



Initiatives towards a Healthier rural India –role of youth in health care management

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Abstract: Mahatma Gandhi always said that if rural India perishes then entire India would perish. With more than 70 % of the population reside in rural areas with very weak infrastructural facilities. Rural India is still suffering under poverty, ill- health, illiteracy, poor hygiene, paucity of infrastructure etc. There is a complete absence of adequate productive assets connectivity both intellectual & financial resources which make rural India lag in all basic amenities. There is a need to design sustainable initiatives towards better rural India. There does an imperative need for education to rural population which can support sustainability Collaborating rural infrastructure agencies both private & government is essential to bring in a transformation in rural lives. Strengthening the identification process of rural needs & eradicating every obstacle towards sustainability is needed

Keywords: Rural India, infrastructural facilities, productive assets, sustainable initiatives.

Introduction: With more population reside in rural areas there is a need to design sustainable initiatives. More than 80% of the families own less than two hectares of land which is causing low farm productivity. Most of the land they own is scattered in various locations & are sub divided. As they are unable to invest in necessary agricultural inputs, they fail to adapt to advanced technologies. This poses threat to their farm income. Rural India is a male dominant society where women who constitute nearly 50% of the population, do not receive any equal opportunity to emerge as individual members contributing to productivity. Their potentialities remain untapped. This makes women unaware of any socio economic developmental activities which are programmed for them. Nearly 79 % of the rural adolescent girls suffer from mal nutrition , ill health premenstrual & post

menstrual health issues Nearly 72% of the rural pregnant women do not receive good medical care in villages , hence pre - natal deaths & post pregnancy deaths are still high. 43% of the rural women suffer from anemia & iodine deficiency. 70 % of them have no access to safe hygienic drinking water, clean lavatories, toilet system etc 28% of the urban population has access to 66% of the health services while 72% of the rural people have access to just 33%. Generally rural people walk at least 5 kms to reach the nearest PHC which is lacking in resident doctors, specialist doctors, & better medi -care facilities. This makes 60 % of the rural population go for private health clinics where cost of health care treatment is double the general treatment rates, with personal loan borrowings. The ratio of rural population to doctors is six times lower than in urban areas. The ratio of rural beds vis-à-



vis the population is 15 times lower than in urban areas. Nearly 30 of the rural population do not opt for medical care as they found it too inaccessible & costly. Naerly39million rural people are pushed to poverty because of ill health. 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. (National Rural Health Mission NHRM)

Impact of malnutrition

1. Malnutrition impedes the social and cognitive development of a child. This result in lower productivity
2. This also hinders a child's intellectual development. Sick children with chronic malnutrition, especially when accompanied by anemia, often suffer from a lower learning capacity during the crucial first years of attending school.
3. It reduces the immune defense mechanism, which heightens the risk of infections
4. Due to their lower social status, girls are far more at risk of malnutrition than boys their age. Partly as a result of this cultural bias, up to one third of all adult women in India are underweight. Inadequate care of these women already underdeveloped, especially during pregnancy, leads them in turn to deliver underweight babies who are vulnerable to further malnutrition and disease.
5. Protein-energy malnutrition (PEM), also known as protein-calorie malnutrition Iron deficiency: nutritional anaemia which can lead to

- lessened productivity, sometimes becoming terminal Vitamin A deficiency, which can lead to blindness or a weakened immune system. Iodine deficiency, which can lead to serious mental or physical complaints Folate deficiency itself can lead to insufficient birth weight or congenital anomalies
6. Diseases such as dengue fever, hepatitis, tuberculosis, malaria and pneumonia continue to plague rural India.
 7. There is a challenge that male dominated rural society always imposes restrictions on women their health & education are totally neglected. Early marriage of young girls poses threat to their physical growth. Lack of education, nutritious food, paucity of sanitary infrastructure, low quality of life.
 8. The absence of employment opportunities, a battered agriculture sector and rising debts force rural youth to migrate to cities. They are forced to lead sub-standard lives in urban areas where they face highly dissimilar lifestyle problems. This migration also results in loss of traditions, heritage and cultural treasures of rural India. Many art forms , folk music , folk dance , religious festivities , social get together functions , have disappeared and many are on their path to extinction.

Preparing students towards health care management-preparing students towards health care management needs a great planning. Capacity building programs towards sanitation awareness can transform India's best young minds into



change makers. Designing of effective training programs can provide the socially motivated youth with an opportunity to make a big desired difference. Several governments sponsored & NGO sponsored programs can become a platform for youth to work with experienced NGOs who are working at the grass root level in creation of awareness. This provides a better understanding of ground realities & also creates an opportunity to bring about change to ensure an equitable and sustainable growth for India

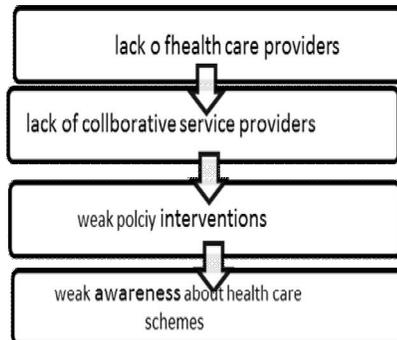
1. Redesigning of financial and managerial system - Financial and managerial system have to be redesigned to ensure efficient utilization of available resources and achieve better health outcome.

2. Coordinating delivery of services - Coordinated delivery of services within and across sectors, delegation matched with accountability, fostering a spirit of innovation are some of the measures which can become supportive to youth to involve in community work.

3. Increasing the cooperation between private and public sector - Increasing the cooperation between private and public sector health care providers to achieve health goals. This will include contracting in of services for skill gap filling, and various forms of effectively regulated and managed Public-Private Partnership, while also ensuring that there is no compromise in terms of standards of delivery and that the incentive structure does not undermine health care objectives.

4. The present Rashtriya Swasthya Bhima Yojana (RSBY) which provides cash less in-patient treatment through an insurance based system should be reformed to enable access to a variety of comprehensive primary, secondary and tertiary care. In twelfth plan period entire Below Poverty Line (BPL) population will be covered through RSBY scheme. In planning health care structure for the future, it is desirable to move from a 'fee-for-service' mechanism, to address the issue of fragmentation of services that works to the detriment of preventive and primary care and also to reduce the scope of fraud and induced demand (Gautham Ghosh – Looking At The Role Of Non -Governmental Organizations In Primary Health Care In India To Meet The Millennium Development Goals 2013).

Challenges: Indian health sector is suffering from unequal share of health providers whereas most of the public health schemes have private funding through insurance route, A better public health system has to develop in India with private public partnership. Successive administrative & political interventions in training the community as a whole towards awareness on health needs. Local bodies should actively participate in health care. A radical shift in mindset is required to make women an active part of India's development story (diagram-1)



Conclusion- Thus there is an imperative need for education among women which can support sustainability. Collaborating rural health agencies both private & government is essential. Strengthening the identification process of health needs of the rural women & eradicating every obstacle towards providing health care needs to be rectified. Primary health care schemes have to be augmented to reach every woman irrespective of caste creed & sect. trained rural health practitioners offering financial incentives to them can attract women towards health centers. This calls for professional liability reforms to facilitate the practice of health care providers in rural areas especially remote villages:

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