is the ability of the body to sustain against physical and mental challenges. How well does the body respond to challenges states the condition of health? The meaning of health has evolved over time. In keeping with the biomedical perspective, early definitions of health focused on the theme of the body's ability to function; health was seen as a state of normal function that could be disrupted from time to time by disease. An example of such a definition of health is: "a state characterized by anatomic, physiologic, and psychological integrity; ability to perform personally valued family, work, and community roles; ability to deal with physical, biological, psychological and social stress". Then in 1948, in a radical departure from previous definitions, the World Health Organization (WHO) proposed a definition that aimed higher: linking health to well-being, in terms of "physical, mental, and social well-being, and not merely the absence of disease and infirmity". Generally, the context in which an individual lives is of great importance for both his health status and quality of their life. It is increasingly recognized that health is maintained and improved not only through the advancement and application of health science, but also through the efforts and intelligent lifestyle choices of the individual and society. According to the World Health Organization, the main determinants of health include the social and economic environment, the physical environment and the person's individual characteristics and behaviors. In the context of health two variables come which are urban health and rural health. In this paper focus is on rural health in Haryana, how does health standards are performing in rural Haryana and the role played by state agencies to attain the standard for progressive rural health.

Keywords: Health, WHO, Rural health, Haryana, Social issues.

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INTRODUCTION

Health is a basic human need. Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity to lead a socially and economically productive life (WHO, 1978). Health is increasingly being recognized as a critical human capital component which contributes significantly towards the development of a nation. Healthier people can work more productively, and more productivity means more contribution to economic growth (Schultz, 1961; Arrow, 1962; Mushkin, 1962; Romer, 1986; Zon and Muysken, 2003). Health is the most important asset of human being. It permits us to fully develop our capabilities. If this asset erodes or it is not properly developed, it can cause physical and emotional weakening, causing obstacles in the lives of people. Thus, health is the backbone of human resource (Mishra and Mishra, 2015). Health is one of the vital indicators reflecting quality of human life. With increased urbanization, industrialization and the changing environment, health related issues and problems are being emphasized and have become a great concern for the contemporary world. Health is multi-factorial.

There are numerous factors that influence health like hereditary factors, environmental factors, lifestyle, adequate housing, basic sanitation and socio-economic conditions including income, education, availability and quality of health infrastructure and per capita health expenditure (Park K, 1994).

The health status of people is related to the economic development of a country for three main reasons. First, as an indicator of economic development, it shows the capability and success or failure of a country to provide for the most basic needs of the people (food, clothing, shelter and sufficient sanitary conditions). The correlation between such crude indicators as child mortality and life expectancy on the one hand, and per capita income on the other, is very strong and well documented in economic literature. Secondly, health as a form of human capital is an input for the further development of country. There is plenty of evidence to support that health plays an important role in school enrolment and school performance of children, and in labor supply and productivity of adults and in earnings. The relationship between

development and health is well accepted: increasing the economic wealth of a country is associated with improved health outcomes (Preston, 1975; Smith, 1999). Therefore, improvements in health or better health would promote learning, reduce absence, improve stamina and would contribute to improve the economic status of the poor. Thirdly, the high infant and child mortality rates are among the most important factors related to high fertility rates, which in turn play a crucial role in development. Health increases the human capital inherent in the labor force, which in turn increases labor productivity and thus, transitional growth towards a higher equilibrium level of output (Mankiw, Romer, and Weil, 1992). Health increases the innovative capacity of the economy, and the new knowledge on new technologies, products and processes promotes growth (Lucas, 1988; Romer, 1990; Aghion and Howitt, 1998). There is also growing empirical evidence suggesting that there is a positive impact of improved health outcomes on the economic growth (Bloom et al, 2004; Li and Huang, 2009; Wang, 2011; Rajeshkumar and Nalraj, 2014; Mishra and Mishra, 2015). It is thus, cleared that health, wellness and economic development are inseparable. Good health improves human well-being and contributes to real economic growth of an economy through its positive impact on productivity growth. It has been found from country specific studies that low nutritional intake and subsequently poor health has its linkages with low levels of income. Therefore, it is imperative for the policy makers that good healthcare facilities be provided for creating healthy citizens and society that can effectively contribute to inclusive growth of the economy. Thus, investment in health and other related areas impacting people is not a matter of choice. It should be thought of as a compulsion. It is with this backdrop, the primary objective of this paper is to make an empirical study of the relationship between rural health and socio-economic growth of Haryana.

OBJECTIVE OF RESEARCH:

- To understand the social dynamics behind rural health
- To know the efforts made by government in rural health sector.
- To understand the way ahead to achieve better rural health.

RURAL HEALTH SCENARIO IN HARYANA:

Haryana is committed to provide quality health services and raise the health status of its people. National Rural Health Mission has been introduced in Haryana with a view to bring about improvement in the health status of people especially of those who live in rural areas of the country. The state of Haryana is steadily progressing towards attaining the

goals and objectives shared under NRHM, National Population Policy and Millennium Development Goals. Rural health in Haryana is an important factor in determining socio-economic conditions of the state. As Haryana is an agrarian state, in which majority of the population is indulged in primary sector activities and majority of population is living in the rural areas. And health being an important factor in human life. So focus on rural health is vital for state of Haryana. In today's perspective Haryana is moving in the direction of providing better health care facilities to the rural areas by opening PHCs, CHCs in villages and providing ambulance facilities to the patients.

SOCIAL ISSUES BEHIND RURAL HEALTH PROBLEMS OF WOMEN:

- Haryana being a patriarchal society, which still follows the diktats of kangaroo courts like khap panchayat, face issues related to especially women. As women feel subjugated under male supremacy, which led to effect the health of women since from birth. As girl child receive less calorie diet in comparison to male child and thus face poor protein deficiency and ultimately lead to poor health. And another fact is this that such biasedness is more observed in rural areas.
- Another social pressure on women health is related to biological feature of women body, which is menstrual cycle. As lots of social stigmas are attached to this biological phenomenon in society. Women are treated as such they are spreading impurity and this notion in society leads to pressure on women to discuss this issue openly. Thus they face the risk of various kinds of infections which effect the health and leads to severe impact on their body. And this issue is more persistent in rural society. As girl child is less educated in rural areas, so they remain less aware.
- Another social problem is early age marriage pressure on women which leads to early pregnancy and such pressure on young body leads to diseases like anemic pregnant women and thus resulting in poor health conditions of both mother and child. And this social phenomenon is more observed in rural areas as level of education is less.
- Women also face the demand of producing male child and this unwanted pressure on women many times result in series of abortions(in case of girl child) and multiple

pregnancies make bad effect on the health of women.

OTHER SOCIAL ISSUES BEHIND RURAL HEALTH PROBLEMS:

One of the major failures of the state government has been its inability to stem the menace of drug abuse in Haryana society. The state lacks a robust set of regulations for handling of drug addicts and for their treatment. While addicts in the state require treatment and rehabilitation, peddlers require punishment. This difference is often blurred and those requiring medication, attention, and affection are often punished. The state's support of treatment and rehabilitation centers is highly inadequate as is the ability of law enforcement to curb the cultivation and import of banned substances. Youth in Haryana is also facing the bad effect on their health due to evils like alcohol and drug abuse. In recent times the ratio of drugs abuse has shot up and major effect is observed in rural areas.

Another issue is of age related health problems, old age people especially female face health issues in rural areas. As many families are moving to urban areas in search of better opportunities, in such circumstances the family structure is breaking into nuclear family structure. Thus leading into negligence of old parents, which leads to poor health of elderly people in dearth of proper care.

Poverty is another social hindrance in rural health. As majority of lower income groups of villages are living in tough economic conditions, which leads to improper diet and lack of protein diet and causing health issues.

Accessibility to health facilities is a critical factor in effective health treatment for people in rural areas of lesser-developed countries like India. In many areas accessibility is diminished by the lack of all-weather roads, making access subject to weather conditions. Location-allocation models have been used to prescribe optimal configurations of health facilities in order to maximize accessibility²⁰, but these models are based on the assumption that the underlying transport network is static and always available. Essentially, past work has ignored the potential impacts of improvements to the transport system in modeling access.

STEPS NEED TO BE TAKEN BY GOVERNMENT TO IMPROVE RURAL HEALTH:

Well networked health care system access to healthcare in rural areas is far from satisfactory. In the current scenario, 75% of the qualified consulting doctor's practice in urban, 23% in semi-urban (towns) and only 2% in rural areas where as the vast majority of population live in the rural areas. Hospital

beds/1000 people are 0.10 in rural as compared to 2.2 in urban areas.

Shorter duration Medical Degree rather than the standard MBBS has been suggested¹³ in the country like India. The specialist topics can be excluded in the degree, such as kidney Transplantation and angiography. The graduates of this degree allow to practice in rural areas only. Even a distant learning program to rural health professional by use of modern technology provide rational, less time consuming and less costly alternative.

Underutilization of existing rural hospitals and health care facilities is also a common phenomenon. Many a time rural patients bypass local rural hospitals despite the availability of comparable medical services. The general conditional analysis of data on patients and hospitals suggests that hospital characteristics (size, ownership, and distance) and patient characteristics (payment source, medical condition, age, and race) influence rural patients' decisions to bypass local rural hospitals. A market-centered approach, and more effective government intervention for horizontal and vertical hospital integration may lead to better utilize rural health care institutions.

Moreover, Tele-healthcare concept and its advantages are no longer unknown to the country. Both government and private agencies are venturing into it. Few Indian companies are being capable of providing hardware and software solution for Tele-health care. Products of reputed overseas Tele-health industry have their presence. Efforts are directed towards setting up standards and IT enabled healthcare infrastructure in the country.

Community-based health insurance is an emerging and promising concept, which addresses health care challenges faced in particular by the rural poor. Studies show that in poor environments, insurance programs can work: (mutual health organizations) have a higher probability of using hospitalization services than nonmembers and pay substantially less when they need care. However, the analysis revealed that while the schemes achieved to attract poor people, the poorest of the poor remained excluded.

SOME RURAL HEALTH SCHEMES:

JSY Scheme (GoI): The JSY Scheme has been implemented in the State of Haryana in right earnest since its inception in 2005. Janani Suraksha Yojana (JSY) aims at reducing maternal and neonatal mortality by encouraging and increasing institutional deliveries. In this scheme cash incentive is given to the mother during her post-

partum period in order to ensure her a good diet and care. The details of incentives are as follows:

Incentive	Urban	Rural
Institutional	Rs.600/-	Rs.700/-
Home	Rs.500/-	Rs.500/-

The scheme is applicable for the BPL women of all categories for deliveries at home or institutions, Govt. or accredited private and SC/ST families. The scheme is also applicable for non-BPL SC/ST women but only for deliveries at a Govt. institution or at an accredited private institution.

Janani Suraksha Yojna (State Plan): This scheme was launched in April, 2008 under the State Plan. Under this scheme an assistance of Rs.1500/- is given to each pregnant woman belonging to SC/ST family for delivery in the health institution, be it in Govt. or Private sector, provided she is above 19 years of age. This assistance is given in three installments i.e. 1st installment of Rs.500/- on registration of pregnancy case, second installment of Rs.500/- on getting check-up done in 3rd trimester and Rs.500/- on the day of delivery or maximum within 5 working days after delivery.

Even for a pregnant SC/ST woman coming directly for delivery to the institution without any prior antenatal check-up, full payment of Rs.1500/- is made.

Arogya Kosh: This scheme is introduced for the people from below poverty line. Under this scheme Assistance is provided to the poor persons living below poverty line for getting specialized treatment for life threatening diseases. The State/District illness assistance funds would be established under the Societies Registration Act. The societies will be registered with the registrar, cooperative society, and will be responsible for identifying the life threatening illness, for which the assistance is to be provided to the poor. It will also be responsible for fixing a criteria for identifying the poor, to whom this assistance is to be provided, and to what extent. The society will monitor the activities of the District society funds from time to time to evaluate the successful implementation of the scheme. The scheme is essential in public interest, and will serve the rural population of the State of Haryana.

Other schemes started by government in the rural areas are Kishori scheme, Ladlischeme, Ayushman yojana.

CONCLUSION:

As discussed in the paper, rural health is an important aspect in the state of Haryana, as majority of state population belongs to the rural areas and the

major part of economy is supported by the Primary Sector, So it is necessary for the government to focus on the rural health and try to implement the right strategies in the direction to achieve progressive and healthy rural society. As discussed in the paper, how women are facing the health crisis in rural Haryana, so state government need to work with social sector and social groups to work for the awareness required, especially by targeting the prevailing social norms and as women constitute around half of the population, therefore it is necessary to work for this group, for better socio-economic development. Other areas like children, youth etc. also need to be enrolled in the government based schemes and provide a solid platform based on the bedrock of good health and therefore pave the way for a healthy and progressive nation.

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