PREFACE

Experiences have show that it is hard to induce people accept new practice. It requires systematic efforts and simultaneous attention to a number of variables – social, psychological, economic, administrative, technological, political etc. Some among the important variables that are relevant to influencing health awareness and problems\(^1\).

Every individual, through years of experience, has built up a perception of himself and the world around him. While the perception cannot be directly observed, it can be inferred from behaviour. Perceptions usually guide action. For example, a person who has an image of latrines as filthy and smelly, automatically rejects a personal to build one in his house. Village people who see hand-pump as devices that will be in constant need for repair cannot be easily persuaded to accept an improve water supply scheme using such pumps. Similarly, something that is not perceived by the individual does not exist for him. Many individuals and community do not perceive a link between health and current sanitary practices and there fore see no reasons to modify existing practices.

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Health itself may be perceived differently by the experts and by the people. Similarly people may have reception about health services and those who deliver them that may act as a deterrent to change. Perceptions thus play a significant part in the process of change. They should be studied and opportunities created accordingly for people to modify their perception here necessary.

The first step in persuading individuals or communities to change their behaviour is to create in them a desire for change. People do not change their customary behaviour unless they are satisfied that the change will help them meet some perceived needs. Many environmental health workers have come across instances of individuals or communities not exhibiting any concern or interest in the innovation proposed. The initial step in education should be to create opportunities through which the curiosity of individuals is around. To this end, participation in health survey, analysis of morbidity and mortality records, visits to places where similar programmes have been and group discussions are useful methods.

Therefore, present study has been conducted to render meaningful analysis of social-demographic features of scheduled caste families, to explore the socio-economic, psychological and cultural factors related to health awareness and problems to identify various health problems, to study the opinions, beliefs and practices in relation to present health services and barriers in
obtaining them and understand the various issues of Health education to promote the health status of scheduled caste families.

Attempts have also been made to highlight the influence of socio-economic and cultural factors on health awareness and problems of scheduled caste families, their present status of health, their perceptions, beliefs and minimum use of present health services by respondents. Various health problems which we observed during investigation were also highlighted and various issues of health education among studied area were also considered in this study.

Through many studies have been conducted in different parts of the world such as in America (Anderson, Suchman) and U.K. (Kosa) to understand health awareness and problems. Rarely any such study has been undertaken in our country, specially in scheduled caste families more so on socio-economical and cultural aspect. Moreover, the result of other studies may not be applicable to our country because of wide difference in social, cultural aspect and availability of medical care services.

It is clear that there has been an increasing demand for health and family planning services in our country which has been risen sharply during the past five years. It should be broadly accepted that the health care is equally important as a social problem relating to maternal, child health and family planning.

Thus there is an urgent need to build up the required facilities and follow-up services, if this matter is delayed it may
result in serious social consequences in terms of I.M.R., M.M.R., morbidity and mortality and other social problems.

In nutshell the health awareness and problems of human being is largely affected by the environment conditions, economic, social and educational status, religion, customs, superstitions and last but not the least the availability of health services.

Present study was attempted to study the health awareness and problems of scheduled caste families in sociological term i.e. ignorance, fatalism, socio-cultural factors, prejudices and bias in relation to health. In this study the present behaviour of scheduled caste families was investigated. Factors affecting the behaviour on the basis of these findings were discussed and efforts were made to find out the better utilization of health services by scheduled caste families and other voluntary agencies to provide better health facilities to the affected class so that they could improve their health status by changing their health awareness and problems.

The present study was conducted in 400 scheduled caste families residing in urban area of Jhansi city, consisting of four wards namely, Nenagarh, Mashia Ganj, Khusipura and Talpura. These segments were characterized by poor socio-economic health status of scheduled caste families. Therefore, it was found very appropriate geographical area. For the study, 400 families were selected on the basis of simple random sampling due to constraints of time, money and other resources, it was not possible for the investigation to study a larger sample.
A list of scheduled caste families was prepared and afterward these families were interviewed to find out information on various sociological dimensions related to health awareness and problems. The data were collected through house-to-house visit and recorded on the schedule. This schedule was pre-tested before actual survey for the purpose of consistency of information. Validity and applicability in the similar population was carried out outside the area. The schedule was modified according to the inconsistency seen and difficulties faced during its pre-test. An attempt was made to establish a rapport in advance with the respondents to receive co-operation from them.

Besides collecting data through interview schedule, the relevant informations were supplemented by consulting literature on the topics official records of District Hospital and medical statistical magazine which were published every year. The available data were grouped onto simple tables to elicit finding of the study and standard classifications were made to draw the significant conclusions. The data were analysed in the terms of percentage, rates and quantitative parameters such as mean and variations etc.

The whole study was divided into chapters which were given below: -

1. First chapter deals with introduction, objectives and research methodology.
2. The second chapter review of pertinent studies relevant to the topic undertaken in India and outside have been done which got bearing with the present study.

3. Third chapter deals socio-demographic background of Balmiki families.

4. Fourth chapter review on knowledge, opinion and its impact on Balmiki families and level of satisfaction about various health programmes.

5. The fifth chapter deals with identification of various health problems among Balmiki families.

6. Chapter six review the effect of socio-psychological and cultural factor on Balmiki families.

7. Chapter seven discusses the various issues of information, education and communication about health among Balmiki families.

8. Chapter eight provides conclusion, suggestions and limitation of study.

It is hoped that this work will be some use of the health administrators, epidemiologists, sociologists, demographers, policy makers and to many other who are working on the subject. It gives wealth of information for any body who attempts to undertake similar kind of field investigation in future days of come. The results observed in this study would possibly help the health planners and policy makers in organising family health care, utilisation of health services and proper health planning as well as.
This will be provide sufficient knowledge for developing a process of delivery of health care in urban area predominantly inhabited by scheduled caste families in the state of Uttar Pradesh. As valuable for this region of the state where numerous development programmes are being launched by the government. These results will also be useful in formulating alter nature approaches strengthening health programmes to achieve goal of “Health for all” in the region.