

## Factors affecting villages' health level (Case study: Shaft District Villages)

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### 1. INTRODUCTION

Health is defined as the state of physical, psychological, and social welfare, which include both absence of diseases and the best access to health standard without any religious, political, and socio-economic discrimination. In the Islamic Republic of Iran since 1980's, there has been a rapid growth in number of programs concerning on rural environment. However, the evidence shows that health level in rural area is quite low. The challenge of rural health promotion is a big obstacle to sustainable rural development. The main purpose of this study was to measure the level of rural areas' health level and factors effective in that. Understanding the nature and dimensions of health and its effective factors is extremely important for health promotion in rural areas and can play an important role in sustainable development of such areas. The study area is Shaft district villages in Guilan province. Direct observations, interview with local people and questionnaires have been the main tools of data collection. Collected data were analyzed using descriptive and inferential statistics (TOPSIS model & data reduction analysis).

### 2. TEORETICAL FRAMEWORK

According to the theory of social justice, social justice is essential to society's health and welfare. And based on the theory of political economy, the economic structures play an important role in people's life.

According to environmental theory, many diseases are caused by toxins and environmental pollutants. World Health Organization believes that society's health is affected by factors such as the lack of access to sanitary drinking water. From another viewpoint, health is influenced by five factors: hereditary characteristics, age, life style, cultural conditions, the type of socio-political environment including the level of social support, economic conditions (type of employment, housing and access to basic services) and environmental conditions. Health is also associated with social conditions. Based on social models, health is the result of socio-economic factors, cultural conditions, housing and employment. Consequently, in communities enjoying high social capital, there is a high level of health.

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### 3. DISCUSSION

In sum, the level of rural health is low. Health level of 75% of villagers is lower than 0.7, and health level of 25% of villagers is lower than 0.5. The mountainous villages of "Babarekab" and "Taleghan" had the worst level of health, and villages like "Takram" and "Chekosar" situated in the plain areas had the best condition in health level. Data analysis based on data reduction showed that approximately 96.95% of the total variance is justified by six factors: The first factor is attributed to variables of social capital. The economic variables especially income are the main component of the second factor. The third factor is attributed to household literacy. Healthcare variables are gathered in the fourth factor. The fifth factor is related to household's dimensions, and finally welfare variables are seen as the sixth factor.

Social capital had a negative correlation with villagers' health level, its economic, social and bio-environmental dimension, while there was a positive and significant correlation between social capital and healthcare. There was a negative and significant correlation between economic factors and the health level.

Coefficient of economic health was to some extent affected by literacy rate of households. As a result, it can be argued that the role of education in household welfare is significant, but education has failed to improve all aspects of rural health. Household dimension has had a negative effect on rural health level, particularly the social aspect of the rural health.

### 4. CONCLUSION

The study results show that the health level of rural society is low. Health level of society is threatened by three factors including lack of accountability, lack of transparency and pursuing one's self-interest rather than public interest. The above mentioned factors are the consequences of variables like weak economic foundations, lack of productive employment opportunities, and unfavorable function of public and civil institutions and villagers' social capital & culture. Social capital of rural areas is of traditional type; they have not civil & institutional participation in their villages' affairs. In general, literacy indices of villages were also low, but where the literacy rate was high, health level was also high, but the accountability of people was less.

### 5. SUGGESTIONS

One of the most urgent needs of rural communities is to generate productive and sustainable economic activities. Then a policy should be adopted to sort out priorities. Similarly, developing the constructive culture of development is necessary. As a result, the sense of social responsibility will develop and the process of development will keep going.

**Key words:** Health level, rural health promotion, economic uncertainty, culture, development, Shaft

### References (In Persian)

1. Ahmadi Firozjaee, A., et al. (2006). "*Comparing social capital component of farmers in productive cooperatives*". Journal of social welfare. Vol. 6. No. 23, pp. 90-114.

2. Bahreini, H. (1995). *"World health organization project of healthy cities and the necessity for its rigorous implementation"*. Journal of ecology. Vol. 21. No.17.
3. Eirvin A. & Ascaly E. (2005). *"Measures related to factors that influence health"*. Translated by Mohammad Hossein Niknam. Tehran: Vefagh press.
4. E'temadi. H. & Rafiee, H. (2000). *"Health policy in the framework of social welfare"*. Journal of social security. Vol. 2. No.3, pp. 351-368.
5. Field. J. (2005). *"Social Capital"*. Translated by Jalal Mottaqi. Tehran: Institute of Social Security.
6. Ghaffary, G.R. (2009). *"Social Capital"*. Tehran: Kavir press.
7. Hooshvar, Z. (2002). *"Pathology of Iran geography"*. Mashhad University: Iranian Student Book Agency.
8. Ministry of Health and Medical Education. (2005). *"Evaluation of healthy cities and healthy village's project report in Saveh"*.
9. Naqdi, A., et al. (2010). *"Social capital and its role on economic activities"*. No. 40, pp.56-68.
10. Niktaz. A. (2003). *"Healthy environment, health and sustainable development support"*. Tabriz: Setoodeh press.
11. Pantham, R., et al. (2006). *"Social capital, trust, democracy and development"*. Translated by Kian Taj Bakhsh; Afshin Khakbaz & Hassan Pooyan. Tehran: Shirazeh press.
12. Pour Eslami, M. (2003). *"The role of empowerment in health promotion"*. Journal of medicine and purification. No. 48.
13. Safa, M. (2004). *"Healthy village"*. Journal of rural management (Dehyary). Vol. 2. No. 11, pp. 64-68.
14. Seifzadeh, A. (2008). *"Socio-economic characteristics and Mental health of old people, Case study: Azarshahr"*. Journal of population. No. 63 & 64, pp. 127-162.
15. Sheikhy, D. (2009). *"Healthy villages, representing a dimension of health on rural area, Case study: Ghandab"*. MSc Thesis. University of Tehran.
16. Sheikhy, M.T. (2000). *"New ideas on healthy-cities management"*. Paper presented at the first conference on sustainable development management in urban areas. University of Tabriz.
17. World health organization. (2001). *"Health and environment on sustainable development"*. Translated by Ali Asqar Farshad. Teharan: Ministry of Health and Medical Education.

### References (In English)

18. Bonizzato, P. (2003). *"Socio-economic inequalities and mental health: concepts, theories and interpretations"*. Epidemic psychiatry. No. 12, pp. 205-218.
19. Cribb, A. & Duncan, P. (2002). *"Health promotion and professional Ethics"*. Blackwell Science publishing.

20. Crombie, L.; Linda, I.; Lawrence, E. & Hilary, W. (1995). *"Closing the health inequalities Gap: an international perspective"*. WHO regional office for Europe. English text edition by Barbara Zatloka.
21. Cubbin, C. (2000). *"Socioeconomic status and injury mortality: individual and neighborhood determinants"*. Epidemic community health. No. 54, pp. 517-524.
22. Duhl, L.J. & Sanchez, A.K. (1999). *"Healthy cities and the city planning process, a background document on Links between Health and Urban planning"*. WHO regional office for Europe.
23. Ecob, R. & Smith, G. D. (1999). *"Income and health: What is the nature of the relationship between Social Science and medicine"*. University of Bristol.
24. Fraser, G. (2005). *"Changing place: The impact of rural restructuring on mental health in Australia"*. Journal of health and place. No. 11, pp. 157-171.
25. Galbades, B. & Morabia, A. (2003). *"Measuring the habitat as an indicator of socio-economic position: methodology and its association with hypertension"*. Epidemic community health.
26. Garcia, P. & McCarthy, M. (1994). *"Measuring Health, a Step in the development of city health profiles"*. WHO regional office for Europe. Copenhagen.
27. Grafton Denis, U. (2003). *"Rural health care and community sustainability in southwestern Ontario"*. University of Western Ontario.
28. Guagliardo, P. (2004). *"Physician accessibility: an urban study of pediatric providers"*. Journal of health and place. No.10, pp. 273-282.
29. Howard, G. (2002). *"Healthy villages, a guide for communities and community health workers"*. WHO. Geneva.
30. Jones, L. (2002). *"The social policy contribution to health promotion"*. In The challenge of promoting health: exploration and Action. Basingstoke: Macmillan in association with the open University
31. Khosh Chashm, K. (1995). *"Healthy city and healthy villages"*. Eastern Mediterranean health Journal. Vol. 1. No. 1, pp. 103-111.
32. Pilkington, P. (2002). *"Social capital and health: measuring and understanding social capital at local level could tackle health inequalities more effectively"*. Journal of public health medicine. No. 24, pp. 156-159.
33. *"Social determination of health: what's it all about: Fact sheet-Queensland Health"*. (2006). Available at <http://www.health.qld.gov.au/phs/documents/sphun/20493.pdf> (December 2006).
34. Wang FLuo, W. (2005). *"Assessing spatial and non-spatial factors for health care access: toward an integrated approach to defining health professional shortage areas"*. Journal of health and place. No. 11, pp. 131-146.
35. Whitehead, M. & Dahlgren, G. (1991). *"What can be done about inequalities in health"*. The lancet. No. 338, pp. 59-106.