

Voices from the Top of the Pile: Elites' Perceptions on Rural Public Health Care Management in Karnataka State - South India

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ABSTRACT

INTRODUCTION: Health is one of the prime concerns of mankind, since his emergences on the earth. Health is a pre-requisite for human development and is essentially concerned with the well-being of the common man. The issue of rural health has drawn increasing attention both at the national and international level today because of elites role in health policies. In various platform elites have raised criticism focusing on poor health infrastructure and health behavior and its impact on physical, mental, social, moral and spiritual health of the rural folks. In India there is a debate on the expected role of the elites in case of new health policies.

OBJECTIVES: To explore the perception of elites regarding various issues of rural health care system in Karnataka south India.

METHOD: Primary data were collected from the selected 50 elites of the society using structured interview process.

RESULTS & DISCUSSION: Elites found poor rural health infrastructure and the various socio-cultural barriers as main hurdles in implementing modern medical health care facilities in the rural parts. It was found that there should be a focus on improving the health status of the rural people stressing promotion of the scientific usage of traditional medicinal system and rapid improvement in rural health infrastructure.

KEY WORDS: Elites, Rural, Health, Scheme, People, Caste.

Introduction

Health is not only related to medical care but an integrated development of an entire human society. Normally the context in which an individual lives it is of very vital and significant for his/her health status and the quality of life. The importance of good health of the people cannot be minimized and it has been considered as one of the important components of human capital. Good health is an indication of a strong

mind. Due to its vital importance, health economics is attracting researchers and policy makers more rapidly in recent decades. It is well said in the theory of human capital that people should invest themselves in terms of education, health and skill development programmes. Health is a major segment of human capital. If the quality of human capital is not good, physical capital and natural resources cannot be utilized properly and growth can neither be sustainable nor be qualitative (1).

Rural areas in India in general are marked by the poor implementation and availability of health facilities. Various governments have implemented

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many rural specific health programmes but the gaps still persist. High concentration of infectious diseases, absence of effective health education, lack of fundamental facilities, problems in the implementation are adversely affecting the health of the rural populations even today. Even today there is no good road facility to reach many remote villages across the country. Due to infrastructure issues and lack of political will, new medical technologies and facilities have not yet reached many villages in the country (2).

A recent study on accessibility of quality healthcare facilities shows that rural areas stay drastically underdeveloped in terms of the health infrastructure in India. About half the people in India and over three-fifths of those who live in the rural areas need to travel around 4-6 km to reach a primary health centre (PHC) or a sub-centre (SC). Availability of healthcare services is skewed towards the urban centers, with these inhabitants who make up only 28% of the country's population, enjoying access to 66% of India's available hospital beds, while the residual 72%, who live in the rural areas, have access to just one-third of the beds (2).

It is generally found that with the concentration of poverty, low health status and high burden of disease in rural areas, there is a need to focus specifically on improving the health of people in rural and remote areas, particularly if the urban drift is to be reversed. The WHO has highlighted this with the specific objectives for the policies and action which promotes the sustainable livelihoods and facilitating people to have access to land, resources, markets, better education, health and opportunities especially in the case of rural populations. These objectives seek to contribute to lowering the child and maternal mortality, and improving basic health care for all, including the quality of reproductive services.

Achievement of this is linked to the protection and the better management of the natural and physical environment (3).

However on other hand, it is found that factors such as religion, caste and class structure, current social system, etc., play a role in determining the health behavior of a rural community. Further, it is felt that this issue contrasts sharply with the closeness of bio-medicine. Sociologists state that the 'irregular from a normal social procedure and is unhelpful to replacement the systems'. There are certain socio-cultural factors which indirectly affects the health behavior of the rural community.

Objectives

1. To find out the perception of elites regarding various issues of rural health care system in Karnataka & ideas to improve rural public health care system- south India

Methodology

Data Resources: Primary data were collected from the selected elites of the society

Sampling: A total of 50 elites members from the below-mentioned categories were chosen for the study

1. Top Academic People (number interviewed: 12)
2. Top Bureaucrats (8)
3. Political Leaders (9)
4. Corporate Giants (11)
5. Wealthy family members (10)
 - a. Among the top academic people only Professors working in various universities who are drawing higher salaries were chosen
 - b. Among the Bureaucrats top India Administrative Service (IAS) employees were selected

- c. Among the political leaders, heads of the local and regional parties were selected
- d. Among the Corporate giants, owners of big software/export/pharmaceutical / automobile /real estate companies having annual turnover of more than \$.1billion
- f. Wealthy family members: people who are enjoying inherited wealth through ancestor's property and other means

assessments of existing anti-poverty programmes and their implementation, responsibility for anti-poverty action, etc.

A carefully-designed structured interview was conducted to collect data from these elites. Data were also collected through five focus group studies (each group had 5-7 members), including common members of the public such as advocates, teachers, religious leaders, low-level government officers and private workers, and the students.

Tools for data collection

Primary data were collected through questionnaires from the above-mentioned 50elites in order to assess a variety of factors, including reasons for poverty, dimension of exclusion, social policies, service delivery, consequence of poverty,

Analysis of Data

The qualitative data were analyzed using NUD*/IST statistical software and the quantititative data were analyzed using SPSS Software

Results

Table 1. Reasons for Poor Health Status in Rural Area

Response	Frequency (%)	X ²	P
Poor health infrastructure in the rural parts	9(18)		
Low level of health education and participation	7(14)		
Govt. ignorance and corruption	10(20)	0.433	0.994
Lack of fundamental facilities	9(18)		
Poverty and illiteracy	8(16)		
No idea	7(14)		
Total	50		

Table 2. Opinion about Socio-Cultural Barriers in Introducing Modern Medicine in Rural Parts

Type	Frequency (%)	X ²	P
Mindset has not changed yet	7(14)		
Old age health beliefs/ culture/ behavior	7(14)		
Income and occupation also important	4(8)		
Taboos in caste and religion	12(24)	3.320	0.768
Strong influence of customs and traditions	10(20)		
New social network counts a lot	5(10)		
Level of education counts a lot	5(10)		
Total	50		

Table 3. How we should continue Indian System of Medicine for the Rural People?

Type	Frequency (%)	X ²	P
Traditional medicine is affordable and cultural sensitive but safety is in question	7(14)		
Local healers need training with the PHC people	5(10)		
Sidda and Unani system needs more focus	4(8)		
Traditional medicine must be integrated with the modern medicine	12(24)	1.120	0.310
Homeopathy and Ayurvedic system need more research for the standardization	10(20)		
Other	12(24)		

Table 4. Opinion about Western Medical System for the Rural People

Type	Frequency (%)	X ²	P
Establishment of more multi-doctor centers at rural locations	12(24)		
PHC must be provided with all facilities	21(42)		
Government should provide support for medical pluralism	5(10)	7.948	0.094
Western Doctors should be culturally sensitive	5(10)		
Modern health education through folk media is must	7(14)		
Total	50		

Table 5. Opinion about Medical Pluralism in Rural Parts

Type	Frequency (%)	X ²	P
Good development and very helpful to the poor	12(24)		
Issues of side effects and untrained practitioners	13(26)		
Quality and safety is a vital issue	13(26)	3.161	0.531
More options for the patients with affordability	7(14)		
Government and NGO work to preserve traditional medicine	5(10)		
Total	50		

Table 6. Why Medical Practice among the Rural population has Changed in its Ideology and Treatment Procedure

Type	Frequency (%)	X ²	P
Success rate of different system of medicines	13 (26)		
Rapid medical pluralism at the door steps	11 (22)		
Awareness of side effects of all types of medicine	9 (18)		
Improvements in social economic statuses	6 (12)	3.369	0.643
Effect of mass media	7 (14)		
Awareness about medicalizations	4 (8)		
Total	50		

Figure 1: Opinion about Improving Health Behavior of the Rural population

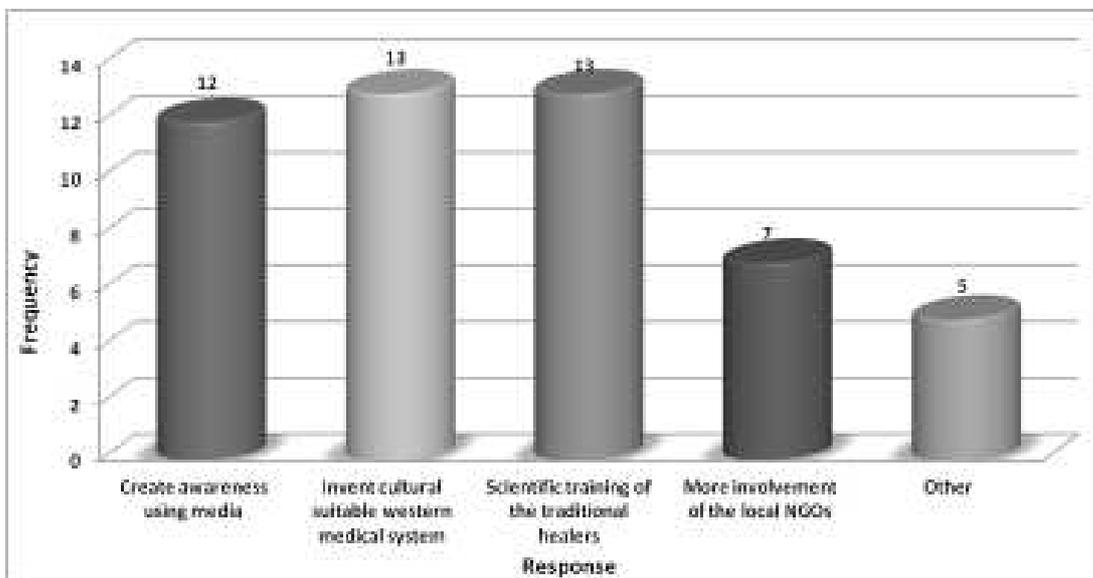


Table 7. Opinion about New Health Policies for the Rural People?

Response	Frequency (%)	X ²	P
Efforts should be made to devise new systems or patterns of institutions by which the access of rural to modern care should be enhanced.	21 (42)		
Provision for synthesis of Indian systems of medicine with western medicine	10 (20)	3.207	0.361
Proper planning, implementing and monitoring of rural health programmes is required	9 (18)		
Lot of scope for the decentralization of health care needs	10 (20)		
Total	50		

Table 8. NGO's Strategies for Rural Health Promotion

Response	Frequency (%)	X ²	P
Collaboration with the local self-help groups and PHCs	10 (20)		
Action research and policy suggestions to the Govt.	14 (28)		
Act as real implementing agency	12 (24)	0.556	0.907
Running mobile health units, awareness creation	14 (28)		
Total	50		

Table 9. What should be the Role of Elites In Improving Rural Health

Type	Frequency (%)	X ²	P
Influencing health policy	14(28)		
Role as a NGO donor	9(18)		
More active role with the civil society	21(42)	2.120	0.368
As a brand ambassador	4(8)		
Other	2(4)		
Total	50		

Discussion

The poor rural health condition in India has drawn increasing international attention and condemnation since 1970s. During the same period many international Non-government Organisations (NGOs) and the elites from the various sections have begun to speak out against poor health infrastructure in the rural parts in developing countries. The issue of rural health has generated renewed interest because of the new economic policies formulated in line with the structural adjustment programmes dictated by international agencies and as adopted by the elites. Global health market economy has become wider now. Hence, the long neglected topic of rural public health issue has suddenly attracted worldwide interest as a subject of research and analysis, particularly increasing expenditure by the elites on various health care issues and their role in framing new public health policies. This

interest among economists and social scientists began during a transition period in which the incidence of death due to presence of modern health care hospitals established by the elites had been declining for decades among the developed countries and increasing among the developing countries including India (4,5). It was also felt that through corporate social responsibility today's elites can play a major role

Regarding reasons for poor health status in rural areas it is found that 18% of the elites said poor health infrastructure in rural part is the main reason while 14% of them said it is due to low level of health education and participation while 20% opined governmental indifference and corruption while 18% of them said poor health status is because of strong existence of age old health beliefs /culture/ behavior whereas 16% of them opined poverty and illiteracy as the main reason while 8% had no idea about it. Regarding

opinion about socio-cultural barriers in introducing modern medicine in rural parts it is found that 29% of the elites admit poverty and education counts a lot while 8% income and occupation also important whereas 25% said today each caste has separate health culture and 21% said lifestyle has changed over the year and it affects health culture. Next, 10% of them opined new social network counts a lot and 4% gave other reasons. Regarding western medical care for the rural people 24% of the elites opined establishment of more multi-doctor centers at central locations would be a good move whereas 42% said PHC must be upgraded while 10% said government should provide support for medical pluralism while 10% said western doctors should be more culturally sensitive whereas 14% elites said modern health education through folk media is required. Also, 26% opined it is because of success rate of different system of medicines whereas 22% of them opined rapid medical pluralism is the main reason while 18% of them said strong awareness of side effects of all types of medicine among the rural people and 12% of them said improvements in social economic status is the reason. Next 14% of them opined it is due to the effect of mass media while 8% of them said it is due to over medicalizations. Regarding the role of the elites in improving health status of the rural different classes of the elites gave different view.

Regarding opinion about improving the health behavior of the rural population, 24% of the elites said create awareness using media while 26% of them felt it is need to invent cultural suitable western medical system whereas 26% of them opined scientific training of traditional healer is must whereas 14% of them opined more research in effective interventions in their health care

required and 5% of them gave other. Regarding new health policies for the rural people 42% elites opined efforts should be made to devise new systems or patterns of institutions by which access of rural populations to modern care should be enhanced while 20% opined synthesis of Indian systems of medicine within the rural system and modern medicine should be integrated whereas 20% said all modern facilities should be provided to the PHCs and scope for the scientific training for the traditional healers. Regarding NGOs strategies for rural health promotion 25% of them felt NGOs are working collaborating with the local self-help groups and PHCs whereas 20% of the NGOs are involved in action research and provide policy suggestions to the government while 35% of them acting as real implementing agency and 20% of them are running mobile health units and involved increasing awareness.

It is found that apart from social, cultural and religious practices there are some other factors which may play a vital role in developing specific health behaviour towards origin, cause and treatment plan for various health issues. The continuation of poor health culture, poor health infrastructure, unspecified barriers, misleading health practices, and domination of local healers are some of the vital structural barriers which prevent the patients in rural areas from getting proper and timely treatment especially for communicable disorders. In the same way, in some cases we found that losing faith on the local medical system, paradoxical changes in the rural life style, level of education and income are strongly associated and act as push factors to seeking modern health care by rural respondents belonging to the higher income groups as opined by the elites.

Conclusion

It is found that role of culture in rural health, suggesting that the concept and its impacts are insufficiently understood and studied as very few elites are from a rural background in India. It is established that some of the ways in which culture has been considered in (rural) health that culture is either used vaguely and broadly - for example, suggesting that there is a rural culture, or hardly - certainly maybe interchangeably with ethnicity as felt by some elites who run businesses in the rural areas. How the elite's understanding be utilized for constructing public health policy. There are some indications that the increasing migration of poor rural people into the major cities is already having an impact on the elite's health care choices. Elites even can influence public health policies through various channels. Few elites are supporting online pharmaceutical and telemedicine operations focusing on rural parts of the country. This is the time for the elites to donate generously for various health care measures taken by non-governmental organizations. There is still hope that government needs to work harder in this issue. It needs to execute a clearly defined policy with a set of strategy and norms that will aid in ensuring the sustainability of rural health policies.

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