

## *Full Length Research Paper*

# **Healthy village cooperative: An approach towards rural development**

**Mohammad Sadegh Allahyari<sup>1\*</sup>, Hamidreza Alipour<sup>1</sup> and Rooholah Ghahremani Chbok<sup>2</sup>**

<sup>1</sup>Department of Agriculture Management, Islamic Azad University, Rasht Branch, Rasht, Iran.

<sup>2</sup>Governor-General of Guilan Province, Iran.

Accepted 3 June, 2010

So far, in rural development literature, there are many programs and approaches which had been considered by international and national organizations. Today, the approach of integrated rural development in rural sustainable development context, after a period of decline, coupled with a new form, has been considered as the most effective approach of realizing sustainability. Healthy village programs are included in this approach of integrated rural development. In addition to emphasis on hygiene and therapeutic problems, other dimensions of sustainability have also been considered. The aim of current research is to introduce the approach of healthy village programmes in the form of cooperative companies as a means toward rural development. Therefore, for this purpose, current research first introduces this approach using library method and then the goals and strategies of this approach are also reviewed. Finally, it provides a model to establish the programs in cooperative format by studying the overlap of this program using cooperative principles.

**Key words:** Cooperative, healthy village, rural development, treatment.

## **INTRODUCTION**

Having a good hygiene and health is a social goal and it is a favorable result of some range of developmental interventions and acquiring it requires active actions and using all available resources and tools. Previous experiences had indicated that health is influenced under some complex sets of economical, social and environmental factors. Realization of health and hygiene goals is one of the rural developmental components on one hand, and also due to the nature of these activities, on the other hand, there is great need for public wide participation and inter/intra cooperative organization and coordination. The purpose of this research is to formulate an organizational framework in the rural environments in order to realize health and hygiene objectives, which for this purpose, healthy village approach, has been provided. The concept of healthy objectives in rural environment was introduced in the early 1980s and today it is running and functioning in many countries of the world, including Iran. The concept of healthy village is a holistic approach in

order to consider the environmental problems, and other social, and health problems (Figure 1).

From the importance of the relationship between health and economy, the concept of healthy village is to create employment and income in the rural environment. Due to the dimensions and various objectives, healthy village programs require a structure whereby it can meet these objectives. Cooperatives as socio-economic organizations are considered as one symbol of participation and social capital that can play effective role in realizing healthy village programs. Because of the importance of cooperative sector in creating employment and with the aim of increasing the contribution of this sector in the country economic development, there is the more need to create cooperative structure in setting up and performing healthy village programs.

## **What is the healthy village?**

The program of healthy village, in fact, is the extension form of the World Health Organization's (WHO) healthy cities projects. The concept of healthy cities program is

\*Corresponding author. E-mail: [allahyari@iaurasht.ac.ir](mailto:allahyari@iaurasht.ac.ir).



**Figure 1.** Multi-dimensions of health. Trevor Hancock. 1993  
Health Promotion International. Vol 8, No. 1

that cities are important environment where In the healthy cities, improving and changing health results by paying attention to social, environmental, economic and health sectors had been emphasized.

Healthy cities program started in the industrial countries but it extended to the developing countries and has been applied in rural areas as healthy village programme. The major aim of healthy village programme is to extend the span of traditional rural hygiene activities in a concrete form, with emphasis on provision of water and sewage system comprehensively, focusing on all kinds of elements and areas influencing health. Today, the program of healthy village is running in many countries such as Nepal, Egypt, Oman, Sri Lanka and Malaysia. In addition, approach of health settings has begun to work in Samoa, Fiji and Tonga islands in the form of healthy Islands (Kiyu et al., 2006). Today, they are trying to create local initiatives for health in many developing countries by creating a powerful cooperation between health sectors and public organization in local level. Healthy village project, with regard to some concepts such as hygiene training, environmental health and extension are helping the rural communities, practically. Healthy village project enables the village to consider many quality and health problems of life through mobilization of the needed financial and human resources. This process is operating as a communicational strategy, which provides the needed political and public awareness for health and support from health problems (Guy, 2002).

Due to fast development of urbanization, those urban and rural regions which have limited resources cannot provide the necessary services. In addition, most rural

communities are suffering from lack of suitable environmental facilities. Traditional approach expected from cities and villages to provide few services was faced with failure. In this regard, the concepts of healthy communities and villages provide unique opportunities for people and officials until they prevail over the problems through participation (Khosh-Chashm, 1995).

In 1979, WHO defined "hygiene for all" as the most important goal and suggested first healthcare as a tool for realizing it.

Historically, it was identified that the most important elements influencing human are not limited to health section alone, and in addition, the realization of this goal requires paying attention to a complete domain of human requirements, social, political and environmental elements. In this regard, Babakhani (2008), based on WHO (World Health Organization), defines healthy person as one who enjoys whole physical, psychological and social welfare, not just one lacking disease or disability. According to this definition, health has physical, psychological and social dimension, which as seen above, is influenced by social, economic and environmental factors.

With result of human development, World Community defined Millennium Development Goals (MDGs) with the achievement of 2015 goal in mind. Regional Office of WHO under the same approach in the eastern Mediterranean is facilitating the policies and programs of health in the strategic programs and national development in order to facilitate health improvement to reduce poverty and insure better living condition. Since 1980, regional office with the region member countries has been an active cooperation in performing societal activities, which include healthy cities and village projects, providing basic requirements for development in the development and health programs. These initiatives have one shared approach in creating supportive, physical and economic policies and, also some programs in most communities aim to create positive effect on environment and quality of living. As rural communities are faced with some challenges, the approach of healthy village project considers the relative problems as a comprehensive (integrated) method and facilitates multi-sectional development for services as a tool for promoting and accelerating good standard of living process and for realizing good health for all (WHO, 2007).

The Regional Office for the eastern Mediterranean of WHO at Alexandria, Egypt introduced the concept of healthy village project for the first time in 1989. The main reasons of introducing this program is to search for environmental situation/problem of rural regions of this area (East of Mediterranean), for over some decades now, the hygiene and environmental activities of this area just include providing water and sewage system.

Despite the activities of International Drinking-Water Supply and Sanitation Decade (IDWSSD) from 1980s-1990s, many rural regions in this area still have no access

to clean water. Rural sewage coverage was low and it was believed that drainage of sewage in open regions around the villages caused mortality and morbidity of children.

The health of rural population, especially children depends on solid waste and its disposal, rural home situation, livestock, sewage, waterlogged area, dust, deficient water for taking bath, hygiene condition, selling environment and method of supplying food. All of these factors were considered in introducing healthy village project in this region.

However, what is healthy village? Providing an exact definition of healthiness for all communities is impossible because, according to the community members it depends on whether their village is a good place to live or not. A rural village or community can be considered as a healthy village when infectious disease rate is low, when community members have access to basic services and good hygiene or when the community is in reasonable situation. According to WHO, good health is not absolute absence of diseases, but is a reflection of social and psychological welfare and well-being of community members. Therefore, in order to achieve WHO goal, development in community must not just be to reduce disease, but that social tensions and psychological diseases must be reduced to a possible limit. Again, this can point out that healthy village project has a holistic approach to social, economic and environmental problem, with emphasis on health sector.

From the economic dimension, healthy villages can be related to healthy tourism subject. Some discussions on environment and healthy village will be discussed as follows, which include:

1. Formatting rural committee, including villagers in order to control their activity and committee mobilization and also to facilitate their cooperation and participation.
2. Formatting a committee compatible in the region, area, province level, province/ regional organ agencies to support rural activities.
3. Performing diagnostic measurements with complete social participation to identify priority problems and available resources.
4. Raising social awareness and performing hygiene and healthy training programs.
5. Provision of water and sewage system services, collecting solid wastes, disposing them and food securities
6. Evaluating dwelling condition and providing some recommendation to improve dwelling situation.

This approach will provide unique opportunity for healthy professional and social leaders for adjustment of health activities with local condition and performing inter-section cooperative.

The initial goal of healthy village project is to facilitate current developmental activities and to provide opportu-

nity for a holistic and integrated approach for creating some solution to prevalent serious problems. The goal of these programs is to improve living standard, rural communities' health and hygiene. The project of healthy village includes the following special goals:

1. To mobilize communities and stakeholders to participate in activities.
2. To provoke and reinforce local decision-making process and empowerment.
3. To raise community awareness on health, hygiene and the other related issues.
4. To promote and mobilize environmental initiatives and needs-based health.
5. To facilitate the cooperation between health sector and other section at local level.
6. To prioritize environmental and basic services.
7. To encourage and promote mobilization of resources for socio-economic integrated development.

In Syria, in addition to the above goals, some other goals are access to healthy drinking water, sustaining the environmental indicators, promoting relative quality index and empowering the women. Public elementary education and wide eradication of poverty and hunger are part of the goals, which require inter-sectioning cooperation between various ministries. But these are assessed through the healthy village approach.

### **The strategies of healthy village for realizing objectives**

1. Forging dialogue at all level on health and environment in rural settings.
2. Strengthening the capacity of rural communities to initiate, plan and sustain environmental health projects.
3. Utilizing methodology of basic development needs as a tool for communities in order to mobilize participation, assess community needs and set the programs.
4. To help communities to mobilize resources and performing multi-section developmental project, focusing on health, environment and training.
5. Promoting suitable technologies as a means to respond to social and cultural needs, budgeting costs and ensuring sustainability.
6. Developing some mechanisms to ensure that women play more central role.

### **The characteristics of healthy villages**

Healthy village approach causes constructive evaluation in local condition through changing the behaviors and bridging the gap in health, social and economic development.

The main characteristics of healthy village are as follows:

1. Cleanliness and safety of physical environment.
2. Creating social equilibrium by participation/intervention of whole community.
3. Local community has access to varied experiences, interactions and various communications.
4. Historical and cultural heritage are considered as respectful and progressive.
5. Health services are suitable and accessible.
6. Economy is diverse and innovative.
7. Sustainable usage of resources for local communities.
8. Quality of life is promoted to an optimum level for majority of people.
9. Major health problems of the country are tackled (WHO, 2007; Khosh-Chashm, 1995).

### Cooperative and health

One of the new economic characteristics is simultaneous existence of social and economic organizations, whose duty is to guide economy toward efficiency. Cooperatives, which are associated with participation, are one figure of these institutions (socio- economic). In a situation where government is the main provider of goods and services but is not able to supply enough goods, good quality hygiene and health, treatment and general education, which is necessary, the cooperatives will be formed (Sabagh kermani and Agheli, 2004).

Extending and developing productive employment and reducing unemployment is one of the important goals of cooperatives. Cooperatives create productive employment, especially for young people by investments (Taher Khani and Haidari Sareban, 2004). In Iran, increase in population growth in the past years has increased youth population, leading to remarkable number of applicants. Over the past years, the burden of this problem was intensified and it is expected that applicants, especially those with higher education are increasing. Youth population phenomenon associated with unemployment has increased supportive burden and led the individual to try more to provide living costs. Also, accelerating the population rejuvenation trend has increased the need for investigating in various areas, especially education, hygiene and therapy which in turn has resulted in more limitation of resources for dealing with fundamental affairs toward production growth and productive employment. This phenomenon associated with insufficient payment to workers has led the economy to face underemployment, unemployment and latent hyper-function, which has added to the complexity of economical problems. These problems also have influenced the cooperatives and caused the financial resources from this section to move toward economic non-productive section.

According to article 2 of the constitution, government is obligated to provide work and possibilities for all, through cooperatives for all those who are able to work but have no means. Therefore, the most important goal of

cooperative sector in the country's economy is to create jobs and generate work context for the community people. So, one of the best indexes for indicating the role or place of cooperatives is using the share ratio of worker of this section to total workers of the country. The employment structure of cooperative sector indicates that the main job opportunities are related to services sector, which include, health, hygiene and therapy. Also, the statement of 1997 in Jakarta related to promoting health in the 21<sup>st</sup> century clearly has shown the cooperatives role in this area, that is promoting health, and a certain place is anticipated for them, (Amin, 2002).

In a research related to health and hygiene in the world, carried out by UN in 1997, it has been pointed out that cooperatives movements are committed to providing health and hygiene services with a suitable quality and price. Health and hygiene cooperatives may be in various forms. Health and hygiene cooperatives under customers' ownership (users) are created by the members in order to care for their health. In this form, the members set the goals and duties. So, citizens are allowed to care for their health. In U.S.A, this kind of organization is called Health Monitoring Organization (HMO).

The other form of health and hygiene cooperatives is providers-ownership cooperatives (usually physicians) in both developed and developing countries. The benefits of these cooperative organizations are mass buying, shared management and services and providing various professionals (which broaden the provided services) in a network. Health and hygiene cooperatives in Japan, Brazil and also in some parts of Spain are very important.

In USA, HMO cooperatives are providing health care services to almost 1.4 million American families. There are health and hygiene cooperatives in Benin, Belgium, Canada, El Salvador, India, Israel, Malaysia, Mexico, Mongolia, Myanmar, Nepal, Panama, Philippine, Singapore, Sri Lanka, Sweden and UK.

According to the definition and functions of healthy villages, it seems that the best forms of cooperatives in these villages are customer-based cooperatives where the members establish these cooperatives to promote the community health and hygiene. But there is a question whether these cooperatives are suitable to realize healthy villages' goals? To answer this question we have to point out the most important functions of cooperatives in the socio-economic system and then study that how much influence these functions have on the healthy village programs. The most important functions of the cooperatives are:

1. Empowering people.
2. Creating and maintaining employment.
3. Improving living conditions.
4. As a mechanism for making people participate in societal activities.
5. Promoting social integration.

## 6. As a mechanism for collective resource ownership

Comparing these functions with the goals, functions and strategies of the healthy village approach, it is seen that many functions of cooperatives can be applied toward the realization of goals of the healthy village programs. Cooperatives goals can be seen as a suitable tool for achieving rural sustainable development, because:

1. They pursue multiple economic, social, political and ecological goals.
2. They are a suitable tool for gathering and uniting people, which plays important role in facilitating sustainable development. This is because cooperatives are very effective in reinforcing the integration of people against ecological and environmental crisis and with their group thinking and shared abilities they can save the environment from destruction.
3. They do not pursue short time goal/interest, so obtaining more interest in less time does not cause damage to the environment.
4. They have dominant role in the regional economy and provide suitable space for more investment.
5. Cooperatives reduce the inequality and promote a sustainable development, equitably. They consider the economy and reinforce marginal group. So as a tool for sustainable development they promote sectional responsibilities.
6. They play dominant role in adhering public, private and local section.
7. Cooperatives are a part of global movement, which have powerful bond with contemporary social movements. These movements are emphasizing on the environmental factors, women freedom, and democracy, reducing poverty and preventing global excessive freedom.
8. Cooperatives prevent ecological crisis and insure sustainable development.
9. Cooperatives have a powerful relationship with local communities (Taher and Haidari, 2004).

Comparing these multiple objectives of cooperatives with definition of health from WHO perspective which sees health as having physical, psychological and social multi-dimensions, again we can say that cooperatives structure is useful and suitable for realizing the goals of healthy villages programs. Therefore, the following model has been suggested to create and set up healthy village cooperatives.

This model has been formed from eight steps (Figure 2). First step deals with analyzing current conditions. In this stage we can assess developmental level due to measurement methods of development level (villages, districts, cities, and ...). In this step due to the main focus of the healthy village cooperatives on the hygiene and therapy problems, some indexes can be considered such as the percentage of districts which are enjoying good water supply for bathing and drinking, and good health

care facilities-hygiene-home, nurse, healthcare-center, water refining system, birth facilities center, a good number of physician, dentist, veterinary technician. Also, with regard to this fact that healthy village programs are considered as the approach of integrated rural development and in addition to health and therapy problems are included some various economic and social dimension of development, we can consider some indexes of these dimensions in analyzing current conditions.

Out of suggestive method for measuring developed level, we can point out that Morris Inequality Index model with its simple application gives enough recognition from current condition to researcher.

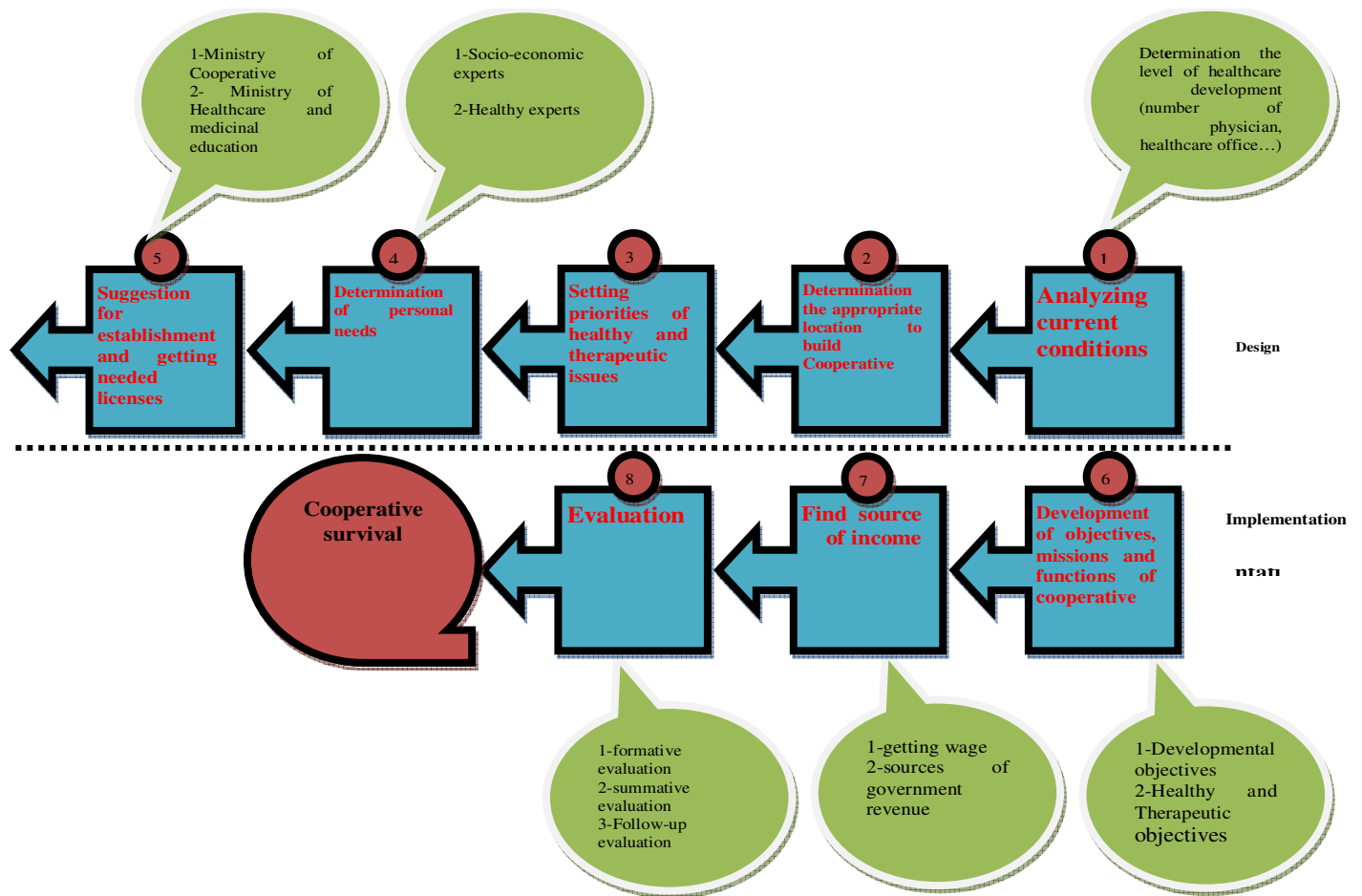
After identifying and analyzing the current condition, we can suggest the most suitable place for creating and setting up the healthy villages cooperatives based on current priorities and policies. With regard to the information of the first step, we can consider those districts that are in low level in having indexes and possibilities point of view for analyzing in the second stage. Of course, with regard to forward priorities and policies in the second step, they again consider all studied regions.

In this stage, due to some methods such as Gutman Scalogram, we can rank the districts/villages the current services in the districts/villages level. The results of this stage will be used in the third and fourth stages. In the third step, setting up the therapy and health priorities is considered. Those services and indexes, which had been allocated the least focus rate in the second step, can be considered as a need in this stage. For example, most of the districts, which have healthy drinking water, remove this index from the priority and just keeping and improving this index is essential. But existence of limited healthy home is required to create and set up this kind of services in the studied regions.

In the fourth stage, the least personnel needs are considered for creating and setting up health cooperatives. As a whole two group of individual can operate in these kinds of cooperatives, one group is social-economic experts and the other group is health experts. Health experts must be select based on health priorities that are identified in the third stage.

In this stage, there is the need to use experts and graduates in the courses such as social science, sociology, rural development, agricultural extension, rural development planning, socio-economic section and professionals in medicine, nursing, veterinary, health (various courses), dentistry and midwifery.

After identifying the study regions and being ready to create and set up these kinds of cooperatives as well as identifying the minimum health needs and the needed personnel for promoting and providing the above needs we can proceed toward the establishing and setting up of these kinds of cooperatives and taking the necessary license from the related organization such as Health,



**Figure 2.** Model for establishment of healthy village cooperative.

Therapy and Medical Education Ministry and Cooperative Ministry. In stage six after setting up healthy village cooperatives, formulating the objectives, missions and cooperatives duties must be considered. In fact, it is among the performing phase of cooperatives. In this phase, two groups of objectives and duties related to them must be considered due to the nature and function of the healthy village cooperatives. In this phase, it is necessary to consider the studied developmental goals along with the health development goals. In phase 7, searching for revenue sources will be considered, which is one element necessary for the survival of healthy village cooperatives. As seen in the early section, two groups of potential revenue sources can emerge, one group of revenue sources is receiving fee from clients in form of providing health services and the other revenue source is using public resources through performing hygiene projects (for example: hygiene drinking water, broad vaccination programs, school hygiene).

A proper evaluation is one element for insuring the cooperatives survival. Despite that, it cannot be considered a certain stage for evaluation of activities, as in all stages, even before the start of activity to the end of

project, continuous evaluation of activities is required. But in this stage, performing collective evaluation can be used to realize rate of goals and compare the performed activities with the goals.

## CONCLUSION AND RECOMMENDATIONS

Due to integrated rural development programs and rural sustainable development, providing rural regions health care is important as one of the integrated development projects. The concept of human capital as one of the developments of five-faced capital belongs to the concepts such as training, health and skill of the community individuals. The other considered capitals in the developmental areas are natural and environment capitals, which are close interaction between human capitals. This study seeks to identify the intersectional point between health and cooperatives sectors.

According to the definition of WHO, health as one component of human capital is not just lack of or reduced disease, but it also entails physical, psychological and social dimensions. On the other hand, cooperative as a

socio-economic development organization also has multiple social and economic goals; therefore, such an organization with such kind of characteristics can be considered as a manifestation of social capital and can play important role in promoting multiple goals of community health section, which in turn affects the community human capital. Therefore, performing healthy village programs in cooperatives company format can be considered as a reasonable and logical strategy.

The programs of healthy villages began in early 1980s and mainly in the Eastern Mediterranean countries, but today is dominant in many parts of the world. In our country, following assigned agreements between medical and Therapy Ministry and Cooperatives Ministry based on facilitating the healthy village programs in cooperatives format, these cooperatives are prevailing in the country. According to the research and reviewing of the resources, the first step in performing such a project is to identify the development level and to determine the priorities and region requirements, since the healthy villages programs are not the same in all villages; but it must planned according to their development level. Some villages are seeking to meet basic needs but there are other villages which are seeking to realize their second and third levels goals.

After identifying those districts having set up and performed priority of the healthy village programs in the cooperatives format, based on review of the resources and results of the study, the following goals are suggested for cooperative:

1. It must consider that the key goal of the healthy village programs is health development. With regard to the fact that the goal of healthy village programs is to promote integrated development in local level and it is done through multi-sectors, and also socio-economic projects according to the assigned needs priority along with health development as a complementary of health section by the local residents,
2. Reinforcing health therapy facilities and also first care programs,
3. To promote rural communities public health level,
4. To promote social awareness level based on age and sex,
5. To promote economic level of local community,
6. To promote the protection level and revive natural and environmental resources of local community,
7. To promote developmental capital management level (human, social, financial, physical and natural) as a bedrock for sustainable rural development.

In order to realize the above goals, healthy village cooperatives can undertake the following suggestive activities explained below.

### Health sector

1. Creating and setting up health care centers

(participating in health care activities).

2. Participating in national/local vaccination programs.
3. Participating in family regulation and counseling programs.
4. Participating in health care programs in schools.
5. Participating in fostering healthy living style and suitable nutrition method programs (especially, baby and newborn nutrition).
6. Participating in public programs of health training
7. Participating in providing healthy drinking water programs
8. Evaluation of rural settlement conditions and providing some suggestions to improve settlement situation (home economy).

### Social section

1. Functional literacy and adults training programs
2. Planning of fostering suitable technologies
3. Professional training and skills development
4. Fostering cultural and development activities of young people
5. Strengthening women and young people activities

### Economic section

1. Economic survey and creating job opportunities and productive activities
2. Providing rural micro-credits and formatting local credit fund, for example, through providing passive and low debt to communities in order to developing stock raising, animal husbandry, agriculture, horticulture, developing small business and professional work, especially for women and young people.
3. Survey and participation in health tourism, eco-tourism, agro-tourism, etc.

### REFERENCES

- Amin Nasser M (2002). Macro processes in the development of cooperative sector in Iran. Report of re-engineering project for organizational structure and processes, Volume IX, Ministry of Cooperatives.
- Babakhani M (2008). Economic development, income inequality and health in 1385-1355. *J. Social Welfare*, 7(28): 259-239.
- Guy H (2002). Healthy villages: a guide for communities and community health workers. World Health Organization. Geneva.
- Hancock T (1993). Health, human development and the community ecosystem: three ecological models. *Health Promot. Int.*, 8: 41-47.
- Khosh-Chashm K (1995). Healthy Cities and Healthy Villages, how to tackle health and environmental problems in urban and rural areas. *Eastern Mediterr. Health J.*, 1:103-111.
- Kiyu A, Steinkuehler AA, Hashim J, Hall J, Lee PS, Taylor R (2006). Evaluation of the Healthy Village Program in Kapit District, Sarawak, Malaysia. *Health Promot. Int.*, 21:13-18.
- Sabagh Kermani M, Agheli L (2004). Necessity for promoting cooperative sector and its position in the third sector economy. *J. Modares Oloom Ensani*, 8: 148-127.

- Tahrkhany M, Heidari Sareban V (2004). Cooperative role in the development of rural production (case study: Meshkinshahr township). *Geogr. Res.*, 49:126-115.
- World Health Organization (2007). Evaluation of the healthy village programme in the Syrian Arab Republic. Regional Office for the Eastern Mediterranean, Nasr City, Cairo, Egypt.