

ASPECTS OF HEALTH STATUS IN RURAL AREAS

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Abstract: There is a series of inequalities in the health status of the rural population compared to the urban areas population. The differences are reflected in the main demographic and morbidity indicators. They are partly due to the accessibility and addressability of the population to the public health services and are exacerbated by the phenomenon of the population aging, especially in the rural area.

Cuvinte cheie: stare de sănătate, mediul rural, servicii de sănătate în mediul rural

Rezumat: Există o serie de inegalități în starea de sănătate a populației din mediul rural față de cel urban. Diferențele sunt reflectate în principalii indicatori demografici și de morbiditate. Acestea se datorează în parte accesibilității și adresabilității populației la serviciile de sănătate și sunt accentuate de fenomenul de îmbătrânire a populației, în special în mediul rural.

Health is the result of adapting the organism to its conditions of life giving the man the opportunity to confront with "maximum efficacy" the pathogenic factors and the risk factors, as well as the opportunity to conduct a sustained and creative activity, both physically and mentally. So, health is more than the mere absence of the disease; it represents a state of well-being and vitality that, besides the biological factors, a number of environmental, family and social factors are added.(1)

The World Health Organization classified the determinants of health in 1998, into four groups: macroeconomic, environmental, socio-economic, educational factors. In turn, each group includes direct and indirect determinants. Among the major direct determinants we find: lifestyle (smoking, type of food, alcohol, drug use), physical and social environmental conditions (access to drinking water, sanitation, habitat), social group behaviour (family violence, access to health services).

Indirect determinants include: gross domestic product, poverty, education, pollution, climate changes, migration, socio-demographic changes in the structure of population, crisis situations (natural disasters, armed conflicts etc.). Health can also be defined as an opportunity to harmoniously adapt to a complex environment.(2)

Health determinants, especially those indirect, influence health, with significant differences on residential areas, urban or rural, distinguished by the quality of "values" (people's degree of instruction, addressability and accessibility to the social services including health).

In Romania, the stable population, according to the preliminary data from the latest population census in October 2011, recorded the value of 19,043,000 inhabitants. In the urban areas, 52.8% of the population lives, and the remaining 47.2% lives in the rural areas.(3)

Although the rural population declined in the last decade (from 10,245,894 inhabitants in 2002 to 8,963,843 in

2011), the share of the rural population has remained about the same (47.25% in 2002 and 47.5% in 2011).

Regarding the age structure of the population, the rural area is characterized by the phenomenon of demographic aging. This is accompanied by decreased fertility, increased mortality, decline of the active population and by the increase of its tasks in order to support a larger number of inhabitants.(4)

The general mortality rate recorded in Romania in 2010 was of 12.1 ‰ and the main causes of mortality were represented by the cardiovascular diseases (729.6‰ 000 deaths per 100,000 inhabitants), tumours (221.7‰ 000 inhabitants), digestive system diseases (77.5‰ 000), respiratory diseases (59.4‰ 000) and accidents (56.1‰ 000).(5)

Infant mortality rate by residence areas remains higher in the rural areas (12.6 ‰ with 1268 deaths in 2009) as against the urban area (8.1 ‰ with 982 deaths in 2009). The difference between areas is evident in the deceased older than a month (6 ‰ - 604 deaths in the rural area and 3.1 ‰ - 376 deaths in the urban areas) and lower in the deaths under one month old (6.6 ‰, respectively 664 deaths in the rural area and 5.0 ‰, respectively 606 deaths in the urban area).(6)

One of the public health priority problems in the rural area is tuberculosis (TB). In 2009, compared to 2008, it was a decrease of TB deaths by area and sex.

Thus, in 2009, there were 1523 deaths from TB, 847 (8.8 ‰₀₀₀ inhabitants) in the rural areas, of which women - 137 (2.8 ‰₀₀₀ inhabitants) and men - 710 (14.7 ‰₀₀₀ inhabitants), and in the urban areas, 676 (5.7 ‰₀₀₀ inhabitants), of which women - 108 (1.8 ‰₀₀₀ inhabitants) and men - 568 (10.1 ‰₀₀₀ inhabitants).

Thus, the distribution by area and sex for 2009, shows a greater number of deaths from TB in the rural areas, 8.8 ‰₀₀₀ inhabitants, compared with 5.7 ‰₀₀₀ inhabitants in the urban area, and by sex, it is shown that the number of deaths is higher in the male gender than in the female gender, both for the urban and rural area. Also, in 2009, the incidence of tuberculosis in the rural areas increased by more than 1% regarding all incidence

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categories (global, new cases and relapses).

The phenomenon may be due to the major differences of economic and social nature between the two areas, to the poor accessibility to health services in the rural area compared to the urban area, to the difference of health education and behaviour towards their own health, those in the urban area being more concerned with prevention of various diseases.(7)

Regarding the access to the health services, there are major differences between the urban area and the rural area. Rural population is disadvantaged in terms of health and accessibility to health services, and also because of the deficiencies in providing the necessary health services.

Providing the rural population with physicians is poor. Thus, the number of doctors is 5 times lower in the rural area than in the urban area. In 2005, Romania recorded 188.9 physicians/100.000 inhabitants, with a major difference between the urban area (301.4/100,000) and the rural area (58.2/100,000). In 2009, there were 59% family medicine offices in the urban area and 41% in the rural areas. In the same year, there were 12,009 family physicians, of which 7563 were active in the urban area and 4446 in the rural area.(8)

Relatively large groups of people are not registered on the list of physicians, although they are ensured provided by law, under the free choice of physician and his/her right to accept them or not on his/her list of patients.

The medical sector has limited resources and their allocation in the area is poor. Additional or direct economic costs related to the health related services cannot be supported by a wide range of patients (e.g. the cost of drugs).

There are categories of chronically ill homebound patients, whose long-term care cannot be fully supported by the health system and that require community, medical and social care.

Social groups who lack medical services access are disorganized poor families, families with many children, Roma people, poor rural residents, those without a steady income, the homeless.

The number of health facilities in the rural areas is also declining. Due to inadequate infrastructure and of the weaknesses in the formation of specialized medical staff, there is an increase accessibility of the population towards the health centres at the level of county and university hospitals, cases that could be resolved at lower levels of health care (local or outpatient).

The existence of poor medical conditions affected the general health of the population, especially in the rural areas and resulted in low rates of participation on the labour market, as well as a poor active aging. Children are equally affected by the lack of care, which led to a low frequency of school attendance in some communities.

A good health is essential for the participation in the economy and represents an instrument to ensure decent living standards for family members. Therefore, illness can open the poverty trap for the people at risk of social exclusion. At the same time, attitudes and the underdevelopment of health care culture have resulted in the exposure to premature illness and accidents.

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