

TACKLING HEALTH HAZARDS IN RURAL INDIA

Dr. Shefali Chopra

The WHO Country Cooperation Strategy – India (2012-2017) has been jointly developed by the Ministry of Health and Family Welfare (MoH&FW) of the Government of India (GoI) and the WHO Country Office for India (WCO). Its key aim is to contribute to improving health and equity in India. It distinguishes and addresses both the challenges to unleashing India's potential globally and the challenges to solving long-standing health and health service delivery problems internally.

Health is an important component for ensuring better quality of life. Large masses of the Indian poor continue to fight and constantly losing the battle for survival and health. The war begins even before birth, as the malnourishment of the mother reduces life chances of the foetus (Mondal, 2016). Despite global progress, an increasing proportion of child deaths occur in sub-Saharan Africa and Southern Asia. Globally, the incidence of major infectious diseases has declined since 2000, including HIV/AIDS, malaria, and TB, but the challenge of these and new pandemics remains in many regions of the world, one of them being India.

The key health issues related in Rural India are:

- **Lack of Primary Health Care facilities:** Though, the existing infrastructural set up for providing health care in rural India is on the right track, yet the qualitative and quantitative availability of primary health care facilities is far less than the defined norms by the World Health Organization. Union Ministry of Health and Family Welfare figure of 2005 suggests a shortfall of 12 per cent for sub centers (existing 146,026), 16 per cent of Primary Health Centers (PHCs) (existing 23,236) and 50 per cent of Community Health Centers (CHCs) (existing 3346) then prescribed norms with 49.7 per cent, 78 per cent and 91.5 per cent of sub centers, PHCs and CHCs respectively located in government buildings and rest in non-government buildings requiring a figure of 60,762, 2948 and 205 additional buildings for sub centers, PHCs and CHCs respectively.
- **Proximity of Health Facilities:** Nearly 86 per cent of all the medical visits in India are made by ruralites with majority still travelling more than 100 km to avail health care facility of which 70-

80 per cent is born out of pocket, landing them in poverty.

- **Sanitation and Hygiene:** Women and children are the most susceptible section of the society due to poor sanitation. In our tradition, women have to go in the open to defecate where they are vulnerable to various infections and diseases and in turn, this also poses a threat to other women, men and children. Children are often caught by Diarrhoea and insects carry harmful diseases with them. So, unfortunately they become both the victim and the carrier of the disease.
- **Water borne diseases:** Water-related diseases kill more than 5 million people each year.
- Cholera, Typhoid and Diarrhoea are transmitted by contaminated water. Most deaths are preventable with simple hygiene and water treatment.
- Diarrhoea disease causes 2.2 million deaths each year and this disease is the primary cause of child mortality in the world's cities.
- Intestinal worms infect about 10 per cent of the population of developing world and can lead to malnutrition, Anaemia and retarded growth.
- Malaria, Yellow Fever, Dengue Fever, Sleeping Sickness, Filariasis and other water-related vector-borne diseases are transmitted by mosquitoes, tse-tse flies and others. Over 1 million people die every year from Malaria, Dengue, Chickengunia, which is endemic throughout much of the developing world.

Health Issues related to Women and Children:

Women in poor health are more likely to give birth to low weight infants. They also are less likely to

be able to provide food and adequate care for their children. This indirectly increases the chances of children being malnourished and pushed into vicious circle of illness. Finally, a woman's health affects the household economic well-being, as a woman in poor health will be less productive in the labor force. Women in India also face health concerns like reproductive health, Inadequate nutrition, and HIV/AIDS.

- **Reproductive Health:** Lack of appropriate care during pregnancy and child health, inadequate services for detecting and managing complications are the main cause for maternal deaths. (Bhalla, A.S., 1995)
- **Inadequate Nutrition:** Inadequate nutrition in the childhood affects women in their later life. More than fifty per cent of women and children in rural and tribal areas of the country are anaemic.
- **HIV/AIDS:** The Indian epidemic is concentrated among vulnerable populations at high risk for HIV. The Government of India estimates that about 2.40 million Indians are living with HIV. Of all HIV infections, 39 per cent (930,000) are among women.
- **High Infant & Child Mortality Rate:** The infant mortality rate (IMR)—probability of dying before one year of age expressed per 1000 live births and under-five mortality rate (U5MR)—probability of dying between birth and age 5 expressed per 1000 live -births have been used as measures of children's well-being for many years. Infant and child mortality rates are considered as sensitive indicators of living and socio-economic conditions of a country. NIPCCD 2014
- **Malnutrition:** World Bank data indicates that India has one of the world's highest demographics of children suffering from malnutrition – said to be double that of Sub-Saharan Africa with dire consequences.
- **Sanitation and Clean Drinking Water:** Its absence leads to high levels of malnutrition. Most children in rural areas are constantly exposed to germs from their neighbours' faeces. This makes them vulnerable to the kinds of chronic intestinal diseases that prevent bodies from making good use of nutrients in food, and they become malnourished.

Intensified Diarrhoea Control Fortnight

- 14.7 crore children under 5 reached with prophylactic ORS SINCE 2014 BY ASHAs
- IDCF campaign implemented since 2014
- Zero deaths due to childhood Diarrhoea

- **Protein Energy Malnutrition (PEM):** This affects the child at the most crucial period of time of development, which can lead to permanent impairment in later life. Protein-Energy-Malnutrition takes different forms which include Underweight, Kwashiorkor, Marasmus, Marasmic-Kwashiorkor, Stunting and Wasting.
- **Iodine related deficiencies:** Iodine deficiency in pregnant women limits foetal brain growth and, when severe, can lead to cretinism and the pervasive intellectual, psychomotor and sensory disabilities and congenital anomalies that accompany it.^{1,2} Prenatal iodine deficiency can cause maternal Goitre and Hypothyroidism. (WHO) Iodine deficiency disorders (IDD) constitute the single largest cause of preventable brain damage worldwide.

Way Forward:

- The WHO Country Cooperation Strategy – India (2012-2017) has been jointly developed by the Ministry of Health and Family Welfare (MoH&FW) of the Government of India (GoI) and the WHO Country Office for India (WCO). Its key aim is to contribute to improving health and equity in India. It distinguishes and addresses both the challenges to unleashing India's potential globally and the challenges to solving long-standing health and health service delivery problems internally.
- India and the Sustainable Development Goals (SDG'S): Health has a central place in United Nation's Sustainable Development Goals.
- **SDG 3- Good health and well being:** It ensures healthy lives and promote well-being for all at all ages. It provides a holistic approach to better health which requires ensuring universal access to healthcare and to making medicine and vaccines affordable. It also calls for a renewed focus on mental health issues.
- **SDG 6- Clean water and sanitation:** It ensures availability and sustainable management of

National Deworming Day

- Aim: Combat soil transmitted helminth infections through a single day strategy.
- Over 75 crore doses of Albendazole since 2014
- Covering children between 1-19 years
- Reached through schools and anganwadi centres.

water and sanitation for all. It aims at ensuring universal access to safe and affordable drinking water for all by 2030. Providing sanitation facilities and encourage hygiene at every level.

- UNICEF India: UNICEF India has also been at the forefront of strengthening coverage of existing nutrition interventions for women in flagships through policy, advocacy and system strengthening strategies. UNICEF contributes to national coordination efforts through its role as the lead development partner facilitator in the Technical Working Group for Rural Water Supply, Sanitation and Hygiene, led by the Ministry of Rural Development. Other key partners include the World Health Organization, World Bank, Asian Development Bank and local and international NGOs.(UNICEF)

Government's Initiatives:

- **Integrated Child Development Scheme:** ICDS is a multi-sectoral programme and involves several government departments. The programme services are coordinated at the village, block, district, state and central government levels. The beneficiaries are children below 6 years, pregnant and lactating women and women in the age group of 15 to 44 yrs. The beneficiaries of ICDS are to a large extent identical with those under the Maternal and Child Health Programme.
- **Swachh Bharat Mission:** It is a national initiative focussed on twin objective of constructing toilets and enabling behavioural changes with goal of making India Open Defecation Free.
- **Kayakalp Award Scheme:** The scheme is intended to encourage and incentivize Public Health Facilities in the country to achieve a set of standards related to cleanliness, hygiene, Waste management and infection control practices.
- **Nirmal Bharat Abhiyan (NBA):** Its goal is not only universal toilet coverage by 2022, but also improving health and providing privacy and dignity to women, with the overall goal of improving the quality of life of people living in rural areas.
- **The National Rural Health Mission (NRHM)**
The mission envisages achieving its objective by strengthening Panchayati Raj Institutions and promoting access to improved healthcare through the Accredited Female Health Activist (ASHA). It also plans on strengthening existing Primary Health Centres, Community Health Centres and District Health Missions, in addition to making maximum use of Non Governmental Organizations.
- **The India Newborn Action Plan (INAP)** is India's committed response to the Global Every Newborn Action Plan (ENAP), launched in June 2014 at the 67th World Health Assembly, to advance the Global Strategy for Women's and Children's Health. The ENAP sets forth a vision of a world that has eliminated preventable newborn deaths and stillbirths. INAP lays out a vision and a plan for India to end preventable newborn deaths, accelerate progress, and scale up high-impact yet cost effective interventions.
- **Reproductive, Maternal, Newborn, Child and Adolescent Health :** The RMNCH+A strategic approach has been developed to provide an understanding of 'continuum of care' to ensure equal focus on various life stages. It also introduces new initiatives like the use of Score Card to track the performance, National Iron + Initiative to address the issue of anaemia across all age groups and the Comprehensive Screening and Early interventions for defects at birth, diseases and deficiencies among children and adolescents.
- **Janani Shishu Suraksha Karyakaram:** Government of India has launched Janani Shishu Suraksha Karyakaram (JSSK) on 1st June, 2011. The scheme is estimated to benefit more than 12 million pregnant women who access Government health facilities for their delivery. Moreover it will motivate those who still choose to deliver at their homes to opt for institutional deliveries. It is an initiative with a hope that

Mother's Absolute Affection Programme

- Launched : 5th August 2016.
- Aim: to bring focus on promotion of breast feeding with the components:
- Inter personnel counselling at community level.
- Skilled support for breastfeeding at delivery points.
- Awareness generation.
- Promotion of breastfeeding.
- Monitoring and recognition.

states would come forward and ensure that benefits under JSSK would reach every needy pregnant woman coming to government institutional facility.

- **Rashtriya Bal Swasthya Karyakram (RBSK):** It is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability.
- **Rashtriya Kishor Swasthya Karyakram (RKSK):** The program aims to ensure holistic development of adolescent population. The programme expands the scope of adolescent health programming in India - from being limited to sexual and reproductive health, it now includes in its ambit nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse. The strength of the program is its health promotion approach.
- **National Disease Control Programs (NDCP'S)** work on various programmes for diseases and deficiency like Iodine deficiency disorder, Vector-borne diseases, TB, control of blindness, Leprosy, non-communicable diseases, mental health. (NHM)
- It is thus, a time when one needs to understand that the development of our country shall be very half hearted if rural part of it is left unattended. It is time one rethinks, and reworks on what Mahatma Gandhi said about the rural India:

'The future of India lies in its villages'

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- (The author is Assistant Professor, Department of Resource Management & Design Application, Lady Irwin College, University of Delhi. Email: shefali.chopra01@gmail.com)