

## **CRITICAL REVIEW ON GEOGRAPHICAL ASSESSMENT OF RURAL HEALTH STATUS**

**MD. ASHIF IKBAL**

Research Scholar

SARDAR PATEL UNIVERSITY, BALAGHAT

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### **Abstract:**

Rural residents report less leisure-time physical activity and lower seatbelt use than their urban counterparts. The provision of health services in rural and remote areas is significantly affected by limited funding and other resource constraints. To facilitate increased access and utilization of quality health service in rural areas and the community to manage primary health programs as well as infrastructure etc. are need of hour. In this article, critical review on geographical assessment of rural health status has been discussed.

**Keywords:** Geographical, Assessment, Rural, Health

### **INTRODUCTION:**

The saying "health is wealth" is said to exist. That indicates that a person without riches cannot afford to live a perfect life, and a society without wealth cannot advance. A healthy individual or society can advance in both the professional and educational spheres. An individual or culture lacking income is unable to advance in these disciplines, including education. The Third World countries' declining economic conditions, which are also solely to blame for the bad health of their citizens, are the reason behind the poor health of their citizens. The quotes from Mahatma Gandhi are really pertinent in this situation. "Real wealth is health, not gold and silver pieces," he declared.

**CRITICAL REVIEW OF LITERATURE:**

Dhiman Debsarma (2022), rural unqualified health practitioners, or RUHPs, are more prevalent in India and other developing nations' village health systems. Patients suffering from diarrhea, cough, malaria, dengue, ARI/pneumonia, skin conditions, etc. are the only conditions for which they offer primary care. Because they lack qualifications, their health practices are of inferior quality and not suited for their activities. This study aimed to evaluate RUHPs' knowledge, attitude, and practices (KAP) regarding illnesses and provide a framework of possible intervention techniques to enhance their KAP. The study used a quantitative methodology and cross-sectional primary data. A composite KAP score was created for the two diseases (dengue and malaria) in order to facilitate assessment. The study found that in West Bengal, India, the RUHPs' KAP scores are generally high (around 50%) in most of the individual factors and composite scores for dengue and malaria. Age, education level, work experience, kind of practitioners, use of Android mobile, work happiness, membership in the organization, attending RMP/government training, and hearing about WHO/IMC treatment protocols all contributed to a rise in their KAP score. According to the study, multistage interventions such as focusing on young practitioners, launching widely available app-based medical learning, addressing allopathic and homeopathic quacks, and holding government-sponsored workshops should be implemented in order to raise awareness, alter perceptions, and uphold standard medical practice.

Sumana Nandi and Tapas Mistri (2022), focuses on the change of rural settlement in a Community Development Block in Paschim Bardhaman district (Salanpur), in the Indian state of West Bengal. According to the research analysis, the study region underwent varying degrees of modification. When analyzing settlement transformation, factors such as socio-cultural, economic, demographic, and spatial are taken into account. The earlier studies of rural settlement did not sufficiently address the transformation of the rural settlement system and its application to future transformation and planning purposes. The primary sources of data for this study were a variety of government records and a semi-structured questionnaire survey with both closed- and open-ended questions. Many statistical techniques are used for analysis, including the Rural Residential Percentage, Settlement Expansion Index, and Nearest Neighbor Statistics (RN = Nearest Neighbor Index). Based on all

of the significant facts that show that Salanpur has been progressively becoming an urban settlement, it is possible to forecast that Salanpur will someday become a new urban center in the Paschim Bardhaman District. Thus far, the primary factors propelling this shift have been the growing population density, the growth of settlements, the enhancement of public utility services, the design and construction of buildings, and the evolving socio-cultural landscape within the research region. The change in rural settlements benefits the study region in numerous ways. However, the author contended that because the government is unable to offer all rural households sufficient services and amenities and because growing built-up areas have a number of detrimental effects on the environment and ecology, the transformation of rural settlements is not comprehensive in terms of development.

Pal, Indrajit (2021), the Purba Bardhaman district of West Bengal was established on April 7, 2017. Rural settlements account for around 84.94% of the population and 97.20% of the area, respectively. Thus, it qualifies as a rural district. The primary goal of this study is to identify the various types of rural settlements and the patterns of their distribution. Mention any potential causes for the present-day village distribution pattern. The dispersal index, which is calculated as the ratio of the average population size and the distance between settlement units, is the basis for the current classification of rural settlements. The district's rural settlements were classified as compact, semi-compact, semi-sprinkled, and sprinkled based on the dispersal index. A compact community typically has a relatively large average population and very close spacing between settlements; a dispersed settlement, on the other hand, exhibits the opposite characteristics. However, the general rule's contrary scenario has been noted in the study region.

Roy et al (2018) used a health index as part of a study on the human development of Birbhum to look at resident health and the distribution of healthcare disparities within the district. Subhajit Ghatak and Partha Pratim Das's study of the Birbhum District in West Bengal, India, looked at the state of rural health care and the gap that goes unnoticed. He used the health index in 2012 to corroborate his findings. A quantitative approach was taken in the research of the health index in Purba Bardhanman District, West Bengal, India, using the dimension index.

Nandita et al. (2016) It is possible to explain socioeconomic disparities in health and healthcare by focusing on income, which encompasses indices of deprivation such as gender, income, wealth, employment, poverty, and occupation. The study of health disparities is now a key component of the analytical framework used to analyze spatial development. A few contributions have come from academics studying subjects other than health inequality. These are really good pieces. This paper employs a unique and prospective observational approach to investigate the demographics of CSOM patients. 1717 individuals have been treated during a six-year period at the ENT department of Bardhanman Medical College and Hospital in Bardhanman.

Çetinkaya and Yılmazel (2016) Women's health consciousness can be increased to create a good and healthy society. A person who is well-versed in medical facilities may discuss a wide range of health-related topics with a physician. They'll know their health status and make an appointment with the doctor on time. Regretfully, there was a considerable correlation between women's health literacy and their reproductive health. Preventive care, understanding safe sexual behavior, and health consciousness are all essential for women's postpartum wellbeing. The most important component in determining life expectancy is ignorance about medical treatment and cures, as this has a significant impact on health status based on data gathered from more than 150 countries with premodern to modern cultures.

Luxon, Linda (2015) The government has been creating health policies ever since the Bhole Committee was appointed in 1943 to look into India's medical and health needs. The health system started out as an urban, clinic-based system before decentralizing in 1947 with the country's independence. Hospitals, primary care clinics, and health insurance plans are examples of healthcare infrastructures that can be used to assess the health of a population. Improving population health is the main goal, and infrastructure is essential to reaching this goal.

Şahin, Taşkaya, and Balçık (2014) Individuals can now identify symptoms, comprehend their ailments, and take action to regain their health thanks to increased knowledge and resources. These

choices took into account efficiency, uniformity, and health care services. These decisions have a direct impact on the level of health literacy. Due to a lack of medical knowledge and understanding of numerous preventative actions, those with low health literacy will have poor health and expensive health care costs.

According to Conde Agudelo et al. (2012), a comprehensive family planning program is to blame for the notable decline in fertility that has occurred in developing nations like Iran. Because contraception is so widely used, situations like these have been observed. Only a small number of studies have examined the impact of family planning programs on women's lives. According to new research, using these kinds of contraceptives and preventative measures helps pregnant women and their unborn children stay healthier and prevents individuals who use them from contracting HIV.

Kapur (2011). In his thesis, he contended that the 1974 Bucharest Conference on Population firmly acknowledged the notion that fertility declines are contingent upon economic development and health improvements. He pointed out that a person's lifestyle, housing, basic sanitation, socioeconomic situation, and genetic predispositions are only a few of the many variables that can impact their health.

Manganello (2008). The ability to comprehend even the most basic medical information and facilities in order to make knowledgeable decisions about one's health care can be referred to as health literacy. Given how many people in our society it touches, it's a contentious issue. The importance of health literacy has been emphasized in a number of recent news reports, given the rise in new diseases, declining health, escalating healthcare costs, and the expanding need to educate the public about these issues.

Jain and Bhat (2006). This study examines the relationship between income and both public and private health care spending in order to gain a better understanding of the factors that affect health care spending. The findings show intriguing relationships between the two.

Acharya and Ranson (2005). Research has been done in Gujarat on the impact of community-based health insurance on the accessibility of healthcare for the poor. They found that the needs of impoverished rural and urban people in the informal sector were only partially satisfied by government-provided health services and that it was still difficult to provide this group with fair and inexpensive access to healthcare. They also discovered They also suggest that community-based health insurance programs would be a suitable option in this case.

Researchers looked at how much money rural Indian households spent on medical care in order to determine whether or not they had health insurance

Mudgal et al. (2005) Illness can have a detrimental effect on an individual's income and utility, but through bargaining, they can also assume a significant amount of risk. Data from 52 NSS rounds was used to test the model's predictions. The results suggest that Indian villagers seem to be immune to health shocks, with the exception of three locations out of 77 and a small number of scheduled tribal households.

Gupta Das (2005) Public health services have proven to be crucial as a cornerstone of national development both in India and elsewhere. The market for goods and services related to health care is the subject of health economics, a subfield of economics. There were four villages in the district of Darjeeling and four in the district of Bardhaman among them. Here, she made comparisons between a wide range of health indicators, the efficiency pattern of the rural health infrastructure, and the research region's understanding of health insurance.

WHO (2004). According to W.H.O., a "skilled attendant" is a medical professional, like a midwife or nurse, who is knowledgeable about the techniques required for a safe pregnancy and who can take care of the expectant mother and her unborn child in addition to recognizing and handling more difficult situations as they come up.

Roth & Andrus (2002). Individuals with low health literacy are more likely to end up in the hospital, which adds to the already stressful workload for emergency services. Additionally, their quality of life is worse, which raises their mortality risk. Regretfully, not much research has been done to determine the extent to which women's health literacy levels influence their reproductive health. Regretfully, there was a considerable correlation between women's health literacy and their reproductive health. Preventive care, understanding safe sexual behavior, and health consciousness are all essential for women's postpartum wellbeing.

Sundar and Sharma (2002) concentrated on the health issues and healthcare service utilization of Delhi's and Chennai's urban poor population. In this study, the health conditions of the urban poor residing in the resettlement colonies and slums of the two previously mentioned cities were compared, and the trends in sickness and healthcare utilization were assessed.

Dyson and More (1999). There is a chance that higher marriage rates lower fertility rates; however, this isn't usually the case. For instance, Andhra Pradesh's low marriage age is contributing to the state's rapidly falling fertility rate. Later marriages also promote smaller families. In southern India, women's empowerment through endogamy and kinship plays a significant role in encouraging late marriage and low fertility, while in northern India, patriarchy and exogamy promote early marriage and a very high birth rate. The fertility rate will decrease if the percentage of married women is less than the percentage of young brides. High-age marriages with low fertility occur when people marry later in life and have significant influence over their marital fertility.

## **CONCLUSION:**

As a measure of a country's progress, health is a critical factor. Countries go through a process of change and growth, with health being a significant element of this. Health and medical care services have the potential to either accelerate or impede national development, and some aspects of economic and social change can improve or detract from the health status of the population, for example, life expectancy at birth, productive age, and economic productivity, employment, and

earning capacity, which in turn have implications for economic and social well-being of the population at large. But economic factors like income, employment, purchasing power, and poverty can have an impact on people's health.

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**MD. ASHIF IKBAL**

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