



**The working of national rural health mission & rural development: A sociological study-with special reference to Hiriyur Taluk of Chitradurga district: A primary data analysis**

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**Abstract**

This article examines the issues related to the working of National Rural Health Mission (NRHM) in the district of Chitradurga of Karnataka state. The article is based on the primary data collected from the 6 taluks of this district by using random sample survey methodology. Health is an important concern in human resource development Even Indian Constitution emphasizes health care provision in article 47. Governments both central & local have tried time & again to access to health care through legislative interventions starting from Mudaliyar committee 1962 to Bajaj committee in 1986. All these committees have examined the lacuna in rural development & recommended policy regulations for removing health disparities. National health Rural mission was initiated in 2004 with a vision towards creation of strong strategies about augmenting rural health development. It aimed at identifying the infrastructure shortcomings in rural health care sector & initiatives strengthening provisions for improving community health services in rural India.

**Keywords:** NRHM, Chitradurga district, primary data analysis

**Introduction**

Chitradurga is one of the district in the Karnataka state. This district has six taluks, out of this one taluk namely Hiriyur is selected.

**Methodology**

This article has collected primary data through random sample survey methodology to assess the working of NHRM. This method is used because the to give importance to different strata of society including various occupational groups. Each Primary health center (herein after denoted as PHC) was visited to collect data. Later the collected data was classified and tabulated with the help of computer programming.

Cross Tabulation was done with the insertion of

**Table 1**

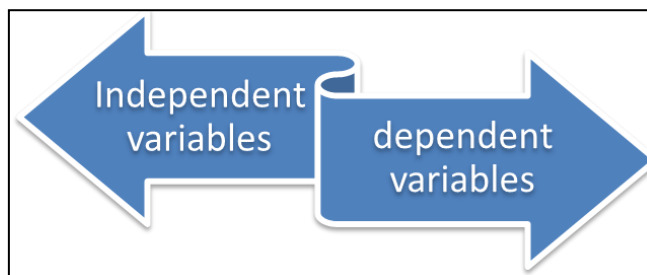
1	Caste Wise Status
2	Education Wise Status
3	Family Size Wise Status
4	Gender Wise Status
5	Occupation Wise Status
6	Village Wise Status

Questions to the respondents included

1. Access to health care services
2. Utilization of health care services
3. Effectiveness of health care services
4. Role of community health workers in rural health development
5. Awareness about NHRM

The primary data was applied using ANOVA two way model

1. Independent variables
2. dependent variables



**Fig 1**

**Hiriyur Taluk at a Glance**

Hiriyur Taluk in Chitradurga district of Karnataka state has

**Table 2**

S. No	Details	Number
1	total population	2.9 lakh
2	total villages	151
3	child population	11%
4	working population	1.5 lakh
5	literate population	1.9 lakh
6	literacy rate	74%

**Source:** according to the census of 2011

This taluk has 21 villages, following six villages with health primary health centers are selected for present study.

**Table 3**

S. No	Name of the village
1	Ranganathapura
2	Dharma pura
3	Rangenahalli
4	Guyilalu
5	Abbinahole
6	Mallappanahalli

Out of the 300 respondents chosen for the study the following health disorders were usually noticed.

**Table 4**

1	Epidemic related health issues
2	Respiratory Disorders
3	Digestive Disorders
4	Cardio Capsular Disorder
5	Maternity Health Related Issues.

While out of the 300 respondents the availing of health care was noticed as shown in this table.

**Table 5**

S. No	Type of the Disorder	% of the Respondents (out of 300)
1.	Epidemic	16.33 %
2.	Respiratory Disorders	17.33 %
3.	Digestive Disorders	26.00%
4.	Cardio Capsular Disorder	21.00%
5.	Maternity Health Related Issues.	19.33%

**Findings**

A thorough analysis of the working of the Hiriyur taluk revealed several supportive factors towards strengthening NRHM

1. The survey conducted noticed that Digestive disorders was the most common health issue among the respondents followed by cardio vascular disorders.
2. The survey conducted noticed that Agricultural community & agricultural labor community availed services provided under NRHM
3. The survey conducted noticed that there is significant association between caste, occupation, family size, education & gender wise status variation with respect of their availing health care support as provided by NRHM
4. The survey conducted noticed that there is significant association between caste, occupation, family size, education & gender wise status variation with accessing the health care support as provided by NRHM.
5. The survey conducted noticed that there is significant association between caste, occupation, family size, education & gender wise status variation with assessing the health care support as provided by NRHM.
6. The survey conducted noticed that there is significant association between caste, occupation, family size, education & gender wise status variation with evaluating the health care support as provided by NRHM
7. The survey conducted noticed that there is significant association between caste, occupation, family size,

education & gender wise status variation with their ratings to diagnostic service, hospital residential service, humanitarian aspects of health care etc as provided by NRHM

8. The survey conducted noticed that there is significant association between caste, occupation, family size, education & gender wise status variation with regard to suggestive support to health care as provided by the NRHM.

**Considerations**

The research based on primary data evaluated the Hiriyur village health care access system objectively with following considerations to focus on the short comings as provided by the 300 selected respondents.

1. Drinking water quality affected the people hence there is a need to attend to this State government & local government need to think of improving the quality of drinking water operation and maintenance o is a major problem in water supply system which needs priority there is a need of a vigilance team to monitor the quality and quality of water supply.
2. There is a need to create further awareness on hygiene & sanitation management among the local population through health care awareness camps.
3. Women self-help groups can become a needy tool towards creating awareness on family welfare, child health, maternity nutrition perspectives, post natal health care access, etc. These groups in support of the PHCs can create awareness on maternal health issues.
4. The role of the community is creating awareness among local people towards basic education, basic health care access, basic sanitation management is very important Rural health can be improved not by political interventions but through community initiatives.
5. There are wide spread disparity in accessing health care services. The disparities are arising due to the poor health care infrastructure, poor funding to health care sector & poor drug supply.
6. Infrastructure shortcomings in rural health care sector & strategies towards focusing on improving community health services in rural India was highlighted by this survey.
7. The Survey concluded that the health care sector could become more supportive with community stake holdship, & through consistent monitoring on the resource provided by NRHM.

**Conclusion**

Thus a primary data analysis of the Hiriyur taluk revealed that NRHM is a boon to local agricultural people. The location, access to in patient service village sanitation service have to be improved because the respondents cited supportive actions to overcome these short comings. The role of the community is creating awareness among local people towards basic education, basic health care access, basic sanitation management is very important Rural health can be improved not by political interventions but through community initiatives. The health of a community is gauged by the awareness about health too. Hence, the imperative benefits of

the ambitious NRHM projects needs to be strengthened towards targeting all shortcomings cited through primary data survey. An aware community can become more supportive to community health care needs. The community role in creating awareness can be supportive to furthering increased funding and extension of policy implementation on rural health care sector.

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