CHAPTER-11

UTILIZATION OF HEALTH AND FAMILY WELFARE SERVICES
Health of a person depends on the knowledge about the basics of health, his positive attitude to the proven tenets of good health and practicing them. The normal health of the Hill (pahari) Korwa cannot be said to be very bad but their condition often become chromic after repeated infection. The whole region is attested from malaria due to heavy rains and humidity, water borne diseases, various skin diseases related to liver and stomach problem air common among Hill (pahari) korwa. Some Hill Korwa are found to be suffering from acute liver trouble and other benicus ailments of a chromil nature, about cent percent Hill Korwa families are suffered from one as other type of skin diseases due to unhygienic living.

The National family welfare programme in India has traditionally sought to promote responsible and planned parenthood through voluntary and free choice of family planning methods, best suited to individual acceptors (Ministry of Health and Family welfare, 199.89). Health workers are expected to visit each and every household in their areas to provide basic health care services to the people. In view of this all the eligible women were asked of any health worker has visited them.

Health care and Utilization of health and family welfare services is one of the most important of all human endeavors to improve the quality of life. To utilize proper medical and health services is one of the main fundamental rights of every individual. On the aspects of utilization of health and family welfare services a number of studies have been made by various investigators like Kidyarthi (1958), Bose (1971), Singh et al., (1988), Dwivedi, (1993), Sharma (1994) and Sharma et al. (2002) Sharma & Jain (2004), Jain & Sharma (2006), Tiwari & Sharma (2007) and several others have significantly worked on these aspect.

Here an attempt has been made to assess the utilization of health and family welfare services among the Hill Korwas of Surguja Dist. Chhatisgarh.
The results related to utilization of health and family welfare services among Hill Korwas are presented in the following tables:

Table 11.1, Shows information regarding households visit to various government facilities during cast one year. It could be observed from the table that maximum households (90.29) didn't visited various government health center to avail health facilities. However, only 11.71 percent household visited to government health center during cost one year.

Table 11.2, Shows information regarding purpose of visits to various Government medical canters by the households. It could be observed from the table that maximum households visited government medical canter for the check up of Children (59.42) rather than check up of eyes (27.14), cure of stomach-ache (7.14) and for the cure at wounds (9.28) during last one year.

Table 11.3, Exhibits information regarding households visited by primary or sub-health center workers during last one year. It could be observed from the table that maximum house holds (59.42) were visited by health workers during last one year.

Table 11.4, Shows information regarding purpose of visits of health workers. It could be observed from the table that maximum visit made by workers for the purpose of immunization (90.38) during last one year.

Table 11.5, Reveals information regarding awareness of family welfare devices, It could be seen from the table that maximum Hill Korwas women aware about oral pills (12.00) rather than Traditional medicines (12.00) operation and oral pill (12.00), Condom (08.00), Operation (Nusbandi) alone (04.00) etc. There are very few, who are unaware (04.00) about any device of family welfare.

Table 11.6, Exhibits information regarding ever-utilized family welfare devices. It was found that there were only 36.89 percent women, who ever utilized any device of family welfare or birth control. Maximum respondent (69.14) never utilized any means of birth control.
Table 11.7. Shows information regarding type of family welfare devices utilized. If could be observed from the table that maximum women utilised traditional medicines (75.92) rather than operation (Nusbandi) (11.11), oral pill (7.40) and condom (5.55).

Table 11.8. Exhibits information regarding utilization of indigenous methods for birth control. There are only 45.71 percent respondents reported about the utilization of indigenous methods for family welfare purpose.

Table 11.9. Reveals information regarding reasons for not utilizing family welfare devices. It could be seen for the table that maximum women (54.28) were not utilized family welfare devices because they are not interested to utilized. However, 14.28 percent women reported that they are not aware about family welfare devices and 5.71 percent reported that family welfare devices not utilized due to facilities not available in their locality etc.
On the basis above cited findings and discussions, it may be concluded that.

1. There are **90.29 percent** households not utilized or visited government medical contras or primary health center etc. During last one year.

2. The purpose of utilization of health services are mainly children's checkup check up at eyes.

3. The maximum households (59.42) were visited by health workers during last one year.

4. The purpose of visits of health workers are main by immunization (90.38)

5. The maximum respondents aware of Traditional medicines, operation and oral pills

6. The majority of Hill Korwas women (69.14) never utilized any means of birth control.

7. The oral pills (11.11) are the most popular means of birth control among them than other means.
8. There are very few respondents, who utilized indigenous methods (45.71) for family welfare purpose.

9. There are in general negative attitude towards the not utilization of family welfare devices.

It may be stated that unawareness and several socio psychological factors are responsible for the under utilization of health and family welfare services. It is suggested that health staff should make frequent visits to provide necessary health and family welfare facilities and health education should be provided informally for the improvement of awareness and utilization of health and family welfare services. The various traditional medias and means of communication should also be applied for the same. So that awareness and utilization of available health and family welfare services could improve up to the mark. This may help in curving the problems related to reproductive and child health-among the Hill Korwas.