



Role of Panchayathraj Institutions in Improvement of Rural Health and Sanitation in Ballari District of Karnataka State

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ABSTRACT

In India agriculture is the main occupation in all the rural elite. India is known for traditional farming system and adopted old pattern of cropping and harvesting which led the people to face poverty which in turn leads for poor health and sanitation. Poor consumption of nutritious food leads for the ill nutrition and live in poor hygienic condition. Women are too the subjects of negligence and that results in their ill health. Besides this there are some vices which village people are addicted hindering their health condition. Ballari district which is situated at the northern part of Karnataka is full of rustic people and the inhabitants too are backward hence the government schemes are at very distance. To study the Availability and Acceptance of the Health Care Facilities among the Rural Community. Create awareness among the villagers about Health Care facilities and services, the demographic factors influencing the acceptance of available Health Care facilities in rural area. Know the role of Non Governmental Agencies in providing health care facilities. To study the role of Government Agencies in providing health care facilities. hence Panchayath Raj Institutions under the 73rd Amendment Act of the Constitution of India. Rural Development incorporates measures to reinforce the democratic structure of society through the Panchayath Raj Institutions (PRIs). It also incorporates measures to enhance the rural edifice, enhance economic condition and education and health. The Kuruba live in all locales of Karnataka except in Western Ghats and coastal Karnataka. The most seasoned child gets to be accountable for the family when the father kicks the bucket while the property is offered similarly to every one of the children. They cover their dead. Other than shepherding, the Kuruba are in a few different sorts of work. The efforts of government of Karnataka through Panchayat Raj Institutions is striving hard bring the nomadic rustic people to mainstream of society. However the health improvement plans and projects have not reached the target group at the expected rate

KEYWORDS

Disease, Health Management, Panchayath Raj and Kurubas

INTRODUCTION:

Every society has a theory of disease and provides an efficacious for treatment. The medical system prevalent in a society is a combination of traditions, beliefs, techniques, ecological adaptations etc. This system is an integral part of the culture of the society. It provides the means to the members of the society for maintaining health and preventing and curing disease. The concept of health among the tribals and their medical systems always involve social, cultural and environmental issues. People in every society, whether simple or complex, adapt to their environment by way of combining various biological and socio-cultural resources. The fact that diseases are related to biological and socio-cultural factors has resulted in the convergence of medical and anthropological interests.

Health and diseases are associated with reproduction, quality, conservation and death. In the event that illness is viewed as level of Health where the living substance works under states of always decreasing execution then the conclusion is demise. Wellbeing, illness and passing are terms that depict a philosophical continuum from greatest hereditary capacity to no hereditary capacity by any means.

Since independence it was gone for general improvement of nation is the main objective of Indian government. Even however the primary purpose for development was laid on Agriculture, Industry, Communication, Education, Health and Allied segments yet soon it was realized nation's improvement is possible through the development of rural India. Hence came Panchayati Raj Institutions under the 73rd Amendment Act of the Constitution of India. Rural Development incorporates measures to reinforce the democratic structure of society through the Panchayati Raj Institutions (PRIs). It also incorporates measures to enhance the rural edifice, enhance economic condition and education and health. The department through PRIs has propelled different advancement plans, for example, Sampoorna Swachh Abhiyan, Gram Vikas Yojna, Farmer Market & Livestock Market, Underground Drainage System Construction Scheme etc. Through these plans Gov-

ernment of India appears to perform its fantasy of rural India's improvement.

In order to take up a study which would be helpful to larger section of society which needs real pruning the topic as mentioned above has been chosen

Objectives

To study the Availability and Acceptance of the Health Care Facilities among the Rural Community.

To study the awareness among the villagers about Health Care facilities and services

To study the demographic factors influencing the acceptance of available Health Care facilities in rural area. To study the role of Non Governmental Agencies in providing health care facilities.

To study the role of Government Agencies in providing health care facilities.

To identify the social marketing tools in making the facilities acceptable

Methodology

The study is primarily empirical. Primary data will be collected from rural Public Health Institutions and Panchayati Raj Institutions. They are officials, beneficiaries of rural Public Health Institutions and elected representatives, officials and other stakeholders of Panchayat Raj Institutions. The selection of these institutions will be carried out using random sample method

Collection of data

Secondary data including studies, reports and data prepared by government and non-government organizations will be also used for the study.

Area of study

Bellary district is spread over in the central region of the eastern sector of the state. River Tungabhadra forms the national boundary of the district on the west and the north. Beyond Tungabhadra, on the north, lies Raichur district. The western border of the district is somewhat narrow and resembles an are, while the southern and eastern borders present a truncated appearance

The major of these castes are Madivala, Banajiga, Devangu, Golla, Besta, Kubara, Kuruba, Upaara, Vaishya, Viswakarma; the Scheduled Castes are Adikamataka, AdiDravida, Lambani, Bhovi (Vadda), Dukkhaliga, Handijogi, Koracha, Karma, Mochi

The maintenance of public health is the responsibility to the state. Therefore the state has provided different types of medical care to the people in the district through the establishment of hospitals / health centers. During 2000-2001 there were 10 Government hospitals with 1450 beds, 19 private hospitals with 158 beds, 25 nursing homes with 236 beds, 52 primary health centers with 290 beds, in addition to 18 family welfare centers and 287 sub centers in the urban and rural areas of the district,

Community of Study

The Kuruba of India is one of the most seasoned social orders in the nation. They live in Karnataka Andhra Pradesh, Tamil Nadu, and Maharashtra. The word Kuruba implies Shepherds. They are agriculturists and shepherds by convention and additionally in the present day. The Kuruba communicate in Kannada, Marathi, Tamil and Telugu.

Life style of Kurubas

The Kuruba live in all locales of Karnataka. They read and compose Kannada. The Kuruba are not veggie lovers and they eat grains, for example, rice and wheat. They are an individual's normal in size. Marriage is permitted amongst cousins. Divorcees and the deprived can wed once more. Property goes to the children when the father kicks the bucket. There is a conception contamination that is respected for nine days and the function of naming the child happens on the tenth day. The couple is hitched at the home of the spouse. Their dead are covered and there is a ten day demise contamination period. They utilize cutting edge solution and do family arranging. Notwithstanding cultivating, they weave harsh covers made of fleece.

The Kurubas communicate in Kannada with individuals from their group. They read and write Kannada. The most seasoned child gets to be accountable for the family when the father kicks the bucket while the property is offered similarly to every one of the children. They cover their dead. Other than shepherding, the Kuruba are in a few different sorts of work.

Religion

They are Hindus and love the god Shiva and celebrate conventional celebrations, for example, MailaraJaatre.

Health management

District Panchayat: Providing health services through District Hospital

The District Panchayat provides health services through District Hospitals (DHs). District Hospital is under the supervision of the District Panchayat. The District Panchayat carries out various activities such as the following activities:

- Creation and maintenance of infrastructure of District Hospital
- Controls Pain and Palliative Care Unit which provide palliative care to the deserving patients.
- Allot NRHM Funds to Primary Health Centres, Community Health Centers and District Hospitals .

- Oversee the availability of doctors in district hospitals.

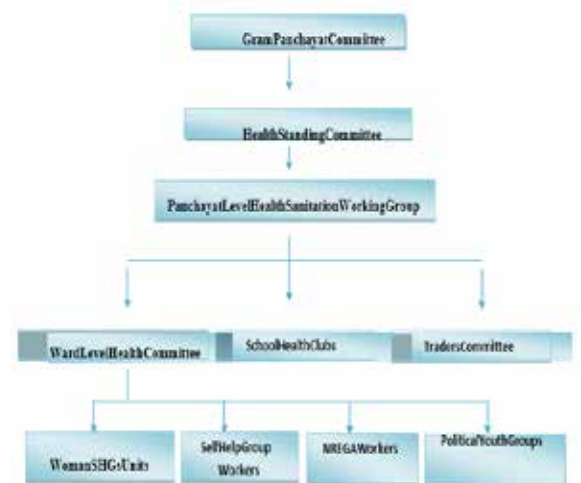
The schemes of health

When the above data is taken into account it is also necessary to go through the schemes which the panchayat raj is implementing for the health improvement

1. JananiSurakshaYojana- Helping the poor pregnant women after delivery
2. PrasootiAraike - Care for the pregnant
3. Madilu - Caring For The Mother And The Child
4. ThaiyBhagya Scheme - Publicprivate Partnership In Maternal Health Care
5. Immunization
6. Imnci
7. Population Stabilisation
8. SuvarnaArogyaChaitanya School Health Programme

The panchayat raj institutions in Ballari District are striving hard to implement the above schemes in effective manner. The following chart shows the health management in Ballari-District for rural people

Hierarchy of management(Chart)



Outlay of expenditure

Table :1 Sources of Fund for Health Projects under Health-Plan of PRI: 2013-14 Case Study of Ballari Zilla Panchayat

Sl. No	Source Fund	Rs.
1	Village Panchayat	29,118,500
2	Sanitation Mission/Government	86,218,000
3	MGNREGA	24,312,500
4	Block Panchayat	2,010,000
5	Zilla Panchayat	25,010,000
6	MLA/MPP Fund	24,510,000
7	Public Donations and others	1,18,112,000
	Total	3,10,11,000

The above table displays the expenditure outlay for the year 2013-14. Accordingly outlay for Village panchayat was Rs 29,11,500 Sanitation Mission/Government was 86.218.000 MGNREGA was Rs 24,312,000 Block panchayat was Rs 2.010,000, Zilla Panchayat Rs. 25,010,000, MLA/MP Fund Rs 24,510,000 Public Donations and others 1,18,112,000

Income groups of patients treated.

Public Health Institutions-Income Status of Patients: 2014

Category	BPL/APL
Hospital	7228
Patient of CHCs	8020
Patients of PHCs	6733
Patients of sub centers	8317

Source: Field Survey

When the income level of respondents is taken into account nearly 72 of patients belong to BPL group whereas 28 of patients belong to APL group at district hospital. The patients of CHC there are 80 BPL patients and 20 APL group people and PHC visitors are 67 BPL and 33 APL.

The rural Kurubas do not heed to modern medicines and depend mainly on household medical remedies and keep aloof from the government facilities which are being provided to public. However the following survey displays the education standard of Kurubas community.

The health scheme facility availed by respondents

Sl. No	Health Centers	Yes	No	Total
1	District Hospitals	23	77	100
2	CHCs	34	66	100
3	PHCs	44	56	100
4	Sub Centres	49	51	100

The above table displays that 23 persons avail medical facility from District Hospitals whereas 77 persons do not avail medical facility from District Hospitals, 34 persons avail medical facility from CHCs whereas 66 persons avail medical facility from CHCs. 44 persons avail medical facility from PHCs whereas 56 persons avail medical facility from PHCs. 49 persons avail medical facility from Sub Centres whereas 51 persons avail medical facility from Sub Centres. Hence it can be inferred that Kurubas of Ballari district are staying at village level and afford to spend time and money at their local level whereas it becomes difficult for them to spend money or even avail medical facility which is made available to them at District head quarters

Thus from the above data and description it is found that kurubas are more akin to rural remedies rather than urban and modernity. As explained above it is also pertinent to note that Kurubas with their traditional/ family occupations are still backward and the health schemes introduced and implemented in rural areas is far reaching for the Kuruba community

Conclusion:

The overall findings of the study in this very short paper is the government effort is though appreciated but the very nature of Kuruba community and their poor economic condition does not allow them to take the advantage of availing the health care facilities provided by the Government. An attempt is being made in this Endeavour to understand the various aspects of tribal health in the perspective of health protective, preventive and curative purposes. This study broadly explores the traditional and modern health care practices among Kurubas

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