# Health Care of Rural Areas

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# **Content**

- ✓ Criteria of healthy village
- √ Factors behind rural health problems
- ✓ Obstacles related to delivery of health care in rural areas

# **Health Care Of Rural Areas**

• The term Rural is defined as areas where Agriculture is the chief occupation of population and where there is lack of diversity of organized community services.

# **Criteria Of Healthy Village**

 Availability of adequate environmental services (<u>water supply, sewage and</u> <u>refuse disposal</u>).

The health care should <u>be Available And Accessible</u> (<u>geographically</u>, <u>financially</u> and <u>functionally</u>) for all rural population.

# Criteria of healthy village

- 3. High level of <a href="health awareness">health awareness</a> of population regarding their health problems and factors behind them.
- 4. The <u>basic needs</u> of the population such as <u>employment</u>, food supply, <u>education and recreation</u> should be satisfied.

# **Factors Behind Rural Health Problems**

# 1. Poverty: it leads to

- > Lower standard of living,
- > Poor nutritional status,
- ➤ High morbidity and mortality rates.

- I. Thiamine **deficiency** is a medical condition of low levels of thiamine (vitamin **BI**). A severe and chronic form is known as Beriberi. There are two main types in adults: wet beriberi, and dry beriberi. ... Wernicke encephalopathy and Korsakoff syndrome are forms of dry beriberi.
- 2. Vitamin **B2 deficiency** is also known as Ariboflavinosis. ...

  Vitamin **B2 deficiency** can cause the following symptoms:

  dryness and cracking of the skin around the nose and mouth.

  red, dry tongue called magenta tongue. skin rash.
- 3. Vitamin **B3 deficiency** is also known as **Pellagra** is a disease caused by a lack of the vitamin niacin (vitamin B 3)

- Poverty is significantly higher in rural areas in Jordan, where 37% are poor compared to 29% in the urban areas.
- But since 82% of the population lives in urban areas, the number of the urban poor is three times the number of the rural poor.

2) Illiteracy: It constitutes a barrier to dissemination of health knowledge.

# 3) Cultural And Psychological Barriers

- A. The Tradition of keeping women and children inside doors is an important determinant of rickets and osteomalacia.
- B. The Belief In Fate, and the minimal relation between individual behavior and health outcomes.

C. People believe that their <u>own mode of</u> <u>life is the best</u>, thus they reject any new concept e.g. the belief that *Dayas* are more efficient and more experienced than the health team of the village center.....Midwife, TBA

**D. Relative Values\*:** e.g. value of <u>adult</u> relative to child and the boy vs. girl.

E. Different Perception\*: e.g. public perceive dung as fuel, while the health team receive it as nuisance (irritant).

# 4) **Environmental Factors**

- A. Poor village planning (houses are haphazard and roads are narrow and tortuous.
- B. Poor housing (<u>Bad Ventilation</u>, <u>Overcrowding</u>, <u>Poor Lighting and Indoor Animals</u>)
- C. Lack of <u>Safe Water Supply</u> inside the dwellings.



الرجل الهندى الذي شق الجبل

الرجل الذي في الصورة اسمه Dashrath Manjhi يسكن في قرية نائية ومعزولة في الهند.

أصيبت زوجته إصابة خطيرة جدا وبسبب بعد المسافة بين المستشفى والقرية والطريق الطويل المعوج (70 كيلومترا) لم تصل سيارة الإسعاف في الوقت المناسب وماتت رفيقة الدرب بين يدي زوجها وهو عاجز لا يملك من أمره شيئا. طلب من الحكومة أن تشق نفقا في الجبل لاختصار الطريق إلى القرية حتى لا تتكرّر هذه الحادثة لأناس آخرين ولكنها تجاهلته؛ فقرّر هذا الفلاح قليل الحيلة أن يتصرف بنفسه لكي ينهي تلك المأساة التي يعيشها هو وأهل قريته؛ فأحضر فأسا ومعولا وقرر الحفر بيديه طريقا صخريا بريا بين الجبل.

سخر منه جميع أهل القرية واتهموه بالجنون، وقالوا إنه فقد عقله بعد وفاة زوجته.

أمضى هذا الفلاح 22 عاما ( من 1960 إلى 1982) يحفر في الجبل، يوميًا من الصباح إلى المساء، دون كلل ولا ملل، ولا يملك إلا فأسه ومعوله وإرادة تواجه الجبال وصورة زوجته في ذهنه و هي تموت بين يديه.

ونجح في الأخير في أن يشق طريقاً في الجبل بطول 110 أمتار، وبعرض 9 أمتار، وبارتفاع 7 أمتار، لتصبح المسافة بين قريته والمدينة فقط 7 كيلومترات بعد أن كانت 70 كيلومترا؛ وأصبح باستطاعة الأطفال الذهاب إلى المدرسة وأصبح بإمكان الإسعاف الوصول في الوقت المناسب.

لقد فعل هذا الرجل بيديه العاريتين وبإرادته التي تغلب الجبال لمدّة 22 عاما ما كانت تستطيع أن تفعله الحكومة في 3 شهور، وقد سُمّي هذا الفلاح برجل الجبل، وتمّ إنتاج فيلم سينمائي عنه يروي قصتنه.

- D. Poor sewage and refuse disposal
- E. Prevalence of <u>vector and animal</u> <u>reservoir\*\*</u> of diseases (insects, rodents, dogs, sheep and cattle's)
- F. Poor food hygiene.

• Reservoir of infection: Any person, animal, plant, soil or substance in which an infectious agent normally lives and multiplies.

• Vector: In medicine, a carrier of disease. For example, in malaria a mosquito is the vector that carries and transfers the infectious agent.

# Rural health problems

# 1. Problems Related To Vital Events

- ✓ Births: high crude birth rate
- ✓ Deaths: high mortality rates, especially maternal and child mortality rates
- ✓ Life expectancy : short

# Rural health problems

# 2. Morbidity:

- **✓** Epidemics\*
- ✓ Endemic diseases\* are numerous (e.g. trachoma, ophthalmias, streptococcosis, gastro-enteritis, amoebiasis, ascariasis, schistosomiasis,)
- ✓ Nutritional diseases: the most common nutritional diseases in rural areas are <u>Anemia</u>, <u>Rickets</u>, ariboflavinosis, <u>Vitamin A Deficiency</u> And Pellagra.

Endemic: a disease that exists permanently in a particular region or population. Malaria is a constant worry in parts of Africa.

**Epidemic**: An outbreak of disease that attacks many peoples at about the same time and may spread through one or several communities.

Pandemic: When an epidemic spreads throughout the world.

# Rural health problems

# 3. Health Problems Related To Agriculture:

- A. Parasitic infestation
- B. Zoonotic disease (Brucellosis, Anthrax)
- C. Accidents due to increased agricultural machinery
- D. Intoxication by pesticides
- E. Occupational lung diseases: (inhalation of organic dusts as (Cotton Dust: Byssinosis)

# Obstacles Related to Delivery of Health Care in Rural Areas

- 1) Obstacles related to the consumers
- 2) Obstacles related to health care itself.

# 1) Obstacles Related To The Consumers

- Low utilization of preventive services as family planning, child care, and maternity care (except for compulsory immunization)
- Low utilization of the available beds in health care centers.
- 3. Inadequate community participation.

#### Obstacles related to the consumers

- High morbidity and mortality among mothers and children.
- Sustained unhealthy life styles as lack of personal hygiene, inappropriate food consumptions.
- Illiteracy and lack of awareness about health problems and their risk factors.

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# 2) Obstacles Related To Health Care Itself

- 1. Limited multi-sectorial approach.
- 2. Poor and inadequate referral services.
- 3. Low outreach for all services except for postnatal care.
- 4. Insufficient covering of population by basic environmental services and emerging of other environmental health determinants such as pesticides and fertilizers.

#### Obstacles related to health care itself

- 5. Inadequate human resources:
  - A. Inadequate performance due to <u>unsuitable working</u> conditions, low salary, lack of motives and training.
  - B. Shortage of skilled nurses and technicians and maldistribution of physicians.
  - C. Inadequate non-human resources: shortage of drugs, equipment, transportation facilities, electricity as well as limited and inequitable resources allocated for preventing activities.