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A Study on People's Perceptions on Health and Hygiene in Mashobra Panchayat of District Shimla (H. P)

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ABSTRACT
Nearly 75 per cent of health infrastructure and other health resources are concentrated in urban areas. Even if several government programmes for growth of rural healthcare have been initiated, the procedural delay in implementation leads to its ineffectiveness. Rural areas have been infected with various contagious diseases like *diarrhea, amoebiasis, typhoid, infectious hepatitis, worm infestations, measles, malaria, tuberculosis, whooping cough, respiratory infections, pneumonia* and *reproductive tract infections*. The insanitary conditions of households aggravate expansion of these diseases which is further promoted by apathy of people and government. Although unit level institution under rural healthcare takes care of sanitation through its outreach services yet, there is a long milestone to upgrade our health scenario.
Here, we would like to emphasize the role of our traditional healthcare system i.e. "Ayurveda" in expanding the definition of term "Health," as not a mere 'absence of disease' to a 'state of complete mental and physical wellbeing'. A time has come to build the bridges between traditional and modern healthcare systems through an integrated approach towards holistic health.

I. INTRODUCTION

The common concern for human health and freedom from disease provides a purposeful focal point around which international co-operation has developed over the years. All these are being tackled in several states are part health sector reform, and will reduce the waste involved in simpler cases needlessly reaching tertiary hospitals direct These, attempts must persist without any wavering or policy changes or periodic denigration of their past working. More autonomy to large hospitals and district public health authorities will enable them to plan and implement decentralized and flexible and locally controlled services and remove the dichotomy between hospital and primary care services. Further, most preventive services can be delivered by down staging to a public health nurse much of what a doctor alone does now. Such long term commitment for demystification of medicme and down staging of professional help has been lost among the politician's bureaucracy and technocracy after the decline of the PHC movement. One consequence is the huge regional disparities between states which are getting stagnated in the transition at different stages and sometimes, polarized in the transition[2]. Rural Health is one of vital elements of rural life. India being a nation of villages requires an intensive approach towards rural health.

UNO (THE UNITED NATIONS ORGANIZATION) ON HEALTH

The *United Nations Organization (UNO)* to keep in mind the importance of public health has been set up a separate institute knows as *World Health Organization (WHO).* The main aim of World Health Organization is to take care of the public health by providing health services and necessary facilities being a right of the people. The growth of civilization in this century and great developments in medicine have stressed the significance of socialized health, i.e., provision of health facilities to every individual in a society. Secondly, there was also marked increase in the international effort in the last 65 years to combat problems of communicable diseases and medical care starting from the Health Organization of League of National to the Present World Health Organization.[3]

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2R. Srinivisan, (2020). Current Issues and Prospects of Health. *" Journal of Health care in India - vision vol.4"*

3 B.S. Pimple, (2012). Importance of WHO in public health "*Rural Health Administration in Maharashtra" IIJRJ, April, ISSN-0975-3486, Vol. 3.*

With rapid improvement in health particularly of the poor "vicious circle" of poverty can be converted into "virtuous circle" of prosperity (Mayer, 2000). Although there has been a two-way relationship, a strong causal link from adult health to economic growth is observed by many studies (Mayer, 1999). Further, Knowles and Owen (1997) and Jamison and Wang (1998) find that life expectancy contributes to economic growth more than education. In addition to its direct impact on productivity, health has other effects on economic development and demographic transition. Good infant health and nutrition directly increase the benefits of education. The HLEG has suggested comprehensive plan to attain UHC by 2020 and to help every citizen access to a national health package of essential primary, secondary and tertiary care, both inpatient and outpatient. Services must be tax funded and cashless at delivery. User fees are to be abolished since they are inefficient, inadequate and iniquitous. India has already pledged more funded by increasing budgetary allocation and raising funds from other sources.[4]

HEALTH CARE ADMINISTRATION IN INDIA

In Ayurveda i.e**.** the *'Science of Life'*, one finds even in 1400 B.C. emphasis on health promotion and health education. Unfortunately, for various reasons and particularly because of the onslaught of series of foreign aggressions and regimes leading to disruption of pre-existing health services as a part of social and cultural interactions and exchanges, the great era was lost to darkness. Ayurveda not only failed to develop, but in fact, it languished because of want of adequate state patronage and recognition[5]. Health is a vital indicator of human development. Health standards in India have improved considerably since independence.

The Government of India have made deeper inroad into rural areas with focused schemes like the National Rural Health Mission and have been even started a scheme for health insurance for the poor population. In India, Right to Health is part of Right to Life enshrined under Article21, and has been interpreted in this way in several ruling of the supreme Court of India. This means is that it is the states' primary responsibility to ensure primary health care in a socially just and equitable environment. The Constitution of India makes provision in the state list and concurrent list to provide health to all the people in the country. Public health and sanitation, hospitals and dispensaries are one the state list and population control and family welfare are in the concurrent list of the Indian Constitutions. Great progress has been made since independence in the health status of the population this is reflected in the improvement in some health indicators under the cumulative impact of various measures and a host of national programs for livelihood, nutrition and shelter, life expectance rose 16.

As on 1st March, 2011 India's population stood at 1.21 billion comprising of 623.72 million (51.54%) males and 586.46 million (48.46%) females. India, which accounts for world's 17.5 percent population, is the second most populous country in the world next only to China (19.4%). In1951, the population of India was around 381 million. In absolute terms, the population of India has increased by more than 181 million during the decade2001-2011. Of the 121 crore Indians, 83.3 crore (68.84%) live in rural areas while 37.7 crore (31.16%) live in urban areas, as per the Census of India's 2011[6]. National rural health mission (NRHM) was initiated in the year 2005 in eleventh five year plan, with the objective of providing quality health care services to the rural population.

1.4 HEALTH PRACTICES AND PROBLEMS IN RURAL INDIA

Rural people in India in general and tribal populations in particular, have their own beliefs and practices regarding health. Some tribal groups still believe that a disease is always caused by hostile spirits or by the breach of some taboo. They therefore seek remedies through magicoreligious practices. On the other hand, some rural people have continued to follow rich, undocumented, traditional medicine systems, in addition to the recognised cultural systems of medicine such Ayurveda, unani, siddha and naturopathy, to maintain positive health and to prevent disease. However, the socioeconomic, cultural and political onslaughts, arising partly from the erratic exploitation of human and material resources, have endangered the naturally healthy environment (e.g. access to healthy and nutritious food, clean air and water, nutritious vegetation, healthy life styles, and advantageous value systems and community harmony). The basic nature of rural health problems is attributed also to lack of health literature and health consciousness, poor maternal and child health services and occupational hazards. The majority of rural deaths, which are preventable, are due to infections and communicable, parasitic and respiratory diseases. Infectious diseases dominate the morbidity pattern in rural areas (40% rural: 23.5% urban). Waterborne infections, which account for about 80% of sickness in India, make

4 Patel, A. (2012). Improving Performance of Rural Health Services. *Kurukshetra, volume 6 p. 15*

5 Roy, S. (1985). Primary Health Care in India Journal *of Health and Population-Perspective & Issues. 136.*

6 S. Shrivastav February,(2010).*Kurukshetra, Journal on Rural Development,*

every fourth person dying of such diseases in the world, an Indian. Annually, 1.5 million deaths and loss of 73 million workdays are attributed to waterborne diseases.

ROLE OF GOVERMENT IN PUBLIC HEALTH ISSUES

The National Rural Health Mission (NRHM) launched in 2005 has major innovations in the creation of a cadre of Accredited Social Health Activists (ASHA) and improved hospital care, decentralization at district level to improve intra and inter-sectoral convergence and effective utilization of resources. The NRHM subsumes key national programs, namely, Reproductive and Child Health-2 (RCH-2), National Disease Control Programs and Integrated Disease Surveillance Project. The mission covers the entire country, with special focus on 18 states, which have relatively poor infrastructure. These include all 8 Empowered Action Group (EAG) states viz. Uttar Pradesh, Madhya Pradesh, Rajasthan, Bihar, Orissa, Uttranchal, Chattisgarh and Jharkhand; 8 North East States besides Jammu and Kashmir and Himachal Pradesh. The NRHM has put rural health care firmly on the agenda but there are problems in implementation so that delivery of health care is far from what it ought to be. These problems are related mainly to the physical infrastructure, medicines, funding, limited resources and accessibility to health services, etc. Issues regarding human resources are shortage of key cadres in rural areas, lack of motivation or will to serve in rural areas, absenteeism and irregular staff attendance, non-transparent transfer and posting policy, weak or non-existent accountability framework, inadequate systems of incentive for all cadres especially in difficult area postings, lack of career progression and standard protocols, etc. Role of government remains to ensure the availability, accessibility, quality and accountability of medical care to the community following the principle of equity. Thus, an organized and decentralized public health service system which will use the resources adequately with prioritization and by ensuring the strong political commitment, community participation, health legislation, health investment and more importantly bringing health care as a priority is the need of the hour.

HEALTH CARE ADMINISTRATION IN HIMACHAL PRADESH

Himachal Pradesh is a hilly and mountainous state, having difficult terrain and topography. Thus, it has maintained a marked and steady overall progress in all the socio-economic and political sectors ever since it came into being in 1948. Health and education are the two important services where the state is doing quite well. A new era in health services started when Himachal attained statehood in 1971.[7] 90% population of Himachal Pradesh settled in rural areas. The state Govt. has ensured that health services for effective prevention and treatment intervention care accessible to people and applied efficiently. Health and Family Welfare department is providing services which include curative, prevention, promoting and rehabilitative services. To providing better health services to the people the government is strengthening the existing infrastructure.[8]Himachal Pradesh implemented of the National Health Policy and various National Health Programmes like *National Rural Health Mission (NRHM),* Reproductive and Child Health (RCH), *Revised National Tuberculosis Control Programme (RNTCP*), AIDS Control, National Blindness Control Programme, *National Leprosy Eradication Programme (NLEP),* Cancer Control Project, National Mental Health Programme and Health Care Component of the *Employee's State Insurance Corporation* (*ESIC*). Himachal Pradesh has been included among 18 State of the country for the implementation of *National Rural Health Mission (NRHM*). NRHM is a landmark for providing accessible and affordable health care to all citizens living in rural areas particularly to the poorer and weaker sections. It lays stress on reducing maternal and infant mortality, universal access to public health services, prevention and control of communicable and non-communicable disease, ensuring population stabilization, maintaining gender balance, revitalization of local health traditions and promotion of healthy lifestyles. Under the overall umbrella of NRHM a number of programmes especially the Reproductive and *Child Health Programme (RCH-II),* Immunization Programme, *Janani Surksha Yojna (JSY)* and Disease Control Programme has been included. The mission focuses on decentralize implementation of the activities and funneling of funds, it sets the stage for Dist. Management of Health and active community participation in the implementation of health programmes. The Himachal Pradesh Govt. has already constituted the State and District Health Mission and grass-root activities have been started with zeal and zest. All the CHCs would be converted into First Referral Units under the programme in a phased manner. Similarly, 50% of the PHCs in the State would be providing 24 hours services by the end of the programme. The programme also focuses on convergence with IPH, Rural Development and Panchayati Raj, Ayurveda and Social Justice and Empowerment Departments[9]

7 Jag Mohan, Balokhara,(2013) "*The Wonderland of Himachal Pradesh" H.G. Publication, New Delhi*

8Ravikant manohari lal (2012-13) *.Journal of Economic survey of Himachal Pradesh*

9 Jyoti mittal(2012) Health and Family Welfare Department of Himachal Pradesh *Journal of report on health status in india*

RURAL SANITATION IN HIMACHAL PRADESH

Against the global open defecation rate of 15%, in India over 50% of its 1.2 billion populations continue to defecate in the open every day. However, even in this dismal scenario, there are beacons of hope. Himachal Pradesh, one of India's smaller states with 6.7 million people and a predominantly rural population has shown tremendous improvement in recent years.

In 1986, a *Central Rural Sanitation Programme (CRSP)* was launched to subsidize toilets for poor rural households. From a level of 1% toilet coverage of rural households in 1981, the census of 1991 showed this had gone up to 9%. The limited success of this endeavour gradually brought about the realization that behaviour change is critical to avoid a landscape of defunct toilets. In 1999, the CRSP was overhauled and a new *Total Sanitation Campaign (TSC)* was launched. This programme reduced the emphasis on household subsidy and incorporated the need to raise awareness and emphasize the benefits of toilet usage.

The Government of Himachal Pradesh has launched a comprehensive strategy to tackle the sanitation challenge based on motivating rural communities to end the traditional practice of open defecation and adopt safe sanitation. In pursuance of this strategy the State Government has introduced the *Maharishi Valmiki Sampoorn Swachata Puruskar (MVSSP)* to select the cleanest Gram Panchayat at Block, District, Division and State level, based on an annual competition. Winning Gram Panchayats at State and Divisional levels receive the prize at the hands of the Hon'ble Chief Minister of Himachal Pradesh & District and Block levels at the hands of senior dignitaries, during Independence Day celebrations each year. Since *Nirmal Bharat Abhiyan* has been renamed as Swachh Bharat Mission-Gramin by the Government of India with certain changes the State Sanitation Reward Scheme has also been suitably amended as below. Key players in the rural sanitation sector in Himachal Pradesh (the Secretary and the Director) learnt of CLTS from WSP in 2003 and began the process of building an environment in favor of the new approach. The Secretary saw rural sanitation as a critical entry point to strengthen decentralization for service delivery apart from the benefits it would confer on its own. Rural sanitation was an underperformed function which was clearly in the local body domain with little state level intervention. Igniting communities in this direction would bring the understanding of owning 10/17 and performing functions rather than only being an agent of the central or state level.

II. METHODOLOGY

The study was carried out in the Mashobra Panchayat of Mashobra Block in Shimla District. The study was carried out during the harvesting season. Respondents were selected by using random sampling method from the selected Panchayat i.e, Mashobra. This Panchayat was considered as a universe of the study and the total 36 respondents from universe i.e. 365 households were selected as sample for the study. The researcher himself collected data and filled the interview schedules form the respondents for the purpose.

Being descriptive, the study has collected and utilized both quantitative and qualitative data. Interview method, observation method were used for the collection of the data from the study area. The researcher also got involved in the ceremonial occasions for observation.

III. RESULTS

The study has been done on 36 respondents living in Mashobra Panchayat of Mashobra block in Shimla dist. In order to understand the profile of the respondents, they were interviewed to find out the condition of rural health and hygiene and the variables like gender, caste, educational qualification, occupation were used in profile of the respondents. The data shows about the educational status of the respondents in the study area Mashobra. Out of the 36 respondents, there were 3 (8.33%) respondents were primary, 18 (50%) of respondents were high school, 13 (36.12%) of respondents were PG degree holder. Out of 36 respondent 14 (38.89 %) were housewives, while 2(5.55 %) were farmers, 6 (16.67 %) were govt. employee, 3 (8.34 %) were pensioners, 9 (25%) were in private business & 2(5.55 %) were studying. The results show that there is a separate source of water for cattle &for household drinking purposes. Out of 36 respondents 29(80.56%) had a separate sources for cattle & drinking purposes and only 7(19.44%) has no cattle's. The respondents have a safe drinking water from public water supply authority within least time.

In the study area, out of the 36 respondents 30(83.33%) treat water to make it safe for drinking while remaining 6 (16.67%) do not pure before drinking the water. Out of the total 36 respondent 22 (61.11%) find the quality of water is fair & remaining 14(38.89%) find it good. The study reveals that the respondents, i.e. 17 (47.22%) use boiling method for purification, 11 (30.56%) use water filer while remaining 8 (22.22%) don't prefer any method for purification. Out of the 36 respondents, 16 (44.4%) told that maintenance is carried out by IPH,18(50%) told that Panchayat usually carried out maintenance of water source.

The present study shows that the respondents also face water shortages in the area. Out of the 36 respondents, 29 (80.56%) responded that they face water shortage problem and remaining 7 (19.44%) responded that they don't face as such water shortage problem.

All the respondents have their own toilets in their homes and all are using the flush kind of toilet facility. It was also enquired about the material used in washing the hands after using the toilets. Out of 36 respondents, 26 (72.22%) were using hand-wash after toilet, and remaining, 10(27.78%) uses common soap for the same.

The study also shows that the Panchayat helped the respondents to construct toilet. Out of 36 respondents, 5 (13.89%) responded that Panchayat helped them to construct toilet under the schemes (*Devbhoomi*, *Swatch Bharat* mission and many more) and remaining 31 (86.11%) said that they construct by themselves. The respondents were of the view that all pregnant/lactating women get nutritious food at aganwadi. Out of 36 respondents, all 36(100%) respondents responded that their children get free immunization at sub-centers. There were generic medicines for common sicknesses were available in the sub-Centres.

The present study shows awareness about the health Card under Ayushman Bharat/ *Himcare*. Out of 36 respondents, 26(72.22%) respondents responded that they had made health card & rest of the 10(27.78%) responded that they don't have health card under *Ayushman Bharat/Himcare.*

IV. CONCLUSION

Health care is one of the most important interventions to improve the quality of life of people. Rural health care forms an integral part of national health care system. Strengthening primary health care is the cornerstone of all rural health Programmes. For developing comprehensive public health infrastructure, providing adequate human resources in health facilities, increasing the pace of adequate hygiene & sanitation and for achieving the aim of quality of life the primary health care is considered as the main instrument of action. Recognizing the importance of health and sanitation in the socio-economic development of a country and to attain quality of life to its people, National Rural Health Mission was launched. In order to improve the quality of health and hygiene, nutrition, sanitation and to carry out necessary architectural correction in the basic health care delivery system.

The study shows the water was not so good for their health and they had the doubt about the water quality. They considered this water unsafe drinking and cooking due to the impurities. So the respondents were using the candle filters and purifiers for the treatment of this water.

The study shows that all the respondents get free immunization at sub-centres. The study also shows that the PHC is reachable for every respondent and where they get generic medicines for common illness. It also found that most of the respondents had health card under the scheme *Ayushman* Bharat/ *Himcare*. The study has brought out some significant findings establishing the fact that absence of Community involvement, little systematic attention to decentralized planning along with the shortage of qualified and trained man-power in Public Health are some of the major barriers which are impeding the goals and progress of the Rural health and Sanitation. The researcher has made sincere effort to cover important components of the mission but due to paucity of time some of the aspects might have been ignored. Those issues can be explored for research by other researchers in the future.

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