



**NEERAJ®**

# **R.D.D.-6**

## **Rural Health Care**

**Chapter Wise Reference Book  
Including Many Solved Sample Papers**

*Based on*

**I.G.N.O.U.**  
**& Various Central, State & Other Open Universities**

*By: Kshyama Sagar Meher*



**NEERAJ  
PUBLICATIONS**

*(Publishers of Educational Books)*

Mob.: 8510009872, 8510009878 E-mail: [info@neerajbooks.com](mailto:info@neerajbooks.com)

Website: [www.neerajbooks.com](http://www.neerajbooks.com)

**MRP ₹ 300/-**

## Content

# RURAL HEALTH CARE

Question Paper–June-2023 (Solved) .....	1-2
Question Paper–December-2022 (Solved) .....	1-2
Question Paper—Exam Held in March-2022 (Solved) .....	1-2
Question Paper—Exam Held in August-2021 (Solved) .....	1
Question Paper—Exam Held in February-2021 (Solved) .....	1-2
Question Paper—June, 2019 (Solved) .....	1-2
Question Paper—December, 2018 (Solved) .....	1-2
Question Paper—June, 2018 (Solved) .....	1-2
Question Paper—December, 2017 (Solved) .....	1-2
Question Paper—June, 2017 (Solved) .....	1-2

---

<i>S.No.</i>	<i>Chapterwise Reference Book</i>	<i>Page</i>
--------------	-----------------------------------	-------------

---

## **HEALTH IN RURAL INDIA**

1. Health: Concepts and Components .....	1
2. Health and Development .....	11
3. Development of Health Care Services in Rural India: A Review .....	22
4. Health and Nutrition Status in Rural India .....	35
5. Different Models of Health Care Delivery: An Outline .....	48

## **HEALTH CARE : PROGRAMMES AND PERFORMANCE**

6. Communicable Diseases in India—An Overview .....	56
---	----

---

<i>S.No.</i>	<i>Chapterwise Reference Book</i>	<i>Page</i>
7.	Prevention and Control of Communicable Diseases in Rural India .....	68
8.	Environmental Sanitation and Hygiene .....	85
9.	Reproductive and Child Health Programme (RCH) .....	94

### **HEALTH CARE : PLANNING AND MANAGEMENT**

10.	Planning Rural Health Care Services .....	105
11.	Management of Rural Health Care Services .....	116
12.	Communication and Health Education: An Outline .....	132
13.	NGO Experience in Health Care .....	144



**Sample Preview  
of the  
Solved  
Sample Question  
Papers**

*Published by:*



**NEERAJ  
PUBLICATIONS**

[www.neerajbooks.com](http://www.neerajbooks.com)

# QUESTION PAPER

June – 2023

(Solved)

## RURAL HEALTH CARE

R.D.D.-6

Time: 3 Hours ]

[ Maximum Marks: 100

Note: Attempt all the five questions. All questions carry equal marks.

**Q. 1. What do you mean by health? Describe the indicators of health.**

**Ans. Ref.:** See Chapter-1, Page No. 1, 'Concept of Health', Page No. 6, 'Indicators of Health'.

Or

**Explain the health care services in independent India.**

**Ans. Ref.:** See Chapter-3, Page No. 23, 'Health Care Services in Independent India: A Retrospective'.

**Q. 2. Highlight the morbidity and mortality due to communicable diseases.**

**Ans. Ref.:** See Chapter-6, Page No. 59, 'Morbidity and Mortality due to Communicable Disease', 'Morbidity due to Communicable Diseases'.

Or

**Discuss the process of planning in health care services.**

**Ans. Ref.:** See Chapter-10, Page No. 105, 'The Process of Planning'.

**Q. 3. Answer any two of the following questions:**

**(a) Briefly describe the factors influencing health and nutrition status in rural India.**

**Ans. Ref.:** See Chapter-4, Page No. 42, 'Factors Influencing Health and Nutrition Status in Rural India'.

**(b) Describe the National Malaria Control Programme in India.**

**Ans. Ref.:** See Chapter-7, Page No. 71, 'National Malaria Control Programme'.

**(c) Discuss in brief, community based health information system in India.**

**Ans. Ref.:** See Chapter-11, Page No. 118, 'Designing a Community based Health Information System'.

**Q. 4. Answer any four of the following:**

**(a) Major health programmes in the Primary Health Centre.**

**Ans. Ref.:** See Chapter-3, Page No. 33, Q. No. 15.

**(b) Health Problems as an off-shoot of development.**

**Ans. Ref.:** See Chapter-2, Page No. 15, 'Health Problems as an Off-shoot of Development'.

**(c) Sanitation in ancient India.**

**Ans. Ref.:** See Chapter-8, Page No. 86, 'Sanitation in Ancient India'.

**(d) National Leprosy Eradication Programme.**

**Ans. Ref.:** See Chapter-7, Page No. 83, Q. No. 13.

**(e) Use of Health Information System.**

**Ans. Ref.:** See Chapter-11, Page No. 122, 'Use of Health Information System'.

**(f) Approaches in health education.**

**Ans. Ref.:** See Chapter-12, Page No. 134, 'Approaches to Health Education'.

**Q. 5. Write short notes on any five of the following:**

**(a) Nutrition Education.**

**Ans. Ref.:** See Chapter-12, Page No. 137, 'Nutrition Education'.

**(b) Jamkhed Project.**

**Ans. Ref.:** See Chapter-13, Page No. 154, Q. No. 6.

**(c) AIDS.**

**Ans. Ref.:** See Chapter-6, Page No. 60, 'AIDS', Page No. 65, 'Sexually Transmitted Diseases (S.T.D.)'.

**(d) Management of epidemics.**

**Ans. Ref.:** See Chapter-7, Page No. 70, 'Management of Epidemics'.

**(e) Infant Mortality Rate (IMR).**

**Ans. Ref.:** See Chapter-9, Page No. 94, 'Infant Morlatity Rate (IMR)'.

**(f) Morbidity.**

**Ans.** Morbidity is another term for illness. A person can have several co-morbidities simultaneously. So, morbidities can range from Alzheimer's disease to cancer to traumatic brain injury. Morbidities are NOT deaths. Prevalence is a measure often used to determine the level of morbidity in a population. The terms morbidity

and mortality are often related but not identical. Morbidity is the state of being unhealthy for a particular disease or situation, whereas mortality is the number of deaths that occur in a population. The morbidity rate refers to the number of people affected by a particular disease. This helps health officials to make risk management and adopt national health systems according to the needs of the population.

**(g) Health Seeking Behaviour and Health.**

**Ans. Ref.:** See Chapter-1, Page No. 5, 'Health Seeking Behaviour and Health'.

**(h) Privatization of Health Care Services.**

**Ans. Ref.:** See Chapter-5, Page No. 51, 'Privatization of Health Care Services'.

■ ■

**NEERAJ**  
**PUBLICATIONS**  
[www.neerajbooks.com](http://www.neerajbooks.com)

# Sample Preview of The Chapter

*Published by:*



**NEERAJ  
PUBLICATIONS**

[www.neerajbooks.com](http://www.neerajbooks.com)

# RURAL HEALTH CARE

## Health in Rural India

### Health: Concepts and Components



#### INTRODUCTION

The meaning of health differs from community to community. This is so because different communities have different types of health problems. The meaning of health depends on how people perceive health. However, health is universally considered as an important index of human development.

#### CHAPTER AT A GLANCE

##### SOME CRITICAL ISSUES IN UNDERSTANDING HEALTH

There is an unending debate on the definition of health. Susan Rifkin, a community health expert, finds out that there are 92 definitions of health. Thus, we find terms like holistic health, community health, primary health care and total well-being.

##### Approaches

Different approaches to defining health have been categorized into three types:

- (i) **Clinical Medicine Approach:** In this approach, health is defined in terms of illness caused by germs. It believes, diseases can be eradicated only through scientific medicines. Eradication of disease through modern scientific medicine is the main factor considered for defining health.
- (ii) **Socio-Cultural Approach:** In this approach, socio-cultural milieu in which diseases occur on people determine health. There are two views in this approach—positive and negative. The positive view is that people have evolved some healthcare practices to deal with diseases effectively. The negative view is that people are ignorant and because of which diseases happen.
- (iii) **Social-Medicine Approach:** In this approach, health status of a community is

determined by the prevalent socio-economic structure. People will remain in ill-health if the landless labourers are paid only meagre wages. It believes there is a close link between economic factors and health status.

The health status of the people can be improved when the poor have control over what they produce. Efforts must be made to organize the poor so that they can get a better deal in the production process. The social medicine approach argues that the capitalist form of production is the root of health problems. In capitalist economy, people stay divided and they cannot get control over the production. Even health sector is considered as a potential industry for profit-making.

##### Concept of Health

Before we start looking into any commonly acceptable definition of health. Let us consider the following:

- (i) **Health is not only absence of disease or illness:** Illness and disease are different things. The concept of illness is based on what can be called self-definition or subjective factors. The concept of disease implies a person is either healthy or diseased.
- (ii) **Health is not only availability of curative services:** Availability of medical and para-medical staff can cure diseases, but cannot prevent or promote health. These facilities may be available, but not accessible to the poor.
- (iii) **Problems in definition:** All definitions of the health have some problems. The definition stated in the constitution of World Health Organisation (WHO) is the most widely accepted. It defines health as a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity.

Some important positive points in the definition are:



2 / NEERAJ : RURAL HEALTH CARE

- (a) Health is defined not as the absence of disease, but is defined more comprehensively.
- (b) This definition is more holistic for it implicates other efforts at improving health and well-being.

The critics, however, points out that:

- This definition applies to individuals alone and their health, though health involves communities.
- This definition is static though health is a dynamic process. It also does not consider the fact that the concept of ill health and disease change over time in the same community and that it varies among different communities.
- These concepts are abridged by not only the level of knowledge but also the availability of technology and resources.
- Political decisions are made at various levels. For example, at the national level the decision may be made to spend more on the prevention of AIDS and less on malaria.
- There are different kinds of diseases in different regions and countries. Thus, the priority given to different diseases differ.

**(iv) What is Health After All?**

The following factors should be considered while defining health:

- Every person has a right to demand equal opportunities for employment and just wages.
- The basic needs of every person are met.
- The environment should not be a potential source for the cause and spread of the disease.
- Every person must be free from common preventable diseases.
- People must get the freedom to organize themselves for collective action to improve their health status.

**DEFINITION AND CONCEPTS IN EPIDEMIOLOGY**

The concept epidemiology is closely related to health.

**Definition**

Epidemiology is the study of distribution and determinants of disease frequency in man. Epidemiology is classified into two types: (i) Descriptive Epidemiology, and (ii) Analytic Epidemiology.

Descriptive epidemiology is the study of distribution of diseases. It mentions who has the disease (person), what factors are associated (determinants), where the diseases occurred (place), when the diseases occurred (time) and how it behaved over time (distribution).

Analytic epidemiology is the study of disease causation. It explains why the disease occurred.

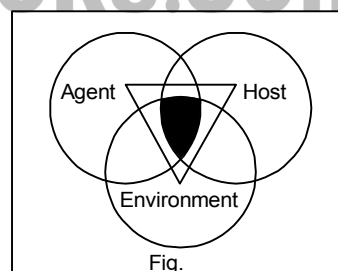
**Key Features of Epidemiology**

The key features are:

- The unit of study refers to the entire population.
- It studies the natural history of disease in individuals and in communities.
- Health is considered as an outcome of a dynamic process. Complex and interactive causes are responsible for ill health and disease, called the web of causation.
- It is inter-disciplinary as it extends beyond the barriers of individual discipline.
- It depends on quantification of various health problems and it helps in prioritization.
- It helps us in planning intervention at a stage in the natural history of the disease in a community to get the maximum benefits.

**The Epidemiology Triad**

Epidemiology triad means the complex and changing relationship between the agent, the host and the environment which shapes the occurrence and distribution of diseases over time. We will discuss an example. Take the case of tuberculosis, which is caused by the microbe Mycobacterium tuberculosis, the agent of the disease. The humans are the host. In the 19th century, the West saw the decline of tuberculosis as a public health problem and during that period there was improvements in socio-economic conditions. The decline happened because of the improvement in income, housing, sanitation and nutrition. Thus, we can say that the agent of tuberculosis is a necessary but not a sufficient condition for the occurrence of the disease. Socio-economic, political and environmental factors mediate the interaction between the host and the agent. The following figure depicts the interaction:



**Relevance of Curative Care in Epidemiology**

Curative care alleviates suffering and prevents the spread of the disease. However, curative care has limitations. The environment is very important to disease causation. Thus, to cure individuals while not preventing disease occurrence by changing the environment only to fall prey to the same disease. This is not sustainable epidemiologically and not cost-effective.

Diseases can occur in the context of an epidemiological triad and have other causes. A germ is needed but not a sufficient cause for the happening of diseases because diseases can occur in the context of an epidemiological triad and have multiple causes. Thus, the clinical approach is epidemiologically untenable.

**NATURAL HISTORY OF DISEASE**

We will discuss the meaning of disease and how it occurs in community and individual.

**Disease in a Community**

Diseases occur in the context of the epidemiological triad – the interaction between the agent, host and environment. The occurrence and the nature of disease in a community change over time as the agent, host and environment evolve over time. The natural history of disease refers to the change in the occurrence and the nature of disease in a community. Tuberculosis in the West is an example. In the 19th century, the West saw the decline of tuberculosis after the improvements in socio-economic conditions.

**Disease in an Individual**

The occurrence of disease in an individual has three stages: (i) Pre-pathogenic Stage (ii) Pathogenic Stage and (iii) Post-pathogenic Stage.

(i) **Pre-pathogenic Stage:** The preliminary interaction of potential agent, host and environmental factors in disease production happens in this stage.

The figure below depicts the Natural History of Disease.

(ii) **Pathogenic Stage:** This stage includes the course of the disease in an individual from the first interaction with the disease causing stimuli to the changes that follow or until equilibrium is reached which may be recovery, disability or death of the individual.

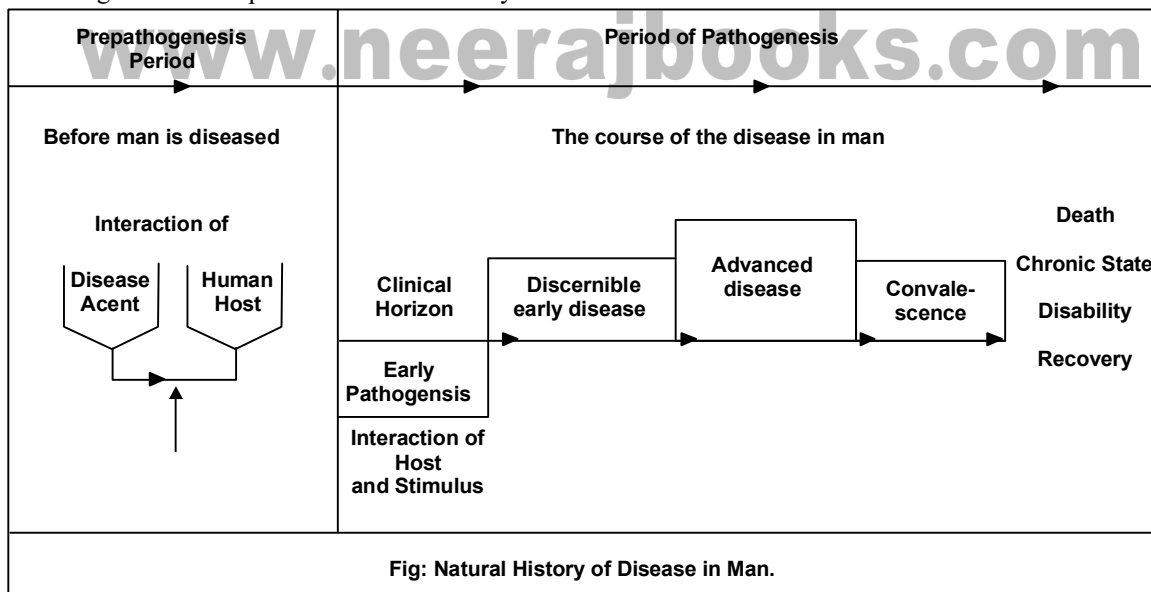
(iii) **Post-Pathogenic Stage:** This is the aftermath of the process in an individual.

Pathogenic stage has three phases: (i) incubation period, (ii) clinical phase, and (iii) convalescent phase.

(i) **Incubation Period:** This is the period between the point of contact and progression. The host may not feel unwell. Some non-specific symptoms such as malaise or fever may occur and the individual feels ill. This is the prodromal stage of the disease. The disease is clinically not diagnosable.

(ii) **Clinical Phase:** Specific symptoms such as cough, bloody sputum and chest pain happen. Spontaneous healing occurs in a large majority of cases and can be diagnosed clinically. The point when the clinical horizon is reached is called the differential point. A trained person may diagnose, treat and cure the disease.

(iii) **Convalescent Phase:** If untreated, the body's defence may still have the disease while healing occurs in this phase. In a majority of cases, recovery happens. The disease may cause death in a small proportion of individuals. The disease may also cause disability in a small proportion of individuals.



Source: Leavell and Clark, Page, 18

### Levels of Prevention

There are three levels of prevention: primary, secondary and tertiary as given in the figure below:

Phase of Natural History of Disease	Levels of Prevention	Functions
Pre-Pathogenic Period	Primary Prevention	Health Promotion Specific Protection
Pathogenic Period	Secondary Prevention	Early diagnosis and treatment Disability Limitation
Post-Pathogenic Period	Tertiary Prevention	Rehabilitation

Fig. 1.3: Levels of Prevention.

**(i) Primary Prevention:** It corresponds to the pre-pathogenic period. The main features of primary prevention are health promotion and specific protection.

**Health Promotion:** It plays a crucial role in the prevention of the disease. It includes social, political and economic action to improve the standard of living. Some of the procedures for health promotion are improvements in employment, income, nutrition, water supply, housing and sanitation.

**Specific Protection:** Specific protection includes the measures taken for the prevention of a disease. It covers the procedures applicable to a particular disease. For example, immunization against tetanus. Specific protective measures are also applied.

**(ii) Secondary Promotion:** It corresponds to the pathogenic period. There are two levels of prevention—early diagnosis and disability limitation.

**Early Diagnosis and Prompt Treatment:** It is important to arrest the disease process to prevent complications or disabilities. It helps in relieving suffering and cure the individual.

**Disability Limitation:** It deals with the consequences of the advanced disease. Certain economic and environmental measures may help in preventing sequelae. It helps in preventing further complications.

**(iii) Tertiary Prevention:** It corresponds to post-pathogenic stage. It includes the rehabilitation of the victim. The primary objective is to return the affected person to a useful place in the society. Rehabilitation has social, physical and psychological components. It also involves job placement for the satisfaction of the affected individual.

### DETERMINANTS OF HEALTH

There are various determinants of health. We can take health as a problem and as a need.

As a problem, we view health as the: (i) suffering, both mental and physical, due to the disease (ii) inability to prevent the disease, and (iii) inability to cure certain diseases (iv) differential disease pattern, and (v) lack of funds for basic health care services.

As a need, we analyse: (i) health care services provision to meet the health needs of the people, and (ii) ensuring acceptability to whatever is made available. In this context, we will discuss various determinants.

### Differential Disease Pattern

Disease is an important determinant of health. The idea of disease as a single determinant of health gained momentum in the late 19th century when the era of bacteriology started. Some issues discussed below can be considered to understand how differential disease pattern determines health:

**Fatal diseases Vs. Common Diseases:** Some diseases non-curable and it causes the death of the individual. For example, AIDS. Some diseases are curable which also common. For example, fever, cough, eye infection and skin infection. Some diseases are also chronic. Diabetics is a chronic disease.

**Endemic Vs. Epidemic/Pandemic Diseases:** Endemic diseases occur in a particular area. For example, filariasis is commonly found in the coastal areas. Epidemic disease has spread out effects. For example, plague spreads out fast if it is not controlled. An endemic disease can be panemic. Endemic and epidemic have different effects on the health status of the affect people as compared to other diseases. People affected by epidemic diseases are rated very low in terms of health status.

**Diseases across Age and Sex:** Disease patterns vary on the basis of age and sex. For example, children are more prone to illness and mortality. Females are also easily susceptible to morbidity and mortality as compared to males.

### Health and Economy (Agriculture)

More than two-thirds of the people in developing countries depend on agriculture for their livelihood. The factors of agriculture which have direct influence on the health status of the people are:

- Sufficient farm income
- Income from agricultural labour
- Adequate food (energy) for agricultural work
- Nutritional value of the food eaten
- Health hazards of agricultural technology.