Vol 5 Issue 3 Sept 2015 ISSN No :2231-5063

International Multidisciplinary Research Journal

Golden Research Thoughts

Welcome to GRT

RNI MAHMUL/2011/38595 **ISSN No.2231-5063**

Golden Research Thoughts Journal is a multidisciplinary research journal, published monthly in English, Hindi & Marathi Language. All research papers submitted to the journal will be double - blind peer reviewed referred by members of the editorial board.Readers will include investigator in universities, research institutes government and industry with research interest in the general subjects.

International Advisory Board

Editorial Board

Address:-Ashok Yakkaldevi 258/34, Raviwar Peth, Solapur - 413 005 Maharashtra, India
Cell : 9595 359 435, Ph No: 02172372010 Email: ayisrj@yahoo.in Website: www.aygrt.isrj.org

Golden Research Thoughts
ISSN 2231-5063

Impact Factor : 3.4052(UIF)
Volume - 5 | Issue - 3 | Sept - 2015

RURAL PUBLIC HEALTHCARE : A LITERATURE REVIEW IN HEALTHCARE GEOGRAPHY

Sachin Hudale
Assistant Professor , Department of Geography ,Yashwantrao Chavan College, Islampur , (Sangli, Maharashtra)

ABSTRACT

Health is one of the important aspects of human resource development. Good health care facilities and services are essential for creating healthy citizens and society that can effectively contribute to socio-economic development of the country. The rural areas are lagging much behind the urban areas, so it becomes imperative on the part of policy makers to focus much attention on the rural health. Rural area of the country plays a major role in nation's building, though there is a prime need to study health status of rural population also health care facilities provided to rural area by Government. Primary health care has been considered as one of the basic and fundamental human rights, but there is relatively a very less contribution in Geography about health care in India especially in rural India. Therefore, it is need to look forward in the literature review on rural public health care.

KEYWORDS :*Literature Review , Public Healthcare , Healthcare Geography , policy makers .*

INTRODUCTION :

Healthcare Geography, emerging branch of Medical Geography, is an area of medical research that incorporates geographic techniques into the study of health around the world and the spread of diseases. In addition, Medical Geography studies the impact of climate and location on an individual's health as well as the distribution of health services. The present research mainly put focus on distribution of health and health care services. To clarify the concepts and to obtain a better understanding of the research, various references have been made. For this purpose, various seminal works on this topic executed at the international, national and regional level by various geographers and expertise of the other discipline have been taken into consideration.

Rural Public Healthcare – A Literature Review

Gerald Pyle (1979)[1] has asserted in his book that, the study of spatial aspect of diseases as well as health care are logical extensions of trends in geographical analysis that have developed during this century. Within this context, health problems are viewed as environment problems requiring the use of spatial research techniques to assist in understanding and in some instances explanations.

John Mohan (1988) [2] discussed on substantial recent changes in the provision of both public

and private health services in England and interpreted in the light of an analysis of contemporary conservative politics as a 'two nations' political strategy. According to him, there are two principal implications of this for health care: attempts to restructure the character of health care delivery and policies designed to affect a greater degree of privatization of health care. In his paper, he further considered spatial implications of restructuring, which focusing on spatial resource allocation between and within Regional Health Authorities (RHAs) and on the responses by health authorities to alterations in the resources available to them. He also discussed the aspects of privatisation of health care services and finally in the conclusion, the notions of restructuring and privatization are evaluated by him.

Rosenberg (1988)[3] critically reviewed the models and methodologies used by medical geographers for analysing health care delivery systems. According to him, an intellectual cul-de-sac has been reached because of the lack of linkage in these models and methodologies that explicitly recognize the socio-cultural and political-economic influences in the environment, where the health care delivery system under study exists. Using the example of abortion services in Canada in general and Ontario specifically for illustrative purposes, a general model for linking the geographical, the medical and the political aspects of health care delivery is proposed by Rosenberg in his paper.

Wilbert M. Gesler (1992)[4] gave a clear, stimulating introduction to the relationship between the 'hard' and 'soft' sciences of medicine and cultural geography, as seen in many countries around the world. Gesler argues that medical systems must be seen in a social context in order to cut costs and provide effective treatment. In the study of geography of health care services and delivery, Gesler and Ricketts (1992)[5] commented on health in rural North America in their edited paper.

Oppong and Hodgson (1994)[6] focused on the spatial accessibility to health care facilities in Suhum district of Ghana. They admitted that, additional health facilities have to be built for improve geographical accessibility to health care facilities in rural Ghana. In this paper, by using location-allocation models, they demonstrates that in the Suhum District of Ghana substantial improvements in accessibility can be achieved with better locational choices and without additional facilities.

Williams (1996)[7] geographically analysed the development of Ontario's (Canada's largest and most populous province) home care program. He informs how developments in long-term health care policy have contributed to the geographical inequalities that exist in home care services throughout the province by using existing evaluations, an historical analysis of home care programs in Ontario.

Rama Rao (1997)[8] in his paper traces the evolution of health polity in India. He identifies certain demographic variables that hamper the efforts of improving public health and medical care. He pointed out that in addition to the Universal Immunisation Programme, the supply of safe drinking water to rural area also brought down infant and child mortality at a faster rate. He observed that the gap between rural and urban areas were more among the underdeveloped states such as Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan. On the other hand, the gap was narrowed among the developed states such as Kerala and Tamil Nadu. He recommended that the primary health care services in the rural areas must substantially be improved.

Luther et al. (2003)[9] studied the impact of community-based primary care clinics on health outcome disparity. In this study, the authors sought to (1) identify geographical communities with high and low access to primary care clinics that serve ethnic and racial minorities, (2) describe socio-demographic characteristics of high and low access communities, (3) compare the rates of selected health outcomes for blacks (the largest minority) between high and low access communities, and (4) develop a model to estimate number of lives saved by primary care clinics.

Mujumder and Upadhyay (2004)[10] are checked out the productivity and efficiency aspects of the Primary Health Care System. Their main focus was on Reproductive Health Care Services. According

to them geographical factors, social structure, family characteristics and quality of care work as the main determinants of the utilisation of health care services. Education of the acceptors is also an important factor though its impact is negative. The study reveals that, as education increases people are likely to avoid public health facilities for reproductive health related services. Researcher thought that, this may be due to poor quality of services provided at the health centres.

Rais Akhtar (2004)[11] edited a book on the health care patterns and planning in India. In his book, he collects a many papers, which scrutinise the health care in India. In the introductory section, Akhtar himself talking about the health care patterns and planning in India. As Health Geography is concern S. L. Kayastha and M. B. Sing gave a geographical analysis on the status of health facilities in India. Apart from this, there are many scholars talking about health care delivery system, spatial inequalities in public health care, structure and organisation of health care system in India, etc.

Lalit Nath (2005)[12] studied health reformation of health care system in India and peoples' participation in it. In his article he summarise that, health system in India needs a change in focus so as to cater to the needs of the people and the nation. The system in India slowly but inexorably deviated to an increasingly clinical high technology and expensive medical care system. Manpower with the skills required to focus on health rather than medicine is produced in India but do not find a place in the public sector health system. To focus on improving health in the nation and increasing both the quality of life and productivity demands that the skills of public health are made available in the health system. To do this effectively and do draw good material into the discipline career opportunities must be provided. This can only be done if a separate and equal cadre of public health professionals is established as an integral but parallel stream that extends from the periphery to the most senior level. He further urges that; bring public health and the pubic into the public sector health system to achieve health in the public.

Haines, Horton, et.al. (2007)[13] reviewed the vision of Primary Health Care (PHC) in the Alma Ata. They explain that despite movements towards selective packages of care and health care reforms the idea of PHC as described in the Alma Ata declaration is attracting renewed interest. There were several reasons of shortfall of health workers, especially in developing countries, have renewed interest in the role of community health workers. The study also highlighted the growing research evidence about the cost-effectiveness of some components of primary health care, like role of community participation improving neonatal and maternal mortality in India. PHC is better able to address pervasive health inequalities, poor coverage of basic health care, and lack of engagement by communities in health system.

Dileep Mavalankar (2008)[14] studied the Primary Health Care system in India. The study explored that Primary Health Care system in India is very large and covers almost all the parts of the country. It has more than 20,000 PHCs and 140,000 Sub-Centres spread in more than 400 districts. The study further argues that given the lack of training of doctors in management it is imperative that the doctors who are put in charge of the PHC system receive reasonable skills and training in management so that the resources spent on the PHC system can be utilised well-in an efficient manner. It is also observed from that study that most management training is very divorced from the day-to-day realities of the working of the PHC system and the kind of challenges they face. Finally, the article argues that substantial efforts will be needed to be put in preparing doctors for the management posts in the PHC system. The article also reviews available documents of the newer projects in health to see if there are indications that such training will happen in future. The article argues that there is a need for developing a separate health management cadre in India who will be trained in public health and health management to take up leadership role in PHC system in future.

Verma (2008)[15] presents a kaleidoscopic view of primary health care system in India in his paper. He analyse the interaction amongst various variables, which results in the failure of the primary health care system in achieving the set goals, despite the huge investments made by government over the past decade. According to him, personalistic characteristics, values and attitudes, locus of control, interpersonal orientation, lack of interaction with client population, are the basic reasons for failure in primary health care. Apart from that, role clarity of health workers is also influences on primary health care system.

Birla and Taneja (2009)[16] analysed Public Private Partnerships for healthcare delivery in India and assessing efficiency for appropriate health policies. Healthcare delivery is a major concern for India and other developing nations. A number of Public Private Partnerships (PPPs) have entered the arena of health care delivery. These partnerships are based on different models. The efficiency of such partnerships needs to be assessed as it will help to formulate policies that can contribute in enhancing the role of such partnerships in meeting the health goals of the country. There are several factors that govern the efficiency of such partnerships. The present study aims to identify the factors that are considered important, while assessing the efficiency of healthcare delivery units based on PPPs, and to rank those factors.

Crooks and Andrews (2009)[17] focus on changes in primary health care through their edited book. They focus on primary health services, not only because it is most basic and integral form health services delivery, but also it is an area to which geographers have made significant contributions and to which other scholar talking about its core concepts and issues. They talked geographically about primary health care and geographical perspectives on health care with its ideas, disciplines and progress. Their study is collective on three parts one practice and delivery of primary health care, second part is about people who benefited from primary health services and third part belongs to places and settings of primary health services.

Kapil Yadav, Prashant Jarhyan, et.al. (2009)[18] made a comparative study of rural and urban healthcare system in India. According to them, the rural healthcare system of India is plagued by serious resource shortfall and underdevelopment of infrastructure leading to deficient health care for a majority of India. The differences in urban-rural health indicators are a harsh reality even today; infant mortality rate is 62 per thousand live births for rural areas as compared to 39 per thousand live births for urban areas (2007) only 31.9 per cent of all government hospital beds are available in rural areas as compared to 68.1 per cent for urban population. The study considered the rural-urban distribution of population in India, where difference becomes huge. Based on the current statistics provided by the Government of India, the study have calculated that, at a national level the current bed population ratio for government hospital beds for urban areas (1.1 beds/1000 population) is almost five times the ratio in rural areas (0.2 beds/1000 population). Apart from this, shortfall in infrastructure, shortfall in trained medical practitioners willing to work in rural areas is also one of the factors responsible for poor health care delivery systems in rural areas. There's shortfall of 8.0 per cent doctors in Primary Health Centres (PHCs), 65.0 per cent for specialist at Community Health Centres (CHCs), 55.3 per cent for male health workers, 12.6 per cent for female health workers (2007).This shortfall in human resources in rural areas is only going to increase in future, more so with corporatisation and privatisation of health systems. The rural population of India still does not get the basic quality of primary health care as stated in Alma-Ata conference attended by governments of 134 countries and many voluntary organizations in 1978. "Primary health care is essential health care made universally accessible to individuals and acceptable to them, through their full participation and at a cost the community and country can afford"

Kaveri Gill (2009)[19] evaluates quantity and quality of services delivery in rural public health

facilities under NRHM. The findings across the four states (viz. Andhra Pradesh, Uttar Pradesh, Bihar and Rajasthan) which have resulted in rankings in individual sections of the study, suggest disparate situations at various levels of centres and on different components, reflecting context-specific underlying driving factors, some complex by nature. Based on these findings, one could easily rank the states on overall performance of service delivery under NRHM. The NRHM has put rural public health care firmly on the agenda, and is on the right track with the institutional changes it has wrought within the health system.

Wong, Chau, et.al. (2009)[20] describe the utilisation of health services among the elderly in Hong Kong. According to them, level of utilisation of health services among elderly vary socially and geographically. There are differences in the rate of usages also associated with the geographical aspects, which impacted on the utilisation of health services. The main objective of the study was to capture spatial variations in hospital health services utilisation in the elderly population in Hong Kong. The study concluded that, geographic variation in the utilisation of hospital health services in Honk Kong among the elderly population was demonstrated. The researchers examining the relationship between service provision, accessibility, and health outcomes in order to inform the planning of health service delivery.

Worthington and Gogne (2011)[21] studied the cultural aspects of primary health care in India. According to them culture and belief impacted on the patients outcomes. Belief systems and moral values are intrinsic to human life, and for many people culture and religious consideration exert strong, positive influences on their lives. But norms bound by culture and belief can also negatively impact on people in terms of mental and physical well being.

T. V. Sekher (2012)[22] explains that the delivery of rural healthcare services in India remains poor particularly in rural areas, due to lack of infrastructure and personnel, financial constraints, lack of awareness, poor accountability and transparency. Though, the networks of the department have spread to almost every village, the availability and utilisation of the services continues to be very poor and grossly inadequate. In this situation, can the Panchayati Raj Institution (PRIs) make a difference in the delivery of rural healthcare services? This study attempts to explore these issues in the context of Karnataka state, in India. Methodology of this reviewed a study of this nature and magnitude demands not only information and inputs from macro levels but also insights from grass roots level. Therefore, to begin with, discussions were carried out with health care functionaries at all level, the Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres were visited and their functioning examined.

1.Pyle, Gerald F. (1979), Studies of Disease Diffusion : Applied Medical Geography, Washington, D. C. : V. H. Winston & Sons
2.Mohan, J. (1988), “Restructuring, Privatisation and the Geography of Health Care Provision in England 1983-1987”, Transactions, United Kingdom : Institute of British Geographers N. S. 13, pp.449-465
3.Rosenberg, M. W. (1988), “Linking the Geographical, the Medical and the Political in Analysing Health Care”, Social Science and Medicine, Vol. 26, Issue 1 pp.179-186
4.Gesler, W. M. (1992), The Cultural Geography of Health Care, Pittsburgh : University of Pittsburgh Press
5.Gesler, Wilbert M. and Ricketts, Thomas C. (1992), “Health in Rural North America : The Geography of Health Care Services and Delivery.” Annals (AAG) Vol. 83(3), pp.528-529
6.Oppong, J. R. and Hodgson, M. J. (1994), “Spatial Accessibility to Health Care Facilities in Suhum

District, Ghana," Professional Geographer, Vol. 46(2), pp.28-36
7.Williams, A. M. (1996), "The Development of Ontario's Home Care Program: A Critical Geographical Analysis." Social Science and Medicine, Vol. 42/6, pp.937-948
8.Rama Rao, G. (1997), "Demographic Aspects of Rural Health Policy in India" in Ramchandrudu, G. (Ed.), Health Planning in India, New Delhi : A. P. H. Publishing Corporation, pp.71-90
9.Luther, S. L., J. Studnicki, J. Kromery and K. Lomando Frakes (2003), "A Method to Measure the Impact of Primary Care Programs Targeted to Reduce Racial and Ethnic Disparities in Health Outcomes" Journal of Public Health Management and Practice, Vol. 9, pp.243-248
10.Mujumder, Amlan and Upadhyay, V. (2004), "An Analysis of the Primary Health Care System in India with Focus on Reproductive Health Care Services", Artha Beekshan, Vol. 12, No. 4, Kolkata : Bengal Economic Association, pp.29-38
11.Akhtar, Rais (Ed.) (2004), India : Health Care Patterns and Planning, Published by S. B. Nangia, New Delhi : A. P. H. Publishing Corporation
12.Nath, Lalit M. (2005), "Restructuring Health Care : Peoples Partnership for Health", Round Table Conference Series, No. 16 New Delhi : Ranbaxy Science Foundation, pp.43-48
13.Haines, A., Horton, R. and Bhutta, Z. (2007), "Primary Health Care Comes of Age : Looking Forward to 30th Anniversary of Alma Ata", The Lancet, Vol. 370, No. 9591, pp.911-913
14.Mavalankar, Dileep (2008), "Human Resource Capacity of Health Systems in India," Ministry of Health and Family Welfare, Government of India and World Health Organization, Goa, November 19, 2008.
15.Verma, M. M. (2008), "Why does the Primary Health Care System Fail?" In Krushnamurti, G. R. et. al, (Ed.), Indian health Scenario – Perspectives and Dimensions, New Delhi : Serial Publications, pp.267-275
16.Birla, Bharati and Taneja, Udita (2009), "Public Private Partnership for Healthcare Delivery in India : Assessing Efficiency for Appropriate Health Policies", Public and Private Services in the New Global Economy, XIX, Budapest, Hungary : International Conference of RESER
17.Crooks, Valorie A. and Andrews, Gavin J. (Ed.) (2009), Primary Heath Care : People, Practice, Place, Ashgate's Geographies of Health Series, England : Ashgate Publishing Ltd.
18.Yadav Kapil, Jarhyan Prashant, Gupta Vivek and Pandav Chandrakant (2009), "Revitalizing Rural Health Care Delivery : Can Rural Health Practitioners be the Answer?", Indian Journal of Community Medicine, Vol. 34, Issue 1, pp.3-5
19.Gill, Kaveri (2009), "A Primary Evaluation of Service Delivery under the National Rural Health Mission (NRMH) : Findings from the Study in Andhra Pradesh, Uttar Pradesh, Bihar and Rajasthan", Working Paper 1/2009 – PEO, Planning Commission of India
20.Wong, M., Chau, P. H., Goggins, W. and Woo, J. (2009), "A Geographical Study of Health Services Utilization Among the Elderly in Hong Kong : From Spatial Variations to Health Care Implications", Health Services Insights, No. 2, Auckland, New Zealand : Libertas Academica, pp.1-13
21.Worthington, Roger P. and Gogne, Anupriya (2011), "Cultural Aspects of Primary Health Care in India : A Case based Analysis", Asia Pacific Family Medicine, 10:8 , London : WONCA, pp.1-5
22.Sekher, T. V. (2012), "Health Care Service delivery and Local Self-Governments : Experiences and Lessons from Karnataka, India", In A. Ahmad and L. Narayan (Ed.), Health Care Systems in Asia : Issues and Opportunities, New Delhi : Academic Foundation

Publish Research Article
International Level Multidisciplinary Research Journal
For All Subjects

Dear Sir/Mam,

We invite unpublished Research Paper,Summary of Research Project,Theses,Books and Book Review for publication,you will be pleased to know that our journals are

Associated and Indexed,India

- International Scientific Journal Consortium
- OPEN J-GATE

Associated and Indexed,USA

- EBSCO
- Index Copernicus
- Publication Index
- Academic Journal Database
- Contemporary Research Index
- Academic Paper Databse
- Digital Journals Database
- Current Index to Scholarly Journals
- Elite Scientific Journal Archive
- Directory Of Academic Resources
- Scholar Journal Index
- Recent Science Index
- Scientific Resources Database
- Directory Of Research Journal Indexing

Golden Research Thoughts
258/34 Raviwar Peth Solapur-413005,Maharashtra
Contact-9595359435
E-Mail-ayisrj@yahoo.in/ayisrj2011@gmail.com
Website : www.aygrt.isrj.org