

A Study on Health Aspect of Laxhmannath and Gop Village of Jaleswar block in Balasore District of Odisha, India

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Abstract— This is a rural context based study. Country like India has 68.84% population in rural area; health is a vital aspect among all aspects. Unhealthy lifestyle is a major concern in underdeveloped nation; in village poor people are facing more health problem because of unhygienic, lack of awareness and infrastructure, crisis of qualitative and quantitative availability of primary health care facilities. In the study location, nearby area has no hospital, villagers mainly depend upon Accredited Social Health Activist (ASHA). Mamata Dibas (Odisha state health scheme) is conducted in both villages where immunization and weight measurement of both pregnant mother and children has done, along with this sugar test, hemoglobin check of pregnant women and giving red card to high risk prone pregnant women are the specific health availability women are getting. But except two ASHA workers (Accredited Social Health Activist) no other medical staffs are present here and newly open Primary Health care also not inaugurated, poor people are mainly sufferer here. They don't get proper health facility and women are facing lot of problems during their delivery time, lack of transport system is also constraint for them. For bringing development in health perspective, conducting different awareness programme and NGO intervention to initiate new health programme can be a way of betterment of the society.

Keywords: ASHA, NHM, Health Aspect of Laxhmannath and Gop Village, Mamata Dibas (Odisha state health scheme)

I. INTRODUCTION

The area where people mainly depend upon agriculture and population density is lower and situated far away from the city, is called rural area. India is an agriculture based country but the methods of production, social organization and political mobilization, in rural sector is extremely backward and weak. Moreover, technical developments in field of agriculture have increased the gap between the rich and poor, as the better off farmers adopted modern farm technology to a greater extent than the smaller ones. Development means bringing change in social, economic, political and technological spheres as well as concern about health of life because "Health is not everything but everything else is nothing without health". Every village has their own history. Laxhmannath and Gop villages are also not exceptional in such way. Before independence zamindar were ruled over both of villages but after independence scenario was changed. Their main language is Odia but few people know Bengali and Hindi also. Durga Puja is one of the most famous and old festival in Laxhmannath around 510 years, that was started by famous king Ramchandra Ghosh. He came in this Laxhmannath village in 1508 in the period of Hosensha. After that in 19th century zamindari system came here but after independence nearly in 1960s zamindari system abolished

and govt. undertook these two villages. Here we can't see any single month is empty. Normally in Bengali there is a proverb that "baro mase tero parban" It means people celebrate 13 festival in 12 months and in the time of Maker Sankranti they make different sweet items. In each village there are usually main six dimensions economical, ecological, cultural, technological, Political and Health is the one of the most important dimension, among the entire dimension, which will be discussed here in a particular location basis.

II. STUDY AREA AND METHODOLOGY

The State, District, block, village was selected purposively. Laxhmannath and Gop village both are situated in Laxhmannath Panchayat, of Jaleswar block, Balasore Dist. of Odisha. These two villages are located in 21.839338° latitude and 87.2215666° longitude. Village Laxhmannath is surrounded by Birisipur(south), Gobarghata(north), Krushnaga(west) and Subarna rekha river in east. Gop is surrounded by Birisipur(north), Panchaghata(south), Jaleswar road(east) and subarna rekha river in west. This study was conducted during 10thDecember to 19th January, 2019 and Primary data collection through Participatory tools, survey, case studies, observation, Focused Group Discussion and secondary data collection from census, Anganwadi, Panchayat was used for collecting the information.

III. RESULTS AND DISCUSSIONS

Health is a common theme in most cultures. In fact, all communities have their concepts of health, as part of their culture. "Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity" (WHO). Health has evolved over the centuries as a concept from an individual concern to a worldwide social goal; and encompasses the whole quality of life. So understanding about health and bringing awareness about health is our responsibility.

IV. NEED OF VILLAGE HEALTH STUDY

Though govt. of India is succeeded to generate certain amount infrastructure in urban area but rural area is very far away from that right track, as well as there are huge crisis of qualitative and quantitative availability of primary health care facilities. Community participation is one of the core principles of primary healthcare. The World Health Organization suggested that the development should be more people-centric. The government of India under the National Health Mission (NHM) stated that poor rural people can get proper health facility if local communities take responsibilities regarding health action plans. Keeping all this in mind this study was conducted to explore the different aspects, gaps and stakeholders of the health dimension in the rural villagers.

V. HEATH OF ODISHA RURAL LIFE

Odisha is one of the worst states where only few govt. nurses and pharmacists are employed mainly in rural area. Only very few emergency cases Doctors come in rural health care services otherwise non-degree allopathic practitioners (NDAPs) quench the thirst of medical professionals. In Odisha, 40.2 per cent chose first curative contact with NDAPs and 36.2 per cent with traditional healers.

VI. VILLAGE HEALTH CONDITION

Though the villages are economically not that much distressed, poor people somehow can manage their life but main problem is that there is no hospital, whenever any people suffer in disease he/she has to go Jaleswar hospital and in case of delivery, it is more difficult to take patient in Jaleswar during his critical situation so according to villagers' view there 1st priority is to make a hospital in village itself. Except two ASHA workers village has no medical facility. Total 170 ASHA is present in Jaleswar block, usually each ASHA worker is in charge of each village. Total 6 branches cover through this 170 ASHA worker, Under 6 branches Jaleswar is a branch that is made by 25 sectors. Sector meeting is conducted last Saturday of each month from 10a.m. to 4p.m.

VII. HEALTH OF LAXHMANNATH

This village is poor in medical facility. Recently 1 primary Health Care center made here, but till now there was no inauguration but Accredited Social Health Activist (ASHA) is present in this village, Chobi Rani Mishra is in charge of this ASHA in this village. Mamata dibas is conducted here in third Tuesday of every month.

VIII. HEALTH OF GOP

In this village Jotsna Pradhan is in charge of ASHA and Mamata dibas is conducted here in fourth Tuesday of every month. In this village 5 year child is affected in severe anemic, earlier every week he had to transmit blood and then once in a month and now once in 2-3 months.

IX. MAMATA DIBAS

In this day gives the immunization and measure the weight in monthly basis to anganwadi children and pregnant women, and also doing the counseling, sugar test, hemoglobin check of pregnant women and give red cart to high risk prone pregnant women.

A. No. of child death in both of villages in last 10 years:

Village Name	Year of Death	Time	Death
Laxhmannath	Death in the year of 3 years	Death after 5 min (Mother did journey in full pregnancy time).	1 child, died after 5 min (Mother did journey in full pregnancy time).
Gop	Death in the year of	Death inside womb (Infection in	Child died because of bronchitis

	10 years	Mother's body)	
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B. Birth related Information regarding two villages:

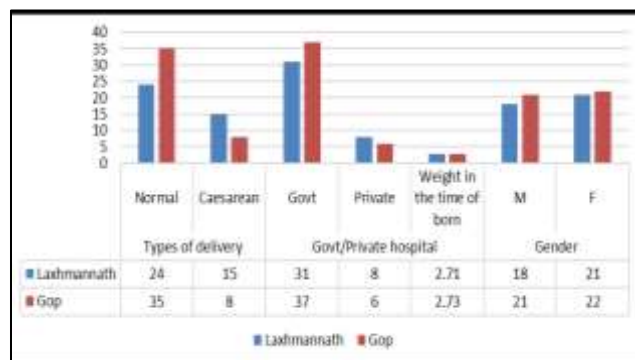


Chart 1: Birth Related Information

The information is collected from ASHA worker clearly shown in the above table. In the village Laxhamannath there are 39 total birth among them 24 is normal and 15 is caesarean, among that 31 is done in government hospital and 8 in the private hospital average wait of the babies are 2.71 among that 18 is male and 21 is female. In the village Gop there are 43 total birth among them 35 is normal and 8 is caesarean, among that 37 is done in government hospital and 6 in the private hospital average wait of the babies are 2.73 among that 21 is male and 22 is female.

X. MAJOR PROBLEM OF VILLAGES

Both villages have no hospital, whenever any people suffer in disease he has to go Jaleswar hospital and in case of delivery patient, it is more difficult to take her Jaleswar in his critical situation so according to villagers' view there 1st priority is to make a hospital in village itself.

Causes	Effects
1) Communication system is not good.	1) In the time of accident or pregnant women when don't get ambulance or 4 wheeler patient go to critical condition.
2) Transport system is poor, auto is not available all time, in the time of emergency case (in the time delivery of pregnant women, severe accident) don't get ambulance easily.	2) In case of very severe accident people died.
3) No hospital is present in village	3) In case of snake bite person could not reach the hospital for treatment.
4) 1 PHC is structured here but till now no one came for inauguration.	4) In Jaleswar hospital also all facility is not available
5) Except 2 ASHA workers (Accredited Social Health Activist) no other medical staffs are present in two villages.	sometimes doctor referred patient to Baleswar hospital.
6) 6. Jaleswar (block) hospital distance is 8k.m.from Laxhmannath and 6k.m. from Gop village, so in case of emergency people face more problem.	

XI. CONCLUSION

Health is a common theme in most cultures. In fact, all communities have their concepts of health, as part of their culture. Take care of our health is our own responsibility. Though economically these two villages are somewhat forward rather than surrounding villages but in health perspective these are so poor villages. Except 2 ASHA workers (Accredited Social Health Activist) no other medical staffs are present here. Distance from Jaleswar block hospital is 7-8 km. but because of no ambulance facility in emergency situation patient go to critical condition and sometimes died also. During the pregnancy period also people are not easily getting ambulance facility, and because of large coverage of villages for two ASHA worker it is not possible to take care of each and every single person where poor ST, SC categories' people are main sufferer. Though child death rate is very less but average weight of the babies are consecutively 2.71 and 2.73 in Laxhmannath and Gop village, which is lesser than the normal weight, it proves that people are not take care about their health, they don't concern when they have to take nutritional food, what types of quality food they should take, when they have to go for checkup, what precaution they have to adopt to avoid diseases or certain illness everything they just ignore and for that bringing awareness among rural backward people is very much necessary. For bringing awareness conducting some health programme related to importance of health and also make villagers aware about health scheme, health camp and immediate inauguration of primary health care service is very much important to improve and getting immediate health service in the critical situation.

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