

Health Status of Rural People – A Case Study with Special-Reference to Mannarkkad Municipality

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Abstract

Health is the level of functional and metabolic efficiency of a living organism. In humans it is the ability of individuals or communities to adapt and self-manage when facing physical, mental or social changes. Peoples in rural areas face some different issues than people who live in lower and cities. Getting health can be problem when we live in a remote area. We might not be able get to a hospital quickly in an emergency. We also might not want to travel long distance to get routine checkup and screening. Rural area often have fewer doctors and dentists and certain specialist might not be available at all, because use it can be hard to get care, health problems on rural residents may be more serious by the united states have higher rate chronic disease than people in urban areas. The present study aims at examine and evaluate the recent health facilities available to the rural people and also the health problems through a case study of mannarkkad municipality in Palakkad district. It is the study based mainly on primary data collected from household sample in study area and hospitals and other officers. A comprehensive and structured schedule of questions used to collect the information.

Keywords : Health, Kerala, mannarkkad, health diseases, municipality

I. INTRODUCTION

Health is considered as a fundamental human right. It is defined not only in terms of the well being of mental and physical health but also improving sanitation, drinking water, shelter and assured livelihood condition of the population (according to National Rural Health Mission).

Health is the level of functional or metabolic efficiency of a living organism. In human it is a ability of individuals of communities to adapt and self-manage when facing physical, mental or social challengers. The World Health Organization (WTO) defined Health is its boarder sense in its 1948 constitution as “a state of complete physical, mental

and social well-being and not merely the absence of disease or infirmity.

India has traditionally been a rural agrarian economy. Nearly three quarters of the population, currently 1.2 billion, still live in rural areas. How even India's thriving economy is raising average income levels, driving rapid urbanization, creating an expanding middle class and increasing awareness of health insurance, more women are entering work force that further boost the purchasing power of India live on less than 1.25DD per day and 44% of all children are malnourished and the infant and women mortality rate are still unacceptably high deposit earned by the government.

India's health conditions are improved over the years, so the total fertility rate is reduce 2.5 in 2012 as compared to 2.6 in 2011. the life expectancy rate is 57 in 2012 as compared to 69 in 2011, and maternal mortality rate is 190 in 2012 as compared to 230 in 2011. Infant mortality rate is very high in India. infant mortality rate is increased 47 in 2011 to 56 in 2012.

Health care is one of the India's service sector. The Indian health sector can be viewed a glass half empty or a glass half full. the challenges the sector faces are substantially from the need to reduce mortality rate, improve physical infrastructure, necessity to provide health insurance, ensuring availability of trained medical personal etc.... there has been a rise in both communicable infection diseases and non-communicable diseases including chronic diseases. While ailment such as Poliomyelitis, leprosy, and neonatal tetanus will be soon be eliminated, some infection diseases once thought to be under control for example dengue fever, viral hepatitis, tuberculosis, malaria, and pneumonia have returned in force or have developed a stubborn resistance to drugs.

Kerala state in India is one geographical area where inspite of the lower per capita incomes. In India, health indices (fertility, mortality, life expectancy etc....) have registered a steady

improvement to reach level comparable to those in the developed countries most analyst have seen Kerala's achievement in health has prompted many analyst to talk about a unique " Kerala model of health " worth emulating by other developing parts of the world.

Kerala can be said to have made the transition from a society with high population growth rate , high crude death rate and high infant mortality rate to one with moderate population growth rate low crude death rate and relatively low infant mortality rate.

The basis for the states impressive health standard is the state wide infrastructure of primary health centres. There are over 2700 governmental medical institution in the state with 330 beds per 100,000 population ,the highest in the country with virtually all mothers taught to breast feed and a state supported nutrition programme pregnant and new mothers.

Infant mortality in 2011 was 12 per thousand compared with 91 for low-income countries generally.

In Kerala birth rate is 40% below that of the national average and almost 60% below the rate of poor countries in general. In fact a 1992 survey found that the birth rate had fallen to replacement level. Kerala birth rate had fallen to replacement level . Kerala birth rate is 14 per thousand females and that of US is 16.

Life expectancy at birth in Kerala in 75 years compared to 64 years in India and 77 years in the US . Female life expectancy in Kerala exceeds that of the male, just as it does in the developed world.

II. OBJECTIVES OF THE STUDY

1. To evaluate the present health facilities available in study area.
2. To study the health issues faced by the rural people in the study area
3. To examine the fund available to the Study area to protect the health condition of people in study area.

III. METHODOLOGY OF THE STUDY

The study has adopted descriptive research design. The study has been carried out in Mannarkkad town , Palakkad district . Mannarkkad is a city and a municipality in Palakkad district in the Indian state of Kerala. The study is mainly on the 50 sample households being selected on stratified random basis by conducting personal interviews and other samples are collected from hospitals. Apart from the primary data ,secondary data was also collected from many official reports, articles, other

published documents and research papers. The main field survey and data collection were carried out during the period 2015.

IV. RESULTS AND DISCUSSION

Mannarkkad is one of the municipality in Palakkad district and the population of the municipality is 25891 according to the 2011 census. Out of the total population 12690 are man and 13241 female the literacy rate of the municipality is 92.36% as per the 2011 census.

During the period from 2010-2015 ,the rural health situation of Mannarkkad municipality quite good. it shows a perfect condition in the health sector a is functioning in Mannarkkad municipality. A primary health care centre is functioning at Kumaramputur and it has a sub centre at Perimbadari. All the modern medicines are available at Mannarkkad municipality.

The infant mortality rate (IMR) was slightly lower in Mannarkkad as kerala. In 2013-15 it was around 11 ,which was very low compared to other Panchayath. There has been a high rate of decline in IMR in rural areas as compared to other areas. Mannarkkad 's birth rate and death rate had always been much lower compared to the other areas during the period of 2014-2015. The life expectancy of the study area has been consistently higher as Kerala. That is 75. The expectation of life at birth is higher for females than males in Mannarkkad.

A. Health Care System in Study Area

The health care system is considered to be the principles factor for attaining the high level of health status. The different health care systems are organized under three broad sectors, namely government and private sector. Ayurveda, aopathy ,homeopathy and unani. These medical facilities are available in mannarkkad municipality.

1) Public Health Care System.

The public health care system in Mannarkkadconsisit of ayurveda and modern medicines. A primary health care centre and one Ayurveda dispensary is functioning under public health care system. both these institutions had inpatients facilities . 18 doctors and 27 nurses are working in the primary health care centre with 123 beds.

2) →Private Health Care System.

The role of the health care system in mannarkkad has been very decisive and significant. There are 7 private medical institutions and other individual clinics functioning the study area. Among these 5 institutions had inpatient facilities. 37 doctors and 114nurses are working under this sector with 175 beds.

The co-operative sector institutions are not functioning in Mannarkkad. Based on our traditional medical system, "NATTUVAIDHYAM" is also prevalent in Mannarkkad. A small institution for nattuvaidhyam is functioning at kanjiram,

"DhanwandhariVaidhyam" by Achuvaidhyar at kodathipadi and thangals "KalariMarmachikilsa" at study area are the Nattuvaidhyam institutions. People most depends traditional medicine for Juandice and chickenpox.

Table1 : Hospitals in the Study Area

Public sector	Private sector
Talukhospital,hospital junction ,mannarkkad Ayurveda dispensary ,Nellipuzha	Crescent hospital – Nellipuzha,mannarkkad Nursing home New alma hospital Trinity eye hospital Nature life hospital Other individual clinic

Table 2 : Details of hospitals in Study Area during 2013-14.

Name of hospitals	Number of doctors		Number of nurses		Number of beds		Number of patients	
	2013	2014	2013	2014	2013	2014	2013	2014
Taluk hospital	16	18	27	27	123	123	264500	273455
crescent hospital	3	5	3	3	15	15	9284	10812
Nursing home	10	10	32	32	40	40	15500	16250
New alma hospital	15	15	4	42	70	70	109200	120120
Other clinics	15	15	25	25	35	35	13498	14868

Table 1 and 2 are show the hospitals in different sectors and hospital wise details like doctors, nurses, beds and patients etc...the Taluk hospital is the oldest health care centre of study area. The crescent hospital is the recently originated one. It provide most of the modern medicines and it functioning with better infrastrustural facilities. A pharmacy and lab facilities is also available in this hospital. There are no wide changes in the number of doctors and nurses during the period from 2013-15 but there is variations in the number of patients every year.

Table 3 : Sector Wise Analysis of Patients

Sector	Number of patients	
	2012-2013	2013-2014
Pubic	264500	273455
Private	147482	162050

The table 3 shows the sector wise analysis of patient from 2012-2013.from this it is that most of the people depends on public sector hospitals rather than private hospitals. Every year the number of patients show an increasing trend both in public sector and private sector mainly because of heath care expenditure in private sector.

Table 4 : Public Health Diseases During 2012-2013

Diseases	Number of patients	
	2012-2013	2013-2014
Typhoid	69	48
Hepatitis	14	5
Dengue fever	16	5
Leptopirosis	1	0
Malaria	1	4

Table 4 shows the analysis of infections diseases during 2012-13 to 2013-2014.during these periods typhoid is highly reported diseases and leptospirosis is only one in 2012-2014.comparing to 2012-13 the disease are relativelylow in 2013-2014. Leptospirosis is rarely reported disease.

B. Health Issues in the Study Area.

To examine the major health issues of the study area 50 sample have held were taken randomly. A interview schedule was prepared especially for this purpose of data was collected based on this. As per the study major health issues the study area area are the following:-

1) Liquid waste

Out of the 50 sample 28% responding liquid waste management is the major health problem faced by the study area. There is no proper ways to dispose the liquid waste from hospitals,hotels ,houses

etc....modern way of living and our carelessness result contaminating water resources. They reach our drinking water sources cause many health hazards. Cholera and Meningitis chief among them.

2) **Mosquitos Breeding**

Out of the 50 sample 16% responding mosquitos breeding is the another faced in study area. Stagnant water breeds mosquitos and it result in serious diseases like Malaria and Epidemics like Chikungunia.

3) **Pollution**

Out of the 50 sample 12 % responding the smoke from vehicle is the another problem faced by Mannarkkad. It also polluted the atmosphere and cause many diseases. Solid waste dumping in road side, burning of plastic etc also polluted our environment.

4) **Unawareness Problem**

Out of the 50 sample 12% responding un awareness problem is the another problem faced by the study area. Lifestyle changes can work miracle in controlling diseases. But unfortunately most people are ignorant about this.

5) **Increasing Life Style Diseases.**

Out of 50 sample 18 % responding increasing life style diseases is the another problem faced by the study area. The life style diseases like cancer, diabetics , heart diseases ,hyper tension, blood pressure etc are emerging rural people. 3-4 cancers are reporting every month and it also increasing with in 1 half year more than 1 lakh diabetic patients are reported .on the other hand infections like dengue fever , diarrhea, leptospirosis etc are on the declining.

6) **Traditional Health Practices**

Out of 50 sample 8% responding lack of traditional health practices is the another issue faced by study area. Traditional health practices are on the decline going to modernization and changes in life style .

7) **Existing Blood Bank is not Functioning in the Study Area.**

Out of 50 sample 8% responding the existing blood bank is not functioning is another issue faced by the study area.

8) **Lack of Nutrition.**

Out of 50 sample 4% responding lack of nutritional food by the women and the children's is the another issue faced by the study area.

C. Fund allocation

The government of India and Kerala has providing a wide variety of fund to the rural health centres for

the improvement and development of rural health. Many of the funds are allocated to the department for the cleaning and maintenance of health institution. One of the main fund is allocated by the National Rural Health Mission(NRHM) directly to the health department is concentrated for the eradication of life style diseases , cleaning process and for the maintenance of health sectors. One of the major fund provided by the government is 'plan fund' which is allocating via municipality. The main project comes under plan fund are TSA, Margadeepthi, SamagraArogyaProgramme, adolecense health programme and palliative care .the fund which are comes under NRHM united fund and Ward tier programme.

Table 5 : Budget Outlays of Fund During 2013-14

Project name	Amount(Rs)
NRHM	
Unified fund	1000
Ward fund	170000
Panning fund	
TSA	170000
Margadeepti	300000
Samagra heath programme	70000
Adolecense health programme	25000
Palliative health programme	25000
Total	770000

V. FINDINGS

the important findings of the study are the following:-

- In this study out of 8 samples taken majorities are private hospitals (7)and one government hospital.
- In this area,both infection diseases and lifestyle diseases are comparatively low.
- Comparing to life style diseases , infectious diseases are reporting much higher.
- In the case of diseases females are higher.
- Majority of peoples are depending on public hospital than private hospitals.
- 3-4 cancers are reported every year.
- Health programmes ,and medical services are functioning effectively in the study area.
- Infant moratlity rate ,birth rate and death rate are almost equal to kerala.
- Traditional medicines are decline every year.
- In present situation life style diseases increase and also increase infection diseases.

VI. SUGGESTIONS

- To ensure the functioning of blood bank

- To government have to encourage traditional health practices.
- To take action to dispose or manage liquid waste.
- To distruct the source of mosquitos breeding.
- To take preventive methods to control life style diseases.
- To conduct medical camps for all village in weekly.
- To conduct awareness class and activities among peopes.
- To ensure proper drinking water , accomadation and sanitation facilities to in migrants

VII.CONCLUSION

The main aim of the study mainly is to get a clear cut picture of rural health and the health facilities available in the study area and the emerging issues and fund allocation of health in kerala with reference to mannarkkad municipality in Palakkad district .Kerala has still achieve the health status in the name of” Kerala model of health”.

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