

# Health Issues in Rural and Urban India

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**Abstract:** This paper review the health issues in rural and urban India. Both physiological and psychological parameters have been discussed keeping in view of the environmental and social constraints. The wok emphasizes human health as a function of his interaction with the ecology, society, and the work environment. The work takes into account the wealth creation purpose and methodology adopted.

Keywords: health, physiology, psychology, population

## INTRODUCTION

The word “health” may refer to a state of complete physical, emotional and mental well-being. It is a resource for living life to the fullest and ensuring a well-balanced life. A healthy life is central to active, long and successful life. Good health does not just mean absence of disease, but it also includes the ability to recover from any illness or problem. Health is a positive concept that emphasizes the ability of the body to adapt to new threats.

Two of the most discussed types of health are ‘physical’ and ‘mental’.

Physical health refers to a state of being in which bodily functions are performed at its peak. The reasons for perfect physical health are lack of disease, regular exercise, a nutritious diet and rest. Adequate treatment, when necessary, is essential to maintain good physical health.

Mental health, on the other hand, may refer to a state of emotional, social and psychological well-being. Like physical health, a balanced mental state is equally important for an active, fulfilling lifestyle. It is very difficult to define mental health because in many cases the diagnosis is person specific and differs from one individual to the next. Good mental health cannot be restricted only to the absence of anxiety, depression or any other disorder, but it also includes the ability to enjoy life, achieve a balance in life, feel safe and secure. Physical health and mental health are fairly linked. For instance, a chronic illness may affect a person’s ability to deal with their day to day life, which may then lead to depression or stress or anxiety or all three.

Health depends on a wide range of factors. One such factor is an unusual genetic pattern, which leads to a less optimum health level. Healthcare also plays a very important role in a

good health of a person. According to the World Health Organization (WHO), some other factors that affect a person's health are lifestyle, surrounding environment, financial condition, education, relationships etc.

### URBAN VERSUS RURAL HEALTH

Past research published in the CDC (2001) Health United States, 2001: Urban and Rural Chartbook has documented a difference between urban and rural health care, usually expressed in terms of healthcare access and utilization, cost, and geographic distribution of providers and services. Recently, however, a new research focus has begun to direct its attention towards differences in population health, public health, environmental health, and the differences between urban and rural health behaviors.

A report published by KPMG and the Organization of Pharmaceutical Producers of India (OPPI) (2018), it states that almost 75 % of the dispensaries, 60 % of hospitals and 80 % of the doctors are situated in the urban areas, tending to only 28 % of the Indian population. This clearly shows that the majority of the people (72 %) have access to only 25 % of the health care facilities - indicating a clear disparity between the resources available in the urban and rural areas.

This focus on the environmental and social determinants of health has accompanied a rapid change in rates of urban populations across the world. The rapid urbanization that began in the late 20th century and is continuing till date reflects changes in global political, economic, and social forces. Thus, the health of urban populations has changed as cities have evolved.

According to the information published in the *Uniteforsight.org* website, the fundamental differences between urban and rural areas are:

1. A settlement where the population is very high and has the features of a built environment (an environment that provides basic facilities for human activity), is known as urban. Rural is the geographical region located in the outer parts of the cities or towns.
2. The life in urban areas is fast and complicated, whereas rural life is simple and relaxed.
3. The urban settlement includes cities and towns. On the other hand, the rural settlement includes villages and hamlets.
4. There is greater isolation from nature in urban areas, due to the existence of the built environment. Conversely, rural areas are in direct contact with nature, as natural elements influence them.

5. Urban people are engaged in non-agricultural work, i.e. trade, commerce or service industry. In contrast, the primary occupation of rural people is agriculture and animal husbandry.
6. Population wise, urban areas are densely populated, which is based on the urbanization, i.e. the higher the urbanization, the higher is the population. On the contrary, the rural population is sparse, which has an inverse relationship with agriculture.
7. Urban areas are developed in a planned and systematic way, according to the process of urbanization and industrialization. Development in rural areas is seldom, based on the availability of natural vegetation and fauna in the region.
8. When it comes to social mobilization, urban people are highly intensive as they change their occupation or residence frequently in search of better opportunities. However, in rural areas occupational or territorial mobility of the people is relatively less intensive.
9. Division of labour and specialization is always present in the urban settlement at the time of job allotment. As opposed to rural areas, there is no division of labour.

### LITERATURE REVIEW

According to many researches done previously, comparing the health conditions of the rural areas and urban areas, “The rural population is consistently less well off than the urban population”. According to CDC (2001). Health United States, 2001: Urban and Rural Chartbook. Hyattsville, MD: NCHS, the difference between the two are not always substantial. The case of Indian population is not so different. The variety of factors that are being considered ranges from health-related behaviors to the conditions of the primary health care provided. Although there are many other factors which shows sufficient signs of influencing the health of a population. For example: environmental factors such as purity of the air. Take the case of the most polluted cities in our country. In recent years World Health Organization (WHO) announced New Delhi as the most polluted city in the world stating how overpopulation and the aggressive use of limit resources such as water put heavy impact on the environment. *Currie, Donya*. “WHO: Air Pollution a Continuing Health Threat in World’s Cities,” *The Nation’s Health* (February 2012) 42#1. Other factors also include work-heavy environment of the cities which significantly impacts the mental health of a person and many others.

But there is one factor which considerably has a greater effect on a population than all the above mentioned: awareness. Only when a population is health conscious will they work on achieving a health lifestyle. A health conscious individual will be concerned about the proper diet, adequate physical activity, mental health and will beware of any harmful behavior. Health awareness will be helpful in spotting unhealthy harmful behavior and will teach the individual on how to handle and go through such situations. This is a significant factor in the deteriorating health of the rural population. A “Redseer” report ‘Indian Habit Of Being Healthy’ by *Anil Kumar, et al.* (2018) talks about the level of health conscious individuals in India. India is expected to become the most populated country by 2024. This is because of the increase in the population between 15-59 age group. An increase in working population calls for increase in stress levels and significantly less time for personal care. Of the total affluent class, India is home to 90 million health conscious individuals. Most of this population consists of urban Indians who are not only demanding but also utilizing better health care services. Health care is the right of every individual. But lack of quality infrastructure, dearth of qualified medical professionals, inaccessibility to basic medicines and facilities affects 60% population of India. Almost 700 million people of India live in rural areas where health facilities are deplorable, resulting in high mortality rates due to diseases.

One of the major issues is the lack of proper governmental policies and bodies. Though a lot of policies and programs are launched by the government the success rates are questionable due to lack of proper implementation. According to a report by Rural Health Statistics in India (2012), “In rural areas, where the number of primary health care centers (PHCs) is limited, 8% of the centers do not have doctors or medical staff, 39% do not have lab technicians and 18% PHCs do not even have a pharmacist.” Chakraborty (2018), says that only one allopathic doctor is available for every 10,000 people and one state run hospital is available for 90,000 people. A patient is not always treated on time in rural India since the doctors are less in number. Due to the disillusionment and frustration with the growing ineffectiveness of the government sector, majority of the poor people turn to local private health care. The private sector is expensive and the health care provided is often unregulated and variable in quality. The innocence of rural people is exploited, they are not allowed to know their rights, poor literacy is a factor. The lack of awareness is a serious issue as it is insufficient in rural India. The population is not educated appropriately on basic practices like sanitation, health nutrition, hygiene, and on health care policies, important of medical services, their rights, financial support options and the need of proper waste disposal. Due to this, ‘buying’ health care has gone beyond the reaches of rural poor.

While the rural people are little concerned about their physical health, when it comes to

mental health, the awareness just isn't there. This is true not just for the rural people but even for most of the urban areas. As stated by World Health Organization- Mental Health in India report, 7.5 % of Indian population suffers from mental disorder, which will increase to 20% by 2020. To cater to this demographic, only 12 % at most seek aid for their mental health concerns. These people are more likely to be located in urban areas, on the top of socioeconomic ladder, these are the people that have proper access to qualified mental health professionals. In many of the villages, people consult faith healers for epileptic attacks. According to WHO at least 1 psychiatrist is required for every 100,000 person. Except for

Kerala (1.2), no other state could meet this requirement with the lowest being 0.05 for every 100,000 person in Madhya Pradesh (National Mental Health Survey of India, 2015-16). The scarcity of trained psychiatrists and psychologists with adequate infrastructure worsens the stigma surrounding mental illness in villages. Even where facilities are available, a major challenge to rural healthcare in India is the mindset. As the discovery of a mental illness or a mental condition is often followed by denial and hesitation to seek support. It remains a taboo topic which is susceptible to stigmas, prejudices and fears. Thus, instead of working of curing these problems, people tend to sweep their issues under the carpet and suffer. Awareness and acceptance is the only method to tackle these mental health problems

Conclusively, the health condition of the Indian population is not improving, specifically in the case of rural areas. This is a result of a number of factors including lack of awareness, lack of access, affordability of the health care and the lack of human power in healthcare systems. The government schemes and policies have had an impact in the urban regions due to modernization but have had little to no impact on the rural sector. Specially the knowledge and understanding regarding one's mental health is absolutely missing from the lives of low earning farmers and workers. Even if a person is knowledgeable regarding this, it's hard to find proper affordable facilities to fix the issues. One's best bet in the rural grounds are private clinics and medical stores which has unqualified professionals who cannot be held accountable.

## OBJECTIVES

The objectives of this research are as follows:

- to study the health differences between rural and urban areas
- to find out which area (rural and urban) is more healthy
- to collect the data from the rural and urban population of Jalandhar
- to examine whether the government hospitals are more acceptable or private hospitals

- to identify the mental health conditions of both the rural and urban population

## RESEARCH METHODOLOGY

We focused this study on the different factors which were previously introduced to us, while reading older studies and articles, that made a significant impact on the topic of health in rural versus urban areas. So, the most effective and efficient way to conduct the research was to follow the hypothesis "The rural population was consistently less healthy than the urban population". To thoroughly understand this situation, we sought out to focus on collecting primary data from certain villages (Rural) and cities (Urban). For the collection of primary data we chose questionnaire method of data collection. In that way, we would get enough amount of specific information and descriptive information regarding the different ingredients which form up the current health scenario in India. We wanted the statistical data to relate our research with the ones that were done before, and we also wanted to evaluate people's views or understanding on how this particular aspect is affecting their lifestyle. Combining all of our data collection method, we ended up doing both questionnaires and interviews. The questionnaire that we formulated had both open ended and close ended questions to ensure descriptive and statistical information respectively. The questionnaire was to be distributed 'in person' and the respondents had to complete the questionnaire on the spot. The number of respondents who were distributed the questionnaire were 30, equally divided among the urban and rural population.

### Uncommon methods

In most of the rural cases, we had to guide them through the questionnaire almost like an interview because they had trouble understanding on their own. This definitely would have impacted the data collection process, but there simple was no other way around it. We had to translate the questionnaire in our best knowledge to make them understand what we wanted to know. For that, we had a good grasp of all the questions and the underlying principle for our research. Another atypical method was that our questionnaire consisted of a variety of different types of questions (Open ended and close ended). This helped us get just the adequate amount of information that we want with some room for more.

Even two of the closed ended questions had extensions for more elaborated qualitative data. Considering all of this 8 of the questions were focused on getting the specific answer (quantitative data) while the other 7 were focused on getting a descriptive answer (qualitative data). Based on the content of the questions, the questionnaire had questions directly asking about their mental and physical health. Intermixed with these were the questions that asked about a factor that may or may not affect their health. A mixture of direct and indirect

questions were used to elicit information regarding participants' mental and physical health

Some of the direct questions are:

- Do you have any recurring health issues ? (Physical health)
- How often do you feel stressed out or frustrated ? (Mental health)

Some examples of the indirect questions are:

- Where do you work? (Physical health)
- How many hours of sleep do you get at night? (Mental health)

There were also questions which targeted the mental facilities that were provided to them and their level of health conscious behavior.

There was no exclusive criteria for the selection of participants for this study. Still, because health is such a vast area of research we narrowed down the research to a few chosen individuals to make the study work. This was based on the parameter of family income. The eligibility parameters for our participants were to be in the same income group. This was not strictly followed as people are not very comfortable in disclosing their income. We collected data from a total of 30 participants. 15 participants each were interviewed from among the urban and rural areas. Out of these, 2 participants from each group fell outside the income bracket that we focused on in the study. Therefore, our study comprised 24 participants in the income bracket (5,000-20,000) and 4 participants whose income was considerably higher (40,000- 1 lakh). Income was an important variable which would have affected the research as rich people would obviously prompt for better healthcare and such. That is why we had to set up a rough estimate for the income group that we were looking for. No other criteria was chosen, the research participants ranged from multiple age group, married or unmarried, earning or not earning etc. After the survey a selected few were asked for a semi-structured interview in the hopes of gathering more knowledge of their personal opinions and observations. These people were selected based on the answers that they gave.

## CONCLUSION

The report presented above, according to the observations, suggests that the people from urban areas are more conscious about their daily routine, getting proper sleep, drinking pure water, and exercising regularly. Irrespective of all that, the people in urban areas are still unhealthier than those of rural areas.

According to the data collected for this report, 8 out of 15 people are physically unhealthier, in urban areas, as they catch a sickness 2 to 5 times every month. As per the outcome of this research, one of the main reasons behind it is the carelessness they show in taking medications on time. The other reason for their bad physical health may be that they have to sit through their jobs everyday. The common health issues reported in the people of urban areas are migraine, back pain, etc. but with their busy lifestyle, they tend to ignore these health issues.

On the contrary, the physical health of the people in rural areas is considerably better, as they indulge in physical work such as painting, carpentry, farming etc. However, it is worth noting that the mental health of people in rural areas is significantly worse than those of urban population. This may be attributed to complete lack of awareness about mental health among rural individuals. Financial crises are also somewhat responsible for a deteriorated mental state.

Even though, in urban areas, the mental instability is lesser than in rural areas, it is still prevalent, as the medical infrastructure for mental healthcare is majorly lacking.

Therefore, more emphasis has to be laid on both mental and physical health in urban as well as rural areas. More should be done to spread awareness about health, by educating people in general. The quality of the medical sector in the country is still underdeveloped. Hence, more steps should be taken to ensure its timely development.

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