INTRODUCTION
The World Health Organization (WHO) defined health in its broader sense in 1946 as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

Health care continues to pose a major challenge for a developing state like Haryana. In laymen terms Health is considered to be good if a person is able to think effectively and sound physically fit. A number of factors affect the health status of the individuals including background, lifestyle, economic, social conditions etc. These are also referred as determinants of health. The recent study has also identified stress as a major cause of health problems. It has been observed by many health organizations that health is maintained or improved not only by the growth and upcoming technology in the medical science but it is majorly nurtured by surroundings and life style i.e society.

As per the common belief and sayings also, health is for all, whether a saint or a sinner. Health is a need and right of all individuals irrespective of their class, custom, creed, belief, age etc. Even a person living in rural has equal right on a healthy living or a healthy body but attainment of the same is challenging for them on a comparative notion. Rural area is defined on the basis of all territory, persons and housing facilities that are available in particular area. Rural areas are having less than 1000 people population with less of services which surrounds that area.70% of the population is living in rural area as per Health Ministry of India.

Rural areas are also known as ‘countryside’ or a ‘village’ in India. It has a very low density of population. According to the Planning Commission, a town with a maximum population of 15,000 is considered rural in nature. In these areas the panchayat takes all the decisions.[1]

The National Sample Survey Organisation (NSSO) defines ‘rural’ as follows:[2]
1. An area with a population density of up to 400 per square kilometer,
2. Villages with clear surveyed boundaries but no municipal board
3. A minimum of 75% of male working population involved in agriculture and allied activities

SCOPE OF STUDY
The study is based on Village Tilpat located in Faridabad District of Haryana State. As per the census 2011 the population of Faridabad is 17,98,954 and 20% of the population is residing in Rural. Tilpat is one of the rural area. It is located in the north east of the Faridabad with the population of 18,000 (approximately). Tilpat is surrounded by the villages like Surdas, Palla, and New Tilpat.

The study focuses on the health care services proposed and provided in village Tilpat. The focus was also assessing the awareness on various health issues and handling of emergencies.

THREE TIER SYSTEM OF HEALTH SERVICE IN RURAL INDIA
Health care Infrastructure in rural area has been developed as three tier system and is based on population norms:

<table>
<thead>
<tr>
<th>Centre</th>
<th>Population Norms</th>
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<tbody>
<tr>
<td></td>
<td>Rural Area</td>
</tr>
<tr>
<td>Sub Center</td>
<td>5000</td>
</tr>
<tr>
<td>Primary Health Centre</td>
<td>30,000</td>
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<tr>
<td>Community Health Centre</td>
<td>1, 20,000, 80,000</td>
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</table>

Source: Rural Health Care system in India

Sub Centre: Sub centre is the most peripheral and first contact point between the primary health care system and the community. As mentioned above, there should be one sub centre in the normal plain area having population up to 5000 people. The sub centers are shouldered with the responsibility of effective inter personal communication with the objective of bringing behavioral change and facilitating villagers with better maternal and child health care services. This also includes family welfare and planning, nutrition, immunization, diarrhea control and control of communicable diseases program.[3]

Primary Health Centre: PHC is the first contact between the village community and the medical officer. The PHCs emphasis on preventive and promotive aspects of Health care. These are established and maintained by state government under the Minimum Needs Program (MNP)/ Basic Minimum Services (BMS).[3]

Community Health Centre: These are also established under MNP / BMS Program with the provision of 30 beds , one OT, X Ray, labor room and laboratory facilities.[3]

OBJECTIVE OF STUDY
- To know the status of awareness among the people of the village Tilpat regarding health care
NEED OF HEALTH CARE SERVICE

Majority of people in the village are struggling for healthy life due to preventable and curable diseases as there are not sufficient resources available in these areas. The main reason for this is low level of health facilities and lack of quality infrastructure. Cherishing a healthy life is not only the need but the right of individual. An unhealthy life leads to vicious circle of more expenditure, less affordability, family sufferings, lack of contentment and all these ultimately leads to unhealthy life.

Budget outlay of Rs 74429 crore has been provided under the Plan head to the Department of Rural Development for the financial year 2013-14.[4]

Patients perception of quality of care and satisfaction with care are critical to utilization of health services

HEALTH CARE SERVICE

India being so advanced in medical sciences, but then also rural areas of India are suffering from unavailability of many health care facilities. Each sub centre is required to be facilitated by at least one auxiliary nurse mid wife (ANM.)/Female health worker and one male health worker. As far as PHC is concerned, there need to be a team of 15 people inclusive of one medical office, one pharmacist, one nurse mid wife, one health worker, one health educator, one health assistant-male and female along with upper and lower division clerk, laboratory technician, driver and class four are promised to be facilitated to villagers. The CHC which are catering to approximate One lack fifty thousand population are provided with the team of twenty five health providers that includes four medical specialist i.e. surgeon, physician, gynecologist and pediatrician, seven nurse mid wife, one dresser, one pharmacist, one laboratory technician, one radiographer, two ward boys, one dhabhi, three sweepers, one mail, one chowkidar, aya, peon.

The various associations has also proposed awareness campaigns on women health care awareness, communicable diseases, polio campaigns, first aid campaigns, educating the women of village on the benefits of nutritious diet, benefits of proper sanitation facilities, hazards of improper sanitation, rights to demand good quality of care, campaigns on effects of tobacco, alcohol on health. The Government has also proposed and provided 8 female workers under the scheme ASHA (Accredited Social Health Activist) for female health care. The ASHA workers are the females of the village Tilpat itself with minimum qualification of 8 standards.

CURRENT SCENARIO

As per the three tier health care system one PHC should be there on the population of ranging from 5000-30000. The village Tilpat is having the population of approximately 18 thousand but then also villagers are managing with only one sub centre due to which additional facilities provided by PHC over sub centre, cannot be availed. Due to this they are facing the problem like low quality of care, poor accountability, lack of awareness, limited access to facilities as comparative to PHC.

However, the sub centre is adequately catering the villagers. The main emphasis is given on female and new borns health. The vaccination is provided on time and proper reminders are given for vaccination to the needed one.

There are different NGOs of Faridabad district who are working to help and relieve the burden on public health system.

RESEARCH METHODOLOGY

This paper is based on empirical study and fact based information collected through primary data. Secondary data was also taken for this research. The Research Area is village Tilpat in Faridabad District of Haryana State.

The Study is based on the data collection tools are observations and response through interview of 80 families of village Tilpat.

The families were interviewed on various parameters like

- Supply of safe drinking water
- Proper sanitation
- Health awareness campaigns
- Availability of medical services
- Approach of Health providers
- Availability of first Aid in emergency

OBSERVATION

The study includes the following observations:

There are different primary health care’s centers are working for the health care of the civilians of Tilpat village but there facilities are not sufficient. % of the centers don’t have the Doctors and medical staff

- There is no Laboratory in Village Tilpat. Only Hemoglobin and pregnancy testing facility is available in Sub centre.
- Inspite of approx. 18000 population in village Tilpat no PHC is available till now.
- Sub centers don’t have pharmaceutical facility but there are few general medicines which are available for villagers.
- Village doesn’t have facility to handle emergency cases. Population of village Tilpat travel more than 10 km to seek emergency services
- Lack of quality infrastructure related to beddings and hygiene
- Lot of health care campaigns like national rural health mission, Janini Suraksha Yojna, Janini shihu Suraksha Yojna run by Government to make people aware about the hygienic conditions
- It was also found that one of the reason of maternity deaths are superstitious believes of villagers against availing medical benefits for delivery of pregnant women.
- Regularity of Polio vaccination and awareness program is worth appreciable and this is helping in weeding out Polio virus from the village.
- Regularity and awareness of vaccination is very effective. Every Tuesday and Wednesday are fixed as vaccination day.
- 8 females of village Tilpat are appointed as ASHA workers.
- There was no Male Health worker in the village which is recommended in the staffing structure under Indian public Health standards.
- Primary school of village is a helping hand for Sub centre and contributing a lot in spreading awareness and uplifting the standard of living of the village.

SUGGESTION

- Build awareness about accountability in health care
- Gender Equality
- Tutorial Message
- Mobile solution to problems through using mobile technology
- NGO’s cabs should be available 24X7 for providing emergency support to the patients in the village
- Civilians of Tilpat village should improve the standard of living and nutrition level for better life.
- Camps for educating villagers for providing First Aid
- Counseling Sessions to overcome the superstitious beliefs and benefits of using medical services for expected mother at the time of delivery
- Counseling to the parents for new born and child care especially vaccination
CONCLUSION
The positive point was that there was much awareness in villagers regarding the women health care, child health care, vaccination, prevention from communicable diseases and expected mother's conditions. This awareness creates consciousness that helps in gaining healthy living but the other side of the coin is that they are getting the benefits less than the promised as per the government norms. The contribution of NGO's is worth appreciable. There can many more factor like rural infrastructure, hygienic conditions etc on which the health care of an individual is dependent and can be studied further.

REFERENCE