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## A Geographical Study of Community Health Status in Development Block Betalghat, Kumaun Lesser Himalaya

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### Abstract:

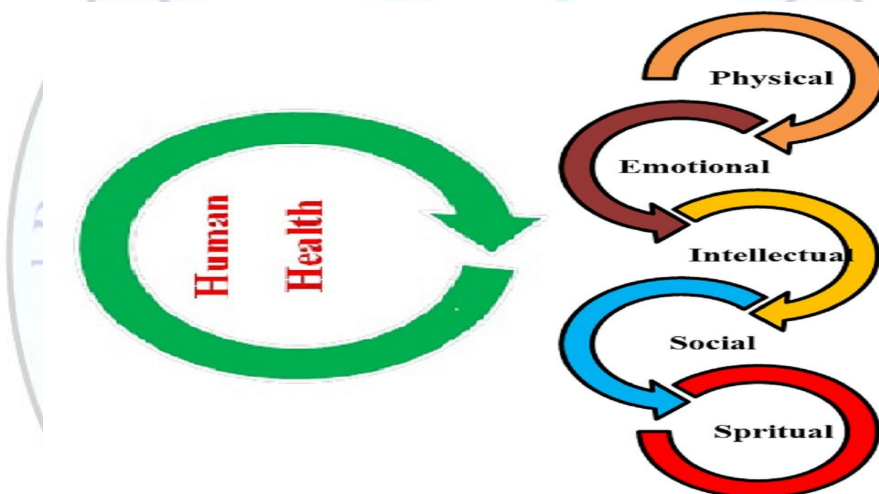
Good health and well-being are central goals among the 17 Sustainable Development Goals of the United Nations because good health is central of life and making it successful. The present study aims to observe the status of community health and health profile in the development block Betalghat. Both qualitative and quantitative research methods have been applied to attain the research objectives, in which questionnaires, key informant interviews, and group discussion methods have been used. The study found that the community health status is still in an underdeveloped state where more than 30% of the respondents do not approach hospitals when they are sick. At the same time, only 13% of respondents are covered by health insurance, while 87% do not have any health coverage. Thus, there is an urgent need for joint efforts from the local community, government and non-government organizations to strengthen the community health conditions in the study area.

**Keywords:** Community Health, Health Perception, Health Consciousness, Health Profile, Lesser Himalaya, Development Block Betalghat

### 1. Introduction:

A healthy body is a paramount place in human life because a healthy person can enjoy all the world's pleasures (WHO, 2017; Singh et al., 2023). Good health and well-being are central goals among the 17 Sustainable Development Goals of the United Nations. Good health and a better quality of life make life successful. Health is not merely the absence of disease or infirmity but a complete physical, mental and social well-being (Sartorius, 2006; WHO, 1948). It is a state in which the body successfully adjusts to conditions created by various imbalances, an active as opposed to passive interaction with external conditions expressed by the body to adjust and adapt (WHO, 2017). It involves various factors such as genetics, lifestyle, environment and access to healthcare

facilities. Health is not just the absence of disease or disability. However, it is a state of complete physical, mental, and social well-being, which includes the ability to lead a socially and economically productive life and promote and maintain good health to fulfill a productive life. The right to health is a fundamental human right; in its absence, any person's internal and external development is impossible (WHO, 2017). Also, health is an important indicator to determine any nation's quality of human and social well-being (PAHO, 1997). Human constantly interacts actively with their surrounding environment, which causes their level of health security to increase and decrease. Human health comprises five significant systems: physical, emotional, intellectual, social and spiritual (WHO, 2015). However, with the increasing population and rapid urbanization in the Himalayas, the environmental conditions are changing rapidly, disrupting the earth's hydrological system and affecting the availability of water, food and livelihood opportunities, increasing multiple risks to human health, particularly in poor and developing countries and in underdeveloped and marginalized region across the world including the Himalayas Mountains (ICIMOD, 2012; IPCC, 2014; WHO, 2005; 2014; Nand et al., 2022; Nand, 2023).



**Figure 1:** The Five Components of Health and Wellbeing

## 2. Research Methodology:

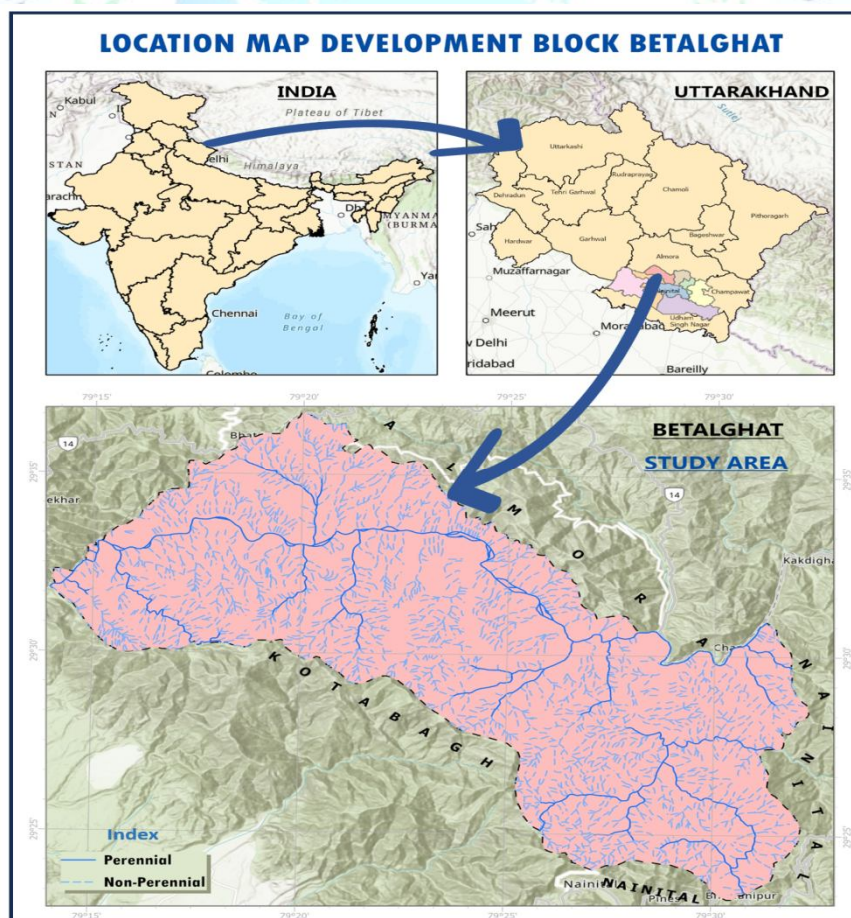
### 2.1 Study Area:

Betalghat Development Block is located between 29°26'30" and 29°32' North Latitudes and 79°14' and 79°30'30" East longitudes and encompasses a geographical area of nearly 315.7 sq. km (Figure 2). The study area is densely populated and agriculturally colonized region of Kumaun Lesser Himalaya. According to the 2011 census, total population of this region is 41535 and the calculated density of population is 131 persons/sq. km. River Kosi, which is one of the major rainfed rivers of Kumaun drains through Betalghat Block. The area is characterized by diversified terrain and geomorphic landscape which are clearly reflected in varying magnitudes of slopes and their aspects, variety of soils, natural vegetation and hydrological parameters, and the climatic complexities. As in other parts of Kumaun Himalaya, the traditional resource use structure is

changing fast mainly in response to growth of population and resultant increased demand of food, fodder, and energy resources. Consequently, the activities of cultivation, grazing and deforestation are extended over large areas of the region.

## 2.2 Data Collection Methods and Analysis:

The present study aims to observe the status of community health perception, consciousness and profile in the development block Betalghat. Qualitative and quantitative research methods have been applied to attain the research objectives, in which questionnaires, key informant interviews and group discussion methods have been used. In order to gather insight into these issues, the present research study was undertaken to determine the community health perception, consciousness and health profile. The questionnaire survey collected HH data, i.e., communities' perception and awareness of their health. After completing this process, 6 FGDs were conducted by organizing in the central place of Nyaya Panchayat, covering all the settlements. The number of participants in each FGD ranged from 20 to 25 persons. Likewise, 15 KIIs were conducted with the senior citizens and health sector officers by asking for their perception of any indicator of human health. For the confirmation, authenticity and validity of the questions, all the FGDs and KIIs have been conducted in the local language because of traditional knowledge systems and understanding of differences in the capacities as well as across the sites of the region.



**Figure 2:** Development Block Betalghat is situated in the Lesser Himalayan ranges in the State of Uttarakhand, India



### 3. Results and Discussion:

#### 3.1 Community Health Perception:

In the current scenario, community health has become a worldwide goal. The Alma-Ata Declaration of 1978 emerged as a significant milestone of the 20th century in the field of public health, and it identified primary health care as the key to attaining the goal of Health for All. Community health is a broad concept that includes the efforts of the entire society instead of individuals, whose center point is the society's physical, biological, mental and economic development. Community health is an approach in which community participation and collective cooperation in prosperity and efforts are made to improve health in society. In this, efforts are made to ensure the availability of health care facilities, health services, literacy, community education and the health of children and the elderly in collaboration with the community's people. Community health is not only the treatment of any disease but also includes different aspects like management of community health, prevention of disease, and promotion of good health. Table 1 illustrates the community perception towards community health. It is clear from Table 1 that more than 60% of the respondents consider themselves fit any healthy; they do not have any kind of health-related issues. Moreover, 19% respondents consider themselves minor illness category who don't want any kind of medical assistance, 14% respondents consider themselves moderate class where they wants medical assistance time to time, 5% respondents consider themselves severely physically disabled conditions where they wants extensive medical assistance, while 2% respondents are those who are totally confined to bed.

**Table 1:** Community Perception towards their Health

N= 400

S. No.	Community Perception	Percentage of Respondents
1.	Perfectly Healthy (No problem at all)	60
2.	Mild Physical Disabilities (Minor illness)	19
3.	Moderate Physical Disabilities (Treatment required)	14
4.	Severely Physically Disabled (Extensive Treatment Required)	05
5.	Totally Disabled (Confined to Bed)	02
<b>Total</b>		<b>100</b>

Source: Fieldwork

#### 3.2 Level of Health Consciousness:

Health consciousness refers to being aware and actively pursuing activities that promote physical, mental and emotional well-being. It involves making informed choices about diet, exercise, sleep, stress management, and other lifestyle factors to maintain or improve overall health. The

community people were asked about the level of institutional treatment while feeling sick. More than 30% of respondents do not approach hospitals when feeling sick. There were 24% of respondents in the study area who get their health checked from time to time, while 76% of respondents get their health checked only when necessary. At the same time, only 13% of respondents are covered by health insurance, while 87% do not have any health coverage. These facts confirm that even today a large number of respondents are not conscious for their health (Table 2).

**Table 2:** Community Health Consciousness

N= 400

S. No.	Health Indicators	Percentage of Respondents	
		Yes	No
1.	Approaching Hospitals during Sickness	70	30
2.	Covered by Health Insurance	13	87
3.	Routine Health Checkup	24	76

**Source:** Fieldwork

### 3.3 Community Health Profile:

Assessment and evaluation of the overall health status of a community is a summary of data. Health profile includes many factors, including access to health services, quality of health services, and impact of socio-economic status on health services. A health profile represents a set of essential demographic and socio-economic characteristics of a community and indicators of health status, health risks and utilization of health resources. It is a comprehensive collection of categorical information about a community, including health data that reflects the community's health status across various parameters, such as living standards, nutritional status, safe hygiene and sanitation, good education, child development, and social protection measures. The distribution of health services available in the 6 Nyaya Panchayats of the study area is depicted in Table 3. It is clear from Table 3 that in total, 6 Nyaya Panchayats of the development block, 5 Primary Health Centers (PHC), 02 Community Health Centers (CHC), and 19 Sub Health Centers are being operated.

**Table 3:** Distribution of Health Services in Development Block Betalghat

S. No.	Name of the Nyaya-Panchayat	Total Number of Revenue Villages	Total Population	Number of Community Health Centers	Number of Primary Health Centers	Number of Sub-Centers
1.	Betalghat	19	10791	01	02	06
2.	Darima	26	6442	00	01	04
3.	Simalkhaa	19	3181	00	01	02
4.	Garampani	31	8370	01	01	03

5.	Ghanghreti	24	6275	00	00	02
6.	Ratighat	14	6476	00	00	02
<b>Development Block Betalghat</b>		<b>133</b>	<b>41535</b>	<b>02</b>	<b>05</b>	<b>19</b>

**Source:** District Census Handbook 2022-23

The study makes it clear that no community health centers are operating in 04 Nyaya Panchayats (Darima, Simalkhaa, Ghanghreti and Ratighat) of development block Betalghat; only Betalghat and Garampani Nyaya Panchayats are the only ones where 1-1 community health center is operating, which are providing services to the entire population of the area. Similarly, there are 2 Nyaya Panchayats (Ghanghreti and Ratighat) in the development block Betalghat, where no primary health center is operating.

### 3.4 Community Health Problems:

Health is a fundamental right and every state's responsibility is to provide good health facilities for its citizens. India is the second most populous country in the world. According to the 2011 census, India's total population is 121 crore, out of which 68.8% live in rural areas while 31.2% live in urban centers, which shows that a large part of India's population lives in the rural hinterlands. However, 75% of the health care infrastructure, including medical specialists and doctors, is concentrated in urban areas, which shows the concentration of medical facilities in urban centers. According to the World Health Organization's standards, 5% of the country's GDP should be spent on health sectors, but in India, it is only 3.3%, which needs to be higher according to World Health Organization's standards. The government's low health sector budget negatively affected the deprived and vulnerable rural population; thus, the utilization, care, and access to public health facilities still need to be improved, especially in rural India. Likewise, the health infrastructure of Uttarakhand presents a disappointing picture compared to other Himalayan states. Uttarakhand health infrastructure needs to be improved, mainly in primary health centers (the first point of contact for urgent health care), because the state's 70% of primary health centers (PHCs) do not have medical officers, and 68% of PHCs do not have health specialists (Singh et al., 2023).

**Table 4:** Community Responses towards Health-Related Problems

N= 400

S. No.	Key Indicators	Percentage of Respondents
1.	Distance	10
2.	Unavailability of Doctors	25
3.	Unavailability of Women Doctors	30
4.	Lack of Medicines	10
5.	Lack of pathological testing facilities	25
<b>Total</b>		<b>100%</b>

**Source:** Fieldwork

The responses of the respondents regarding health-related problems are depicted in Table 4. It is clear from Table 4 that 10% of respondents consider the distance from their place of hospital as a significant problem, 25% of respondents consider the unavailability of pharmacists as the major problem, 30% of the respondents consider the unavailability of women doctors as the major problem, 10% of the respondents consider the unavailability of medicines as the major problem, while 43% of respondents consider lacking pathologic testing as a major health problem. Most of the people in the study area are still deprived of the benefits of essential public health services. Even during normal sickness, they have to travel long distances to reach the nearest hospitals; therefore, health centers need more health services, facilities, and health infrastructure. It is observed that most of the healthcare centers are concentrated in a particular area (local markets), due to which patients from far-flung areas (20-25 kilometers) do not get timely treatment. In the absence of primary health facilities, people use the traditional medical system (*Vaidya*), which sometimes does not work; consequently, the situation becomes critical and patients suffer a lot; some patients die due to delays in getting treatment. Moreover, the non-availability of accommodation for medical and paramedical staff is a major concern because medical facilities require 100% staff availability at all times. In emergencies, if workers are not staying on-site, the situation becomes severe and the unavailability of transport facilities adds to the extra burden.

#### 4. Conclusion:

Good health is paramount in human life; human welfare cannot be imagined without good health because only a healthy person can contribute to the development and welfare of himself and the nation. The study area is already inaccessible due to its harsh geographical conditions. In these adverse geographical conditions, the lack of proper access to health services further increases the severity of community health. The study found that the community perception and consciousness related to health is still in an underdeveloped state in the development block. More than 30% of the respondents do not approach hospitals when they are sick. At the same time, only 13% of respondents are covered by health insurance, while 87% do not have any health coverage. Thus, there is an urgent need for joint efforts from the local community, government and non-government organizations to strengthen the community health conditions in the study area.

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