Page 1 of 44 Pages in this Full pdf

RDD-006: Rural Health Care

*Note: Attempt all the **five** questions. All questions carry equal marks. Answer to Question Nos. 1 and 2 should not exceed **800** words each.*

Q1. What do you understand by health? Describe the determinants of Health.

Ans. All of us, by and large, take our health for granted. It is only when we are ill or diseased do, we wonder what is wrong with us. Now, these two terms, illness and disease, mean different things. You can, for example, be diseased without being ill although you cannot be ill and not diseased. To illustrate, it is possible to have a disease you are entirely unaware of. Yet a doctor may pronounce you diseased or unhealthy, indeed perhaps even a danger to the community. In other words, the concept of illness is based on what can be called self-definition or subjective factors, whereas the concept of disease implies that there is some objective standard or definition compared to which you are declared either healthy or diseased. Health does not mean availability of medical and para-medical staff, hospitals and medicines to treat diseases. These facilities/services can only cure diseases but cannot prevent or promote health. In some cases, these facilities may be available, but not accessible to the poor. What is worst, in some cases they cause illness. For example, administration of a wrong injection may lead to deformity or even loss of life. The disease/ disability caused by medicine, according to Ivan Illich, is called 'iatrogenesis'. The most widely accepted definition is what is stated in the Constitution of World Health Organisation (W. H. O.), which defines health as follows:
"HEALTH IS A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING AND NOT MERELY AN ABSENCE OF DISEASE OR INFIRMITY".
Now, this definition has certain very important positive points.

- Health is not defined in merely negative terms as the absence of disease; instead a more comprehensive definition is offered.
- This definition draws attention to the various components of health. Often health is defined in its curative aspect alone. This definition, on the other hand, is more holistic for it implicates other, perhaps more significant, efforts at improving health and well-being.

The factors determining health are many. However, we will be able to understand this issue better if we view health both as a problem and as a need. Viewing health as a problem would mean to understand the (i) suffering, both mental and physical, inflicted on the human beings on account of diseases and disabilities, (ii) inability to prevent the diseases, (iii) inability to cure certain diseases, (iv) differential disease patterns existing among countries, age groups, sex, caste and class and, (v) lack of funds for basic health care services. Such factors help us to understand health as a problem. Health as a need would mean analysing (i) provision of health care services, to meet the health needs of the people, as a matter of people's right, and (ii) ensuring acceptability to whatever is made available. Seen in the context of health both as a problem and a need, we could identify many factors which determine health. As the LC. M. R. and LC. S. S. R. Committee notes: "Health is a function, not only of medical care, but of the overall integrated development of society - cultural, economic, educational, social and political". However, we shall discuss, the following determinants viz. differential disease pattern, economy, environment, education, and health seeking behaviour.

OR

Discuss various factors influencing health and nutritional status in rural India.

Ans. The data we have studied in the previous section itself suggests the factors affecting health and nutrition status in rural India. We can see that survival mechanisms have improved in some way apart from social, economic and political factors. The decline of some major diseases and the decrease in severe outcomes of many others show the impact of biological changes as well. This may be due to natural biological phenomena (e. g. change in virulence of germs or increase in immunity of the human population) or due to medical care and public health interventions such as the mass programmes against small pox and malaria.

Page 2 of 44 Pages in this Full pdf

Thus the broad factors considered to be influencing health and nutrition status are:

Nature of Development: If we analyse the changes in mortality rates that have occured over the last eight decades we find that increasing access to public health and modem medicine is the primary reason for such changes. But it is easily seen that this can, at best, only be a very minor factor because in the pre-Independence period access to public health and modem medical care was limited to a very small fraction of the population. Medical technology was able to show a positive impact on mortality rates only after basic needs of nutrition, housing amenities, environmental sanitation etc. had been met. Similarly, scholars studying economic history and historical demography are examining the possible reasons for this decline but no explanation is yet widely accepted. The role of natural biological changes has also been used to explain the increase and decline of disease in the natural cycle of any epidemic and the cyclical nature of occurance of epidemics in any population as evidence of natural change processes. Both the disease organism and the human host 'adapt' to each other over time by changes in virulence of the organism ~d immunity of the host. While examining the rate of development it is just as crucial to consider the nature of socio-economic development as it is to consider its quantum. If the development is suited to the conditions of small percentage of the population, it will show limited impact on the health indicators at the aggregate level. One paradox which highlights the importance of nature of development is that while our production of food grain has gone up per head of population there has been little improvement in dietary intakes and in nutritional status of the rural population. While food grain availability increased from 424 gm per capita per day in 1976 to 475 gm in 1990, calorie consumption itself has remained about the same during this period or has declined. The expectation that public distribution would ensure access to the produce in all parts of the country has not materialized, specially in rural areas. 'So the rural. Population living in less fertile and poorly irrigated regions (which was the most malnourished) did not get much benefit from extra production. Many subsistence producers were converted into buyers of food. The access of the poorer rural families to market purchase remained low because real wages did not increase and rural employment did not increase either. The shift in diets from the cheaper coarse cereals to the more expensive wheat and rice also meant that each calorie costed more. All this together led to a situation where we had buffer-stocks of grain but 90% of children below five continued to be malnourished and calorie consumption of our rural population did not increase.

Socio-economic Status of Poor Households: In India, because of poverty, the purchasing power is so low that the basics for survival are difficult to obtain. Deficiency of food intake is the clearest manifestation of this. It also means poorer housing, little access to amenities (which makes every day life difficult) such as a water-source in the home, fuel which can be bought and stored, electicity etc. This leaves no extra money for special situations such as illness. Therefore, poverty implies being engaged in difficult daily chores specially by the women, which leave little time and energy for anything beyond immediate tasks of survival. It means less time for child care. Lack of amenities, poor housing, coupled with the little time and energy available to the woman leads to poor hygiene care as well. Such a situation where, because of her economic insecurity, a woman has little choice or bargaining power, deprives the home, and specially children of essential care for health. Inability to breast feed the child adequately is another problem which is important from the nutritional and health angle. Poverty means economic uncertainty and insecurity. It means being constantly engaged in balancing between options so as to ensure survival and make optimal use of what one has. In a situation of insecurity about obtaining basics for survival, the choice naturally tends to fall on the option which provides support for the present struggle for survival, hence long-term considerations becoming secondary. The services are provided without concern for this dilemma of the poor. They are designed in such a way as to make the two options mutually exclusive. A system of schooling which would allow the child to get educated even while earning would provide some solution to both long and short-term goals. The quality of services provided and the attitude of the service providers are also important factors. Going back to the factors influencing health and nutrition (discussed earlier) we see that while the inner core of biological factors are the same, in the case of the poor, encounter with infectious diseases and under nutrition would be more than that of the better-off

Page 3 of 44 Pages in this Full pdf

sections. However, not only the quantum of such diseases but the factors causing them would vary in importance, Lack of purchasing power is the obvious primary factor in determining health status of the poor. Let us examine the role played by other factors in the given situation. The childhood malnutrition among the poor is largely a result of inadequate purchasing power, the inability of the labouring mother to breast feed the child adequately and her inability to prepare special food appropriate for the infant and feed it sufficient number of times in a day. This leads to an inadequacy in quantity of food intake. As you have read in the previous section, it is the quantity of food that is lacking in malnourished children in India, not the quality of diets. If they consumed enough food to get adequate calories, their protein requirements would be met while Vitamin A and iron deficiencies will decrease but may still remain. Many studies also show that the "diet used is about the best that could be done with the money available". Thus ignorance of the mothers about child malnutrition is not the major factor causing the child's malnutrition. Changing the mother's practices and behaviour in this regard by nutrition education, (because the constraint of her situation do not allow much opportunity for improvement) is a meaningless step unless the conditions constraining the mother's ability to feed the child adequately are not removed. At best it might improve specific deficiencies such as Vitamin A, but the deficiency of calories will remain untouched. Delayed supplementary feedings (i. e. feeds in addition to breast milk) was earlier thought to be a major reason for infant malnutrition. It was advocated that it should start at 3 months of age. But the village mother knew better. They knew from experience the danger of diarrhoea increases manifold with supplementary feeding when they are unable to boil the feeding bottle or cook the food fresh everytime or store the cooked food hygienically for long. The diarrhoea can mean more malnutrition and even death. Now paediatricians too have realized this and advocate supplementary feeding to poor mothers only by six to nine months. On the other hand for malnutrition among the better-off, be it obesity (over-nutrition) or deficiency of nutritients, unhealthy behaviour is probably a much more important causative factor because the constraining factors discussed above are not there.

Socio-cultural Factors: Often the poor are blamed for not availing the health care facilities as they are considered illiterate and superstitious. However it is clear from numerous studies that they do avail of modem medical care whenever it is possible to do so. The constraining factors are :-

- Inability to meet the cost of transport charges to be paid to doctors or other workers, diagnostic tests and drugs and inability to suffer the loss of wages and work, i. e. inadequacy of purchasing power and of services close to home.
- Ineffectiveness of modem medicine in curing some disease e. g. chronic conditions such as arthritis, stroke etc. or acute ones such as hepatitis (infectious jaundice).
- The apparent ineffectiveness of the modem system because of the poor quantity of services available to them, e. g. the inability of medicine to intervene effectively in the malnutrition-diarrhoea cycle without the services for nutrition rehabilitation.
- The distrust of government health personnel and institutions because of their emphasis on family planning, their rude behaviour and their negligent attitude.

Population Growth: Population growth as a factor for poor health and nutrition status too needs to be examined from the perspective of the poor. It seems very logical that more the number of family members, more will be the requirement of food and all other needs and therefore greater will be their deficiency. Thus the large number of children (i. e. more than the officially prescribed ideal) of the rural poor are a major cause of their malnutrition and ill-health. However, logic seems to apply differently in the rural situation. The land-owning families may need more hands on the land so more children are economic asset. For the labouring poor the children are even more valuable because they supplement income since very young-a significant input into a very insecure economic situation. They thus add much more and take out much less from the domestic budget. More children are considered desirable by the rural people. In addition, the high child mortality means that more children must be born for achieving the desired family size. That they do practise family planning according to their own logic is evident by the fact that the total number of children born to rural families is much below their biological capacity though more than the 'one or two' norm advocated

Page 4 of 44 Pages in this Full pdf

officially. Birth intervals too are longer than can be explained biologically. This section has shown you the links between biological, social, developmental, economic and cultural factors of health and nutrition status. It is the complex interaction of all these aspects over time which has resulted in the current status. The specificity of these factors and their relative role in building the health status will vary from one population to another and from one section within a population to another. Taking poverty as one of the major phenomena shaping our rural scenario, we have examined some of the specific phenomena which go into the making of their low health status. We find that the constraints of their situation are more responsible than their knowledge and behaviour. The latter is, infact, shaped by their constrained situation and often is conducive to optimal use of the limited resources they have.

Q2. What is the importance of sanitation? Explain the major environmental sanitation problems in India.

Ans. Needless to say that the environment in which we live is changing rapidly. The reasons for such a change are solely related to the pursuit of development path based on meeting the greed of the rich against the needs of the poor. The rapid degradation of our environment is increasingly becoming a threat to the survival of human beings. Among the major environmental hazards, water and air pollution form the major threat. While the poor economic status of the people, particularly those living in rural areas is responsible for their poor health status, the health problems caused by environmental pollution are more damaging and in some cases they are incurable. It has been pointed out that "poor environmental quality is estimated to be directly responsible for one-fourth of all preventable diseases in the world". The situation in India is even worse. Against this back drop, an attempt is made in this unit to explain some of the basic concepts, the practices of environmental sanitation in ancient and modern India and some of the socio-cultural factors associated with it.

Mail. is constantly exposed to the various agents in the environment namely physical, biological, social and economic which largely affect the human life, development and behaviour in the society. In his physical environment, man is in contact with air, food, water, house, occupation etc. whereas, his biological environment includes animals, insects, parasites and other organisms. Social environment of man comprises of his family and social groups which influence his attitude, family life, mental and emotional activities. The economic environment of man includes his way of living and economic circumstances which largely determine his opportunities in life. Hygiene is the science concerned with the maintenance. health and embraces all factors which contribute to healthful living. Hygiene aims not only at preserving health, but also at improving it. The purpose of hygiene is to allow man to live in healthy relationship with the environment. Health is related deeply to lifestyle which includes ways of living, personal hygiene, habits and behaviour. The personal hygiene includes all those personal factors which influence the health and well-being of an individual. "Sanitation" refers to all conditions that affect health, especially with r-egard to dirt and infection and specifically to the drainage and disposal of sewage and refuse from houses (Franceys, Pickford, Reed, 1992). The term sanitation covers the whole field of control ofthe environment with a view to prevent disease and promote health. Previously, sanitation was centered on the sanitary disposal of human excreta or the construction of latrines. Sanitation is the quality of living expressed in the clean house, clean neighbourhood and the clean community. At its first meeting in 1950, the WHO Expert Committee on Environmental sanitation defined environmental sanitation as a set of activities including the control of community water supplies, excreta and waste water disposal, refuse disposal, vectors of disease, housing conditions, food supplies and handling, atmospheric conditions and the safety of the working environment. Environmental sanitation seeks to control all the factors in the physical environment which exercise or may exercise a deleterious effect on his physical, mental of social well-being (WHO, 1952). It deals essentially with those measures which are found desirable for promoting optimal conditions for man's health and well-being (Ghosh, 1969). Sanitation is now being replaced by environmental health. Environmental sanitary measures will reduce incidence of those diseases which are commonly acquired or transmitted through excreta, or conveyed to man by contaminated

Page 5 of 44 Pages in this Full pdf

water-supplies, food or drink, or transmitted by vectors of diseases. The general improvement of environment will lead to economic gain and improve the way of living by controlling morbidity, with improvements in environmental sanitation, the expectation of life will progressively increase. The improvement of the hygienic condition will influence favorably the attitude of the people in better pattern of living which is so conducive to social development.

The major environmental sanitation problems in India are basically associated with four factors viz. , water, air, housing and disposal of wastes. Let us examine each of them briefly.

Water: Water is essential for life. Provision of safe and adequate water for human population is a pre-requisite for good health. Ancient civilizations grew up along rivers and places where water was conveniently available. Excavations of Mohenjo-Daro in Indus river valley and Lothal near Bavla in Ahmedabad district reveal striking achievements in water supply and drainage (Kawata, 1963, Mahajan & Gupta, 1991). From Sanskrit literature, it was observed that water treatment was done as early as 2000 B. c. Various methods were used for water treatment i. e. keeping water in copper vessels, exposing water to hot sunlight, filtering water through sand and gravel, boiling and dipping hot iron in water (Baker, 1949). These findings and records reveal a progressive past which was buried in the intervening years. Present day India shows a great lack of adequate and safe water supply. The environmental Hygiene Committee (1949) reported that only 16 percent of India's towns and 6 percent of the rural population have protected water supplies. In 1955, Delhi witnessed one of the most severe infectious hepatitis epidemic which was caused by contamination of water of the river Jamuna In 1954, the National Water Supply and Sanitation programme was launched by the Government of India as an overall part of the National Health Plan, but achievements in this direction are quite slow. Only 77.7 percent urban population and 31 percent rural population in India was estimated to have safe drinking water supply in 1981 (D'souja, 1985). Safe or wholesome water is defined (Steel, 1960) as one which is pleasant to taste, free from harmful chemical substances, free from pathogenic micro-organisms and usable for domestic purposes. India, being a signatory of the UN deliberations and committed to its goals, launched the water supply and sanitation decade programme in the country on 18th April, 1981, with a view to achieve by 31. 3. 91. 100 percent urban water supply and rural water supply, 80 percent urban sanitation and 25 percent rural sanitation (low cost sanitary method of disposal). Water supply and sanitation should go hand in hand for healthy living of the community. In India, GO percent of the diseases can be eliminated by providing clean drinking water to the people. Moreover, nearly 80 percent of the diseases can be cut down by safe water and sanitation facilities. However, the spread of water borne diseases is on the rise. The State's efforts to contain such diseases have not yielded the desired results. In the urban and rural areas water contamination is a common problem. Pollution of major rivers caused by industrial effluent has become a major threat to India. While access to safe drinking water and sanitation have proven to be essential to good health and while the availability of water is a requisite for socio-economic development, there also exists a cause and effect relationship between water, health and development. Participants at the United Nations Conference recognised that these three elements form a complex system which will decide the course of future events. Provision of sufficient amount of good quality safe water is now recognised as one of the most important activities of the public health. The drinking water should be cool and clear, pleasant to taste, free from pathogenic organisms, should not be corrosive and should be free from undesirable physiological effects.

Air Pollution: Air pollution is a growing menace to health throughout the world. Air pollution sources may be classified into four broad categories: a) Industrial processes-emission of chemicals into air from chemical and metallurgical industries, oil refineries, fertilizer factories etc. ; b) Combustion - burning of coal, oil and other fuels in houses and in factories adds smoke, dust and sulphur dioxide to air; c) Motor Vehicles - through their exhausts, they add to air carbon monoxide, hydrocarbons, nitrogen oxides, lead etc. ; d) Miscellaneous e. g. burning of refuse, insecticide sprays in agriculture, nuclear energy programme etc. also contribute to air pollution.

Housing: Housing is part of the total environment and to some extent is responsible for the status of man's health and well-being. Besides 'physical structure" housing also includes the immediate

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