
**Assessing and Prioritizing Rural Regions Based on Healthy Village Indicators
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Despite a lot of plans for rural and remote areas in recent years, many of Iran's local community's health and medical needs are not enough supplied, yet. Residents of rural and remote community's situations show that health care services are weaker than urban centers and health and medical indexes in indigenous communities remain unacceptable. Many rural and remote communities have experienced the difficulties of attracting and retaining appropriate and adequately trained medical and health workforce, while residents have faced the problems of accessing appropriate and sustainable health care services. Besides, reactivating these services are woefully inadequate.

2- Theoretical Framework

Historically, rural communities have to provide the public health service with the wider public health system, such as community health centers, rural clinics, or emergency medical service providers of places that have these services as the main resources. Considering the lack of formal public health infrastructure and the trained medical experts in rural areas, development of this system is so critical. The experts of the public health care system are trying not only in local health agencies but also in other public, private, and nonprofit organizations and agencies related to the public health. Rural communities may differ significantly across geographic regions and even within the same region. This diversity of rural communities is needed for local solutions of local challenges. Increasingly, systematic approaches that had been used for improving the community's relationships to strengthen

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social networks and to expand communications caused more community planning efforts and strengthened the public health capacity, which ultimately led to the community collaboration, planning, performance, and health improvement status through sustainable community efforts. Attending to the concept of health is the basic principle of investing (human, natural, social, and economical) in intergenerational justice. As a result, attending to the rural health dimension (ecological, social, and economical) is one of basic elements of sustainable development. Rural health formed when ecological, social, and economical layers of community overlap. That means that each of ecological, social, and economical systems and their subsystems must have a desirable extent of health. Then, we could judge about healthy village.

3- Methodology

Our rural community, which has affected the recent decades' policies and processes, had widespread evolutions; however, evidence shows that the rural move is toward the unhealthy community. These policies and processes did not have positive effects on the community's vicissitude at present and could undesirably affect different present and future systems. Therefore, this study attempts to assess the rural healthiness amount by using the geographical approach. After assessing the theoretical literature and indexes selection, the required data were gathered by designing a questionnaire. Then, the gathered data were analyzed by statistical examinations. Finally, the rural points were ranked by ELECTERE technique which is a multi decision making technique. Methodology of study is descriptive. Analysis and indexes were designed based on the healthy village subject. Minoodasht, a town in Golestan province, was selected as the case study area. After the field study, 22 rural points were selected and 257 household were considered as a sample study from Garavollan Dehestan for data collection.

4- Results & Discussion

The techniques were implemented and the results showed that, Pasange Bala and Sadeg Abad villages have the highest and Manjalu has the lowest degree of health among other rural points.

5- Conclusion & Suggestions

Considering the integrated rural development programs and rural sustainable development, providing rural regions' health care is an important aspect of the integrated development projects. Healthy life is a combination of many things, including good nutrition, regular exercise, and a positive attitude. Building healthy rural communities and reducing the health inequities between rural and urban people is an important challenge for all countries. One of the most important factors for a successful outcome may be the ability to focus on the energy and

political animus to improve the health status of rural citizens and build fresh, healthy, and aboriginal communities. This challenge is really complex and much more work is needed. The great suggestion is to devolve the region health care services to the governmental initiations. Rural and remote communities remain unchanged but become increasingly cynical to government policies and activities and even more concerned about their increasing loss of their share in health and health-related services. Yet, every decision for the devolution of the health care services, given to the local level by governments, shouldn't result in abrogating their responsibility to ensure the adequate provision of health care at all rural points.

Keywords: Rural development, Healthy village, Multi- criteria decision making, ELECTRE, Minoodasht township

References

1. Abdullatif, A. A. (1999). Basic development needs approach in the Eastern Mediterranean region. *Mediterranean Health Journal*, 5, 168-176.
2. Ahmadi, A. M. (2004). *Industrial development and disparities between regions of the Lorestan province*. Lorestan: Planning and Management Organization of Lorestan Province. [in Persian]
3. Annett, H., & Rifkin, S. B. (1995). *Guidelines for rapid participatory appraisals to assess community health needs: A focus on health improvements for low-income urban and rural areas*. Geneva.: World Health Organization.
4. Asgarpour, M. J. (2005). *Multi-criteria decision-making*. Tehran: Tehran University Press. [in Persian]
5. Bogh, C., Goldstein, G., Morgan, J., Pruss, A., Shaw, R., & Teuton, J. (2002). *Healthy villages: A guide for communities and community health workers*. Geneva:World Health Organization..
6. Concannon, H. (2009, October). *Friends of Londiani healthy village programme*. Paper presented at Sustainable Healthcare Practice within the Global Community Conference, University of Limerick, Ireland.
7. European Sustainable Development and Health (ESDH). (1997). *Sustainable development and health: Concepts, principles and framework for action for European cities and towns*. Copenhagen: WHO Regional Office for Europe.
8. Howard, G. (2002). *Healthy villages: A guide for communities and community health workers*. Geneva: World Health Organization..
9. Kiyu, A., Ashley A., Steinkuehler, J., Hashim, J., Peter F. S. L., & Richard T. (2006). *Evaluation of the healthy village program in Kapit district*. Sarawak, Malaysia: Oxford University Press.
10. Lawrence, R. (1996). Urban environment, health and the economy: Cues for conceptual clarification and more effective policy implementation. In C. Price,

- & A. Tsouros (Eds.), *Our cities, our future: Policies and action plans for health and sustainable development* (pp. 38-64). Copenhagen: WHO Healthy Cities Project Office.
11. Lee, P. F. S., Anyie, J., & Braoh, K. (2000). *Healthy village: Kapit division Sarawak*. Report to Sarawak Health Department (unpublished), Kapit.
 12. Lee, P. F. S., Hashim, J., Kiyu, A., Anyie, J., Braoh, K., & Begiling, K. T. (2002). *Healthy villages in Kapit division Sarawak: Towards a healthy, beautiful longhouse environment*. Report to the Sarawak Health Department (unpublished), Kuching.
 13. Nikniaz, A., & Alizadeh, M. (2007). Participation in environmental health: Eastern Azerbaïdjan healthy villages project. *La Revue de Santé de la Méditerranée Orientale*, 13(1), 186- 192 .
 14. Pennel, C. L., Carpender, S. L., & Quiram, B. J. (2008). Rural health roundtables: A strategy for collaborative engagement in and between rural communities. *Rural and Remote Health*, 8, 10- 54.
 15. Purtaheri, M. (2010). *Application of multi-criteria decision-making methods in geography*. Tehran: Samt Publication. [in Persian]
 16. Quiram, B., Meit, M., Carpender, K., Pennel, C., Castillo, G., & Duchicela D. (2008). Rural public health infrastructure: A literature review. In L. Gamm & L. Hutchison (Eds.), *Rural healthy people 2010: A companion document to healthy people 2010* (pp. 34-56). College Station, TX: The Texas A&M University System Health Science Center.
 17. Rezvani, M. R., Mahdavi, M., Gadiri Masum, & Sheikh, D. (2010). Measurement and analysis of health in rural areas based approach to healthy village (Case study: Khondab city in Markazi province). *Journal of Rural Development*, 9(4), 123-125. [in Persian]
 18. Ricketts, T. C. (1999). *Rural health in the United States*. New York: Oxford University Press.
 19. Sheikh, D. (2009). *Explaining healthy villages and health in rural areas (Case study: Gorveh Chai part of Khondab city in Markazi province* (Unpublished doctoral dissertation). Tehran University, Tehran. [in Persian]
 20. Spork, H. (2006). *Building healthy communities*. Australia: Griffith University and the Department of the Environment.
 21. The World Bank. (1993). *Investing in health*. New York: Oxford University Press.
 22. University of Pittsburgh, Center for Rural Health Practice. (2004). *Bridging the health divide: The rural public health research agenda*. Retrieved from <http://www.upb.pitt.edu/>
 23. US Department of Health and Human Services. (2000). *Healthy people 2010*. Washington, DC.: US Government Printing Office.

24. Whitehead, M., & Dahlgren, G. (1991). What can be done about inequalities in health? *The Lancet*, 338,1059-1063.
25. WHO. (1999). *Healthy cities. Department of health promotion, NCD prevention and surveillance (HPS)*. Retrieved from <http://www.who.int/hpr/archive/cities/index.html>
26. WHO. (2001a). *Promoting healthy settings: Healthy cities promoting the health of urbanites. Regional office for South-East Asia: Department of social change and non-communicable diseases*. Retrieved from <http://www.whosea.org/hpromo/msettings.htm>
27. WHO. (2001b). *Western Pacific region, Pacific islands, healthy islands. The Sydney Agreement on tobacco control*. Retrieved from http://www.wpro.who.int/pdf/tfi/PACIFIC_ISLANDS_revised.doc

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