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Rural Health and Environment Issues in India

*Monika Jain**
Senior Advocate, High Court of Delhi, New Delhi, India

Abstract
India is the subsequent for the most part densely inhabited nation state of the globe and has altering socio political-economic and unwholesomeness illustration that have been representation international concentration in current existence. In spite of more than a few growths orientated guidelines implemented by the management, the widening financial, provincial and sexual characteristics disproportion are affectation confronts for the healthiness zone. This article demonstrates how to progress the established circumstances; the predicament of rural health is to be addressed together at comprehensive and intensive altitudes. This is to subsist completed in an integrated technique, by means of an authentic attempt to transport the substandard of the inhabitants to the focus of the financial guidelines. An example transfers on or after the present life science to a socio educational, which should connection the spaces and gets better superiority of pastoral living, is the contemporary necessitate. Examine the amended National Health Policy deal with the established dissimilarities, in addition to operational towards encouraging a long-standing standpoint arrangement, essentially for rural health, is very important. This research paper examines task of ensuring the availability of human resources for health in rural areas and building their capacity for public health is a real challenge. The overall shortage of human resources is aggravated by skewed distribution within the country, even within the states, movement of personnel from rural to urban areas and from public sectors to private sectors. We have discussed the solution for meeting the challenges inhuman resources for health include strategic planning for human resource for public health at state as well as national level.

Keywords: *community, health infrastructure, health policy, rural health, national policy, NGO, Government, National Health Policy, public health, rural areas.*

****Author for Correspondence*** E-mail: advmonikajain@gmail.com

INTRODUCTION

Almost half of the population of the world lives in rural regions and mostly in a state of poverty. Such inequalities in human development have been one of the primary reasons for unrest and, in some parts of the world, even violence [1].

A. P. J. Abdul Kalam

Underprivileged rural health reflected by considerably higher mortality rates in rural areas which indicate less attention paid by the government issue of health disadvantage to the rural area in the country is far from settled. The public expenditure on health in India is far too inadequate, less than 10% of the total health budget is allocated to rural area where 75% people live. In budgetary provision, many of the rural common people die without any medical attention. Access to high quality health care services plays an important part in the health of rural communities and individuals. Resolving the health problems of rural communities will require more than simply increasing the quality and accessibility of health services. In anticipation of management commence to obtain an upturned viewpoint, center of attention on construction hale and hearty group of people to a certain extent than basically on structure hospitals to create society strong, the disadvantage expression through rural citizens will go on with to be making worse. In use of on hand bucolic hospitals and health are concerned amenities knowing how to be tackled by a market heart move toward, and further valuable direction interference for straight and perpendicular hospital incorporation [2]. Tele healthcare, Mobile Health divisions and Community

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foundation health cover are established ready to lend a hand in rural regions. Self-sufficiency enjoyed by women and disclosure to media in addition has a considerable collision on motherly health care deployment. Ease of understanding to healthiness services is a significant issue in effectual wellbeing management for community in rural districts. Spot distribution representations set down most advantageous configurations of health services in organize to make the most of ease of understanding. India is the subsequent the majority heavily populated nation state of the globe and has altering socio supporting demographic and morbidity examples that have been illustration comprehensive awareness in current existence. Notwithstanding more than a few developments orientated guidelines agree to by the management, the extending financial, local and gender inequalities are affectation face up to for the health division [3]. On the subject of health communications, medicinal man supremacy and additional health possessions are concerted in metropolitan areas where 27% of the inhabitants are in this world. Communicable, transferable and waterborne sickness such as diarrhea, typhoid, infectious hepatitis, worm infestations, measles, malaria, tuberculosis, whooping cough, respiratory infections, pneumonia and reproductive zone contagions organize the morbidity draw round for the most part in rural region. On the other hand, non transmissible sickness such as cancer, blindness, mental illness, hyper-tension, diabetes, HIV/AIDS, accidents and damage are in addition on the increase. The health position of Indians is tranquil a grounds pardon apprehension, particularly that of the rural inhabitants, on the other hand, in excess of a phase of time several development has been completed [4]. To progress the established circumstances; the predicament of rural health is to be addressed together at comprehensive and intensive altitudes. This is to subsist completed in an integrated technique, by means of an authentic attempt to transport the substandard of the inhabitants to the focus of the financial guidelines. An example transfers on or after the present life science to a socio educational, which should connection the spaces and gets better superiority of pastoral living, is the contemporary necessitate. Examine the amended National Health Policy deal with the established dissimilarities, in addition to operational towards encouraging a long-standing standpoint arrangement, essentially for rural health, is very important.

Health is defined by the World Health Organization (WHO) as a state of complete physical, mental, and social well-being and not merely absence of disease or infirmity. This definition was accepted by all the signatories to the Alma Ata Declaration [5] on health adopted by the Thirty-first World Health Assembly in 1978. This declaration gave the call of Health for all by 2000 AD and accepted that primary health care was a key to attaining this goal. The purpose of this definition was to bring the positive concept of general well-being into focus rather than a negative definition of absence of disease. The human development concept of UNDP is based on the ethics of life claims. Good health is towards universal of life claims [6]. Health is wealth goes the old saying in India.

RURAL HEALTH CARE SERVICE IN INDIA

A rural Health Care service in India is mainly based on Primary health care, which envisages attainment of healthy status for all. Also being holistic in nature it aims

- To provide preventive, promote curative and rehabilitative care services.
- Health Policies and Programmes
- comprehensive approach
- Improvements in individual health care, public health, sanitation, clean drinking water, access to food and knowledge of hygiene and feeding practices. Importance was accorded to reduce disparities in health across regions and communities.
- Ensuring access to affordable health, especially to the weaker and under privileged like women and children, the older persons, disabled and tribal groups.
- Life expectancy at birth, child and maternal mortality, morbidity.

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- Primary health care services in India, especially in rural areas. In India starting from Bhore committee (1946) [7] to Alma Ata Declaration (1978) [8] to current NRHM (2005-2012) [9].

Backbone of Rural Health Service in India

Primary Health Care is a vital strategy which is a backbone of Health Service delivery for our country. India was one of the first few countries to recognize the importance of Primary Health Care Approach. PHC was conceptualized in 1946, three decades before the Alma Ata declaration, when Sir Joseph Bhore made recommendations, which laid the basis for organization of basic health services in India. Several Committees and Commissions have been appointed by the Government to examine issues and challenges facing the health sector. The purpose of these committees formed from time to time is to review the current situation regarding health status in the country and suggest further course of action in order to accord the best of healthcare to the people. The earliest committees included, the Health Survey and Development Committee (Bhore Committee) and Sokhey Committee. Other main Committees in the Post-Independence period included Mudaliar Committee, Chadha Committee, Mukherjee Committee, Jungalwalla Committee, Kartar Singh Committee; Mehta Committee, Bajaj Committee amongst others. Some of the recent Committees include the Mashelkar Committee and the National Commission on Macroeconomics and Health. The committee and commissions have been headed by eminent public health experts, who have studied the issues in an in-depth manner and provided overarching recommendations for various aspects of the health care system in India. The areas covered by them related to organization, integration and development of health care services system across levels; health policy and planning; national programmes; public health; human resources; indigenous systems of medicine; drugs and pharmaceuticals.

Bhore Committee on Health Planning and Development

The Bhore committee report is the first health report, i.e. the Health Planning and Development Committee's Report, 1946. It was a plan equivalent to Britain's National Health Service. The Report was based on a countrywide survey in British India. It is the first organized set of health care data for India. It considered that the health programme in India should be developed on a foundation of preventive health work and proceeds in the closest association with the administration of medical relief. The Committee strongly recommended a health services system based on the needs of the people, the majority of whom were deprived and poor. It felt the need for developing a strong basic health services structure at the primary level with referral linkages. It emphasized the social orientation of the medical practice and high level of public participation.

The recommendations of the Bhore Committee report were the integration of preventive and curative services at all administrative levels

- Short term Primary Health Centre for 40000 populations
- Long term Primary Health Centers
- Formation of Village Health Committee
- Provision of Social doctor; intersectional approach to health servicers' development
- Three months training in preventive and social medicine to prepare social physicians for better health status of the citizens.

- 1946 Bhore Committee Report on Health Survey and Development
- 1948 Sokhey Committee Report on National Health
- 1952 Community Development Programme
- 1962 Mudaliar Committee Report on Health Survey and Planning
- 1966 MukhereeCommittee Reports on Basic Health Services
- 1967 Jungalwalla Committee Report on Integration of Health Services
- 1973 Kartar singh Committee report on Multipurpose Health Workers
- 1975 Shrivastav Committee Report on Medical Education and Support manpower
- 1977 Rural Health Scheme: Community Health Volunteer Scheme-Village Health guides

- 1978 Alma Ata Declaration –Health for All by 2000
- 1980 ICSSR and ICMR Report Health for all-An alternate Strategy
- 1983 Mehta Committee on Medical Education Review
- 1983 First National Health Policy
- 1987 Bajaj Committee on Health Manpower Planning, Production and Management
- 1996 Bajaj Committee on Public Health Systems
- 2000 National Population Policy
- 2002 Second National Health Policy
- 2005 National Rural Health Mission (NRHM)
- National Rural Health Mission (NRHM, 2005-2012)

Rural Health Related to Environment Issues

Identify the consequence of Health in the development of economic and community progress and civilizing the excellence of existence of our people, the Government of India has commence the National Rural Health Mission in April 2005 to hold out essential originator improvement in the fundamental health concern rescue arrangement. The assignment approves a synergistic move toward by connecting health to causes of good health viz. subdivision of nutrition, sanitation, cleanliness and protected drinking water. Furthermore, intend at most important streaming the Indian arrangement of medication to smooth the progress of healthiness concern [10].

- Sanitation
- Drinking water
- Solid waste
- Water disease
- Overuse of Pesticides
- Excess use of Fertilizers
- Women and child related health problem
- Agriculture and rural area soil misbalance of nutrition.
- Food problem
- Water pollution
- Industries based health issues
- Bricks making
- Child health problem
- Malnutrition
- Dispose of bio and non bio garbage
- River pollution
- Dust and other metals in air.

The mission envisages a primary health care approach for decentralized health planning and implementation at the village and district level. The mission was made operational from April 2005 throughout the country with special focus on 18 states having weak demographic indicators and infrastructure. The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programs, community participation and ownership of assets, induction of management and financial personnel into district health system, and operational community health centers into functional hospitals meeting Indian Public Health Standards in each Block of the Country. The Goal of the Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children [11].

Primary Health Care Resources in India

- Infrastructure
- Sub Centers
- Primary Health Centers
- First Referral Units
- Current
- Situation of the Infrastructure [12].

In India healthcare has been a neglected area by the government. The cases for each disease have reduced significantly over a number of years but still even after so much technological development the diseases continue to exist.

Factors Touching Health Status

Health status is an outcome of a large number of factors:

- Poverty, food security, food pricing and malnutrition
- Environmental pollution and degradation
- Occupational health problems

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- Reproductive health problems
- Household economy and wages,
- Economic development; represented by per capita income, urbanization and industrialization
- Social development; especially literacy rates
- Prices of private health care system
- Public health care delivery system

Role of Government within the Health Sector

- Private sectors, civil societies and global partnerships
- Health research system
- Health promotion
- Human resource development and capacity building
- Public health policy
- Regulation and enforcement in public health Education
- Nutrition and early child development
- Social security measures
- Food security measures
- Other social assistance programs
- Population stabilization
- Gender mainstreaming and empowerment
- Reducing the impact of climate change and disasters on health
- Community participation
- Private sectors, civil societies and global partnerships
- Community participation
- Health system
- Health information system

"The health of people is the foundation upon which all their happiness and all their powers as a state depend" [13].

Benjamin Disraeli, British Prime Minister.

Rural Development Schemes and NGO

The important schemes available from Government of India for Rural Development are:

- Mahatma Gandhi National Rural Employment Guarantee Act (MGNREG) 2005
- Swarnjayanti Gram Swarozgar Yojna (SGSY) on April 1, 1999.
- Pradhan Mantri Gram Sadak Yojna (PMGSY) on 25 December 2000
- Indira Awaas Yojana (IAY)
- National Social Assistance Programme (NSAP)
- Department of Land Resouces- DoLR
- National Land Records Modernization Programme (NLRMP)
- Integrated Watershed Management Programme (IWMP)
- IRDP

CONCLUSION AND SUGGESTIONS

The task of ensuring the availability of human resources for health in rural areas and building their capacity for public health is a real challenge. The overall shortage of human resources are aggravated by skewed distribution within the country, even within the states, movement of personnel from rural to urban areas and from public sectors to private sectors. The solution for meeting the challenges inhuman resources for health include strategic planning for human resource for public health at state/national level. State specific human resource development and training policy, reorientation of medical and paramedical education, ensuring proper utilization of the trained manpower and standardization of trainings, effective human resource management information systems are also important. It is also essential to link HRH to the NRHM in addressing human resource issues.

- NGO
- Community participation
- Socio economic development
- Panchayati Raj System
- Correlation between Central and State Government
- Awareness of society
- HIV/AIDS
- Treatment available to rural sector
- Medicine stock
- Primary health care
- Special privileges in women and children
- Government schemes
- Population control
- Human resource development
- Education
- Public private partnership concept
- NGO work

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