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# A Study on Impact of Health Circumstances in Rural Areas

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**ABSTRACT**

Poor sanitation impairs the health leading to high rates of malnutrition and productivity losses. India's sanitation deficit leads to losses worth roughly 6% of its gross domestic product (GDP) according to World Bank estimates by raising the disease burden in the country. Children are affected more than adults as the rampant spread of diseases inhibits children's ability to absorb nutrients thereby stunting their growth. This unhygienic environment is due to India's historic neglect of public health services. The absence of an effective public health network in a densely populated country has resulted in an extraordinarily high disease burden.About 48 per cent of children in India are suffering from some degree of malnutrition. According to the UNICEF, water-borne diseases such as diarrhoea and respiratory infections are the number one cause for child deaths in India. Children weakened by frequent diarrhoea episodes are more vulnerable to malnutrition and opportunistic infections such as pneumonia. With 638 million people defecating in the open and 44 per cent mothers disposing their children's faeces in the open, there is a very high risk of microbial contamination (bacteria, viruses, amoeba) of water which causes diarrhoea in children. Also, diarrhoea and worm infection are two major health conditions that affect school children impacting their learning abilities.

**Keywords:** Malnutrition, Productivity, Sanitation**,** Unhygienic environment, bacteria, viruses

## 1. INTRODUCTION

Children in India are exceptionally short, with their stunted growth historically attributed to malnutrition. However, new evidence is suggesting that food, or lack of it, is not the cause. Noticing that Indian children were smaller than their counterparts in sub-Saharan Africa — who are, on average, poorer and hence less well fed — researchers have been coming to the conclusion that diseases stemming from poor sanitation are more to blame than diet.More than half of India's population — over 600 million people — do not use a toilet because sanitation is inaccessible or unaffordable. At the same time 61.7 million Indian children are stunted, the highest prevalence in the world.The atrocious hygiene that results from widespread lack of sanitation is made worse by the density of the population. With large numbers of people openly defecating, fecal-oral-transmitted infections are common, leading to diarrhea, with such diseases draining growing children of vital nutrients. Growing up in environments teeming with faecal pathogens has a permanently debilitating effect, experts say. Over time, a large buildup of faecal germs in the body can also manifest as severe intestinal diseases.

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Vol-22-Issue-4-October-December-2019

## 2. OBJECTIVIES

- To analyse the related health with Sanitary conditions with among children and women.
- To examine the steps taken by government to provide awareness about Sanitation.

## 3. METHODOLOGY

The study is based on Secondary Data. It is collected from Books, Journals, Magazines, Internet and so on.

## 4. REVIEW OF LITERATURE

**Sekher T.V and Nazrul Islam Md (2006),**sanitation in India, attempted to explore the importance of sanitation and it's linkage with health status, availability and utilization of sanitation facilities in India, programmes to improve its coverage and experiences in this direction and highlighting the challenges ahead for India by mainly utilizing all the available secondary data on sanitation. The authors observed a strong inverse correlation between access to urban water and sewerage connection on the one hand, and child mortality, on the other. Thus, increase in the amount of water used and wide coverage of sewerage connection contribute to better hygiene and in the elimination of bacteriological contamination. Diarrhoea is significantly less common among children living in households that boil water or use a filter for purification of drinking water than among other children without these facilities.

## PRESENT SCENARIO

Inadequate sanitation cost India almost $54 billion or 6.4% of the country's GDP in 2006. Over 70% of this economic impact or about $38.5 billion was health-related, with diarrhea followed by acute lower respiratory infections accounting for 12% of the health-related impacts. Evidence suggests that all water and sanitation improvements are cost-beneficial in all developing world subregions. Sectoral demands for water are growing rapidly in India owing mainly to urbanization and it is estimated that by 2025, more than 50% of the country's population will live in cities and towns. Population increase, rising incomes, and industrial growth are also responsible for this dramatic shift. National Urban Sanitation Policy 2008 was the recent development in order to rapidly promote sanitation in urban areas of the country. India's Ministry of Urban Development commissioned the survey as part of its National Urban Sanitation Policy in November 2008. In rural areas, local government institutions in charge of operating and maintaining the infrastructure are seen as weak and lack the financial resources to carry out their functions. In addition, no major city in India is known to have a continuous water supply and an estimated 72% of Indians still lack access to improved sanitation facilities.

## LAUNCH OF NEW NATIONAL HEALTH POLICY 2017 (NHP)

Recently the government launched new NHP after 15 years the last health policy was approved. The plan aims to strengthen India's healthcare system. The policy proposes to increase the public health expenditure by **2.5 percent** of the GDP from the current **2 percent** GDP spending on healthcare. The policy aims to reduce the maternal mortality rate, infant and child death rate due to many non-communicable and infectious diseases.

 

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Vol-22-Issue-4-October-December-2019

Elimination of leprosy by 2018, kala-azar and lymphatic filariasis by 2017 is targeted in the policy. The policy aims to reduce the prevalence of blindness to **0.25 per 1,000** persons by 2025.

Reduction in premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by **25%** by 2025, reduction in the current use of tobacco by **30%** by 2025, safe water and sanitation for all by 2020 are targeted in this policy. The policy aims to achieve the global target for **HIV/AIDS** by 2020 the goals include 90% of all people living with HIV know their status, 90% of all people living with HIV received sustained and the viral in 90% of those receiving antiretroviral therapy is suppressed.

**HEALTH PROBLEMS FACED BY WOMENS AND CHILDREN**

## HEALTH CONCERNS OF WOMEN

The health issues facing refugee women range from dehydration and diarrhea to high fevers and malaria, but also include more broad phenomena, such as gender-based violence and maternal health. All of these ailments, however, are multiplied for refugee women because of the external factors contributing to their particularly poor health. These external factors include culturally-reinforced gender inequality, limited mobility, lack of access to healthcare facilities, high population density within the refugee camps, and low levels of education. One of the biggest concerns regarding female refugees' health is their reproductive health. . In refugee situations, reproductive health often falls to the bottom of the list of priorities, primarily because in situations where healthcare is already scarce, life-saving measures are often of prime concern. Much of reproductive health is not seen as a "life or death" issue, although it clearly is. Because of the lack of healthcare infrastructure in refugee-dense areas, women often give birth without any trained medical staff present. Complications during birth can often result from a lack of healthcare assistants or medical facilities.

## CHORES OF WOMEN AND GENDER BIASES

Women spend a considerable amount of time every day collecting water and firewood for their families, but they are rarely ever consulted when it comes to water supply planning and management. Collecting water can take hours or even days and is often unsafe. Women spend time collecting water when they could be back at home tending to their children, generating income, or providing meals for the family. Adequate water services could be better provided if aid organizations and those in charge of refugee camps discussed water supply issues with women. However, camps overseen by UNHCR do provide one tap stand per 80 persons that should be no farther than 200m away from households. The bigger problem is collecting the firewood. Women often participate in agricultural tasks in order to provide for their families. However, women are often excluded from the discussion on what to plant in refugee camps. Establishing committees that include women in the agricultural planning process allows them to contribute their knowledge to the planning process. Often, women lack the tools, seeds, and land to effectively produce anything.

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Vol-22-Issue-4-October-December-2019

## SEPARATION

Separation of children from their families is a common issue that has negative consequences for the children who are separated. If separation occurs, it is important to document the separation and attempt to reunite the child with his/her family (if this is in the best interest of the child). A strong family support network is essential to the proper growth and development of children in general, but especially those living in refugee camps.

## SEXUAL EXPLOITATION AND ABUSE

There are a lot of associated dangers that come with sexual exploitation and abuse including teen pregnancy infection with sexually transmitted diseases sexually such as HIV/AIDS, and traditional practices that are often harmful such as Genital mutilation. The responsibility to protect these children falls on the host government, the refugee community, and other humanitarian organizations. The lack of structure in refugee camps can lead to abuse. Improving awareness of the issue (both in and out of the camp), improving access to education, and creating safe living conditions are all potential strategies to curb sexual exploitation and abuse. Sexual exploitation and abuse can be publicly addressed and dealt with through legal battles, adequate health care, psychological support, and protection of the abused.

## MILITARY RECRUITMENT

Refugee children are at an increased risk for recruitment by military force. Often separated from their families, there is nobody to fight for a child when he/she is forcibly recruited by a military and forced to serve as a child soldier. There are several methods of recruitment: compulsory recruitment, voluntary recruitment, or forcible recruitment. Both boys and girls alike are recruited to join militaries and often fight alongside adult soldiers. However, other duties may be carried out by children such as cooking, delivering messages, or cleaning. Children enrolled in school are less likely to be recruited because it is more difficult for military forces to recruit an entire school as opposed to a single child playing alone.

## EDUCATION

Education serves a variety of practical purposes in addition to gaining knowledge and skills for future endeavours. Children in schools are at a decreased risk for military recruitment, sexual violence, HIV/AIDS transmission, crime and drug use. The structure provided by education also provides a sense of normalcy for children living in refugee camps. The unstructured life of a refugee can be hard on children, and school provides children with a break from the tediousness of everyday life.

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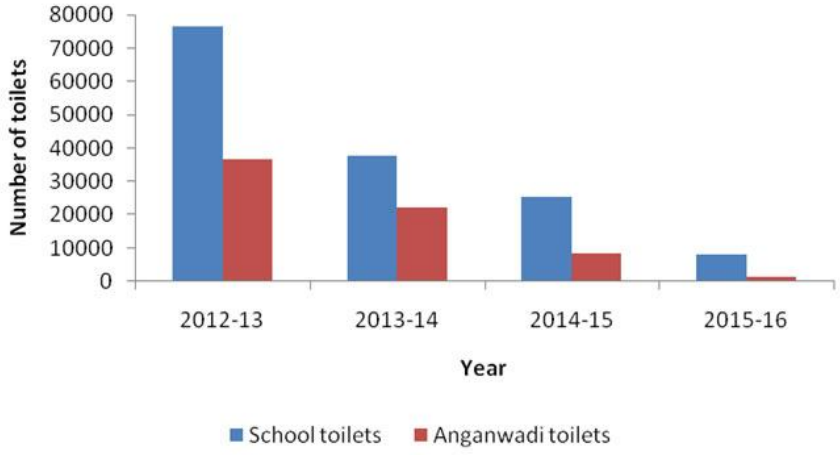
Vol-22-Issue-4-October-December-2019

## ADOLESCENT ISSUES

Adolescents are frequently overlooked by organizations that are providing foreign aid to refugee camps. Often if a parent is lost it is up to the oldest child to take care of the younger children, including those they are not related with, and this role frequently falls to the oldest female.




(Source: Ministry of Statistics and Programme Implementation

## 5. CONCLUSION

Implementation of low-cost sanitation system with lower subsidies, greater household involvement, range of technology choices, options for sanitary complexes for women, rural drainage systems, IEC and awareness building, involvement of NGOs and local groups, availability of finance, human resource development, and emphasis on school sanitation are the important areas to be considered. Also appropriate forms of private participation and public private partnerships, evolution of a sound sector policy in Indian context, and emphasis on sustainability with political commitment are prerequisites to bring the change.

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