POPULATION'S HEALTH CONDITION, A RURAL SPACE DEVELOPMENT FACTOR

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Abstract
The rural space, in it's complexity, means both a geographical defined space and the resources that belongs to it. Among these, the human resource is one of the most important. For a successful sustainable development of the rural space, no matter the technological and automation level, one of the most important, very long term goal must be the governmental support for a good mental and physical health condition of the population, in the lack of it, the development process being slowed, stopped or even reversed.
Keywords
healthcare, migration, demography, rural space

Introduction

The rural and urban areas represent two areas of existence and development of the human society within a much wider space offered by Nature. As such, the starting point of any development project of these areas, in particular of rural areas, should be represented by the situation of the existing population at a given time in a given territory, characterized by several parameters, such as: stability, health, education, etc, plus various behavioural and moral values, ensuring a climate conducive to development. The challenges are big on each floor. Population stability is determined by various external and internal factors, both natural and social, economic and political. In turn, one of these factors, namely the health of the population is affected, according to the Lalonde Report of 1974, by four determinants: behavior, environment, human biology and health care.

1. Romanian rural demographics

In Romania the urban area consists of 320 cities and the rural area consists of 2.861 communes, the smallest Romanian administrative-territorial unit, formed in turn by 12.957 villages, smaller communities but who do not have administrative powers. These entities are scattered throughout the country, in all landforms, with some differences between those located in the plains and hills, characterized by concentration of households and relatively large populations and those located in mountainous areas, characterized by a large spread with difficult access and low population.

According to data held by the Organization for Economic Cooperation and Development (OECD) the rural areas represent 91.2 % of Romania's total area. The distribution of the population in the two areas is as follows: 45.5 % live in rural areas, 10.6 % live in urban areas and 43.9 % in intermediate regions. Density presents significant differences between geographical areas, being higher in the East and South rural regions, where the population density of 50-100 inhabitants/ km^2 is more common than in the West and North rural regions where most common is less than 50 inhabitants/km^2.

In Romania the rural population is not only an aging population, but is having also a low education level and employment especially in agriculture, a high social vulnerability, which

makes the rural areas to be characterized by poverty and a limited capacity to attract investments.
In terms of demographic forecasts, national population, including rural segment, already declining, will decline sharply in the period 2015-2050. The trend comes on the background of the urban migration of young population and to other countries particularly in the EU, having as result aging of the remaining population, lowering the birth rate and the increase of the elderly/adults dependency ratio.
Against this background, at national level, by adding other factors such as the massive decrease of the birth rate in mothers with high level of education and average level of living and the change of demographic behaviour of young couples who prefer a limitation to a single child but also due to economic conditions become unfavorable in the last 25 years, it was reached the current situation of imbalance and even depopulation in some areas, notably former industrial and rural areas.
Thus, this process does not start now, but with more than 60 years ago, during the start-up period of communism, with the industrialization of the country and forced migration of peasants in new construction sites and industrial platforms, has led to a change in the ratio between the young and the elderly population in rural areas.
Today, economic and social causes has emerged a new phenomenon, the reverse migration from urban towards rural, predominant the elderly people, whether they are part of those who left when they were young or they are genuine townspeople, but the low income and the lack of other possibilities leads to choose a better way for survival.

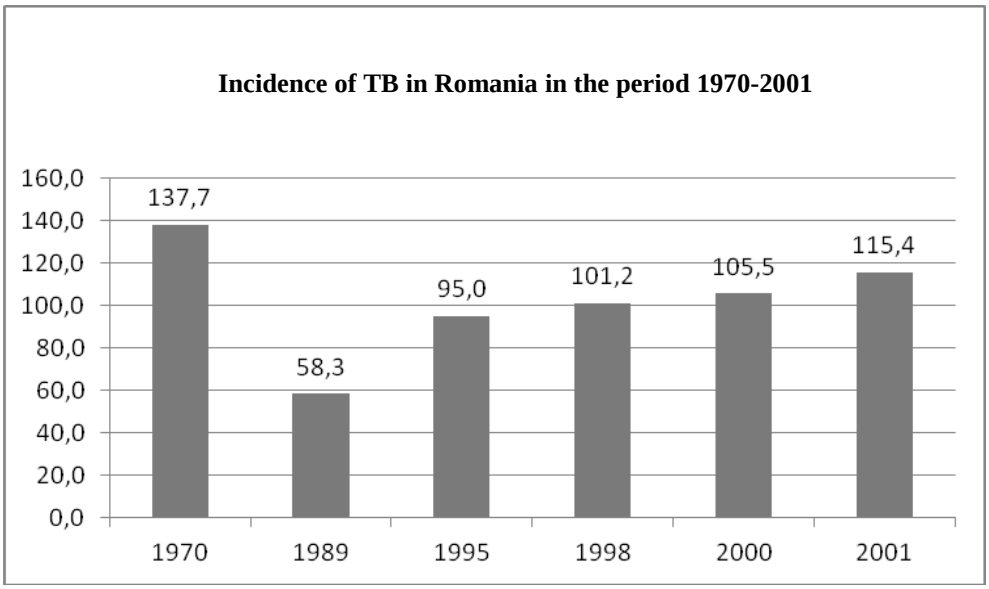
2. Medical care in rural areas

Medical care and health care are ranked on three levels of intervention and competence, namely primary assistance, known today as the family medicine followed by the secondary, provided in outpatient specialty and the tertiary hospital provided.
If by the year 1999, the primary care was provided by the general practitioner in the State Medical Dispensary within a clear accountability, called the health district, since that time, with the entry into force of the law on social health insurance, these three very important elements of a health system were abolished and replaced with a single one, an imported concept, the family medicine, marking also the full privatization of the primary health care.
Giving up a full State care is not a bad idea, but full privatisation and organisation of the primary assistance only in the form of private offices for family medicine without territorial resonsability and delimitation, as was predictable and has proved in the past 16 years, it is a wrong approach with negative effects in the short, medium and long term.
The main income of the family doctor is the contract with health insurance and is given by the number of people registered on the physician. For this reason, rural areas with lower density than the urban and with large differences between regions is not attractive, which led to their concentration in urban areas, leaving the rural population without medical assistance and healthcare.
Another effect of this form of organization was the decrease in the possibility of effective supervision of the health status of the population, while the rural population is forced to move away to solve health problems, with relatively high expenses.

3. State of health

According to data published in the Yearbook of Health Statistics to 2003, in 1970 there were 3.848 medical dispensaries in 1998 (the last year before the Reformation) were recorded 3.972 and in 1999 their number has reached 0 as a result of the entry into force of the new health system.

It should be noted that these figures represent the total number of medical dispensaries, both in urban and rural sectors.
To understand the differences between the shape of the previous organization, as a network with the Medical State Dispensary as the basic unit and the current one, with multiples independent offices of Family doctor, it is sufficient to follow the situation of a communicable disease, namely TUBERCULOSIS, a disease of poverty that require careful surveillance, epidemiological investigation of the patient and his contacts and fast treatment. In doing so, we can make a comparison between the situation in cases of TB before and after 1999, based on disease incidence indicator, i.e. the number of new cases in one hundred thousand inhabitants. According to the Health Statistics Yearbook - 2003, in 1970, the incidence rate was 137.7, with a strong decrease to 58.3 in 1989. Since this point of reference, as it was the year of change of the Communist regime, it rose to 95,0 in 1995, to 101,2 in 1998, to 105.5 in 2000 and at 115.4 in 2001.



Source: conducted by the author based on data published in the Health Statistics Yearbook 2003

Fig. 1 Evolution of TB incidence in Romania in the period 1970-2001 (new cases in one hundred thousand inhabitants)

From this chart we can easily distinguish the difference between the first period, from 1970 till 1989, during the Communist regime, with marked decline of this indicator and trend to extinction, due to the fact that the detection and surveillance of cases of TB was well regulated and carried out by an existing national dual network of dispensaries and a specific health policy, and the period after 1989, with an marked increase of the same indicator, nearly doubled in 10 years to 115,4 new cases/100,000 inhabitants in the lack of that way of organization.
After almost 10 years since the last value presented in fig. 1, according to the World Health Organization's Report "Tuberculosis country work summary - Romania 2010", with an incidence of 116 new cases/100,000 inhabitants, Romania is still regarded as a country with higher risk of tuberculosis.

Although the TB incidence has decreased to 94 new cases/100,000 inhabitants in 2012, according to the Ministry of Health of Romania, it still remained at a very high level, more than double, compared to the European average which is 34 new cases/100,000 inhabitants.

Conclusions

In accordance with the data published in the Yearbook of Health Statistics to 2003, in 1998, there were 3.972 as total number of medical dispensaries, both in urban and rural sectors, and 0 after the Health Reform, which took place in the same year.

Currently, in the countryside are registered 2.861 communes, which means that in case of a political decision to re-establish the old Medical State Dispensary, it would require at most an equal number of dispensaries and sanitary district to provide essential health care and public health services for the residents of these communities.

We must not forget for a moment that any health condition represent the most valuable asset of both the individual and the State, neither one or the other being unable to exist and to function in the other's absence.

To have a future and a sustainable development of the Romanian State, we must have a healthy population, both physically and mentally, with high levels of education, not only in urban space but also in rural space, the last being in best position to provide demographic tank and food security for the entire country.

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