CHAPTER XII

THE PHYSICAL ACHIEVEMENTS IN THE ALLIED FIELDS
OF COMMUNITY DEVELOPMENT PROGRAMME

AND GENERAL IMPACT.

(A)

HEALTH AND MEDICAL FACILITIES IN THE AREA
UNDER STUDY.

Introduction:

Health facilities are quite essential in order to preserve and develop the public health. With this view-point increasing attention has been given to the measures relating to public health in the rural areas and this aspect is quite important under the community development programme.

Health Problems in the Area Under Study:

In the present survey first of all it was ascertained what were the important problems of health in the area. It is pleasing to note that no specific problems are prevailing in the blocks in the field of public health in general. But even the general lack of necessary sanitary habits and malnutrition due to poverty are aspects of the health problems which call for attention.
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The health problems were listed in the survey which are shown in the following table.

Table No. 12:1
Table showing the health problems in the area

<table>
<thead>
<tr>
<th>Name of the problem</th>
<th>Number of blocks where existing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lack of drainage system.</td>
<td>12</td>
</tr>
<tr>
<td>2. Environmental sanitation.</td>
<td>10</td>
</tr>
<tr>
<td>3. Absence of Improved latrines.</td>
<td>9</td>
</tr>
<tr>
<td>4. Inadequacy of drinking water.</td>
<td>8</td>
</tr>
<tr>
<td>5. Non-acceptance of preventional measures.</td>
<td>5</td>
</tr>
<tr>
<td>6. Small pox.</td>
<td>2</td>
</tr>
<tr>
<td>7. Inadequacy of medical aid.</td>
<td>2</td>
</tr>
<tr>
<td>8. Malaria.</td>
<td>1</td>
</tr>
</tbody>
</table>

The table reveals that lack of drainage system is the most important problem found in all the 12 blocks. No drainage has been constructed in the villages which results in dirty water pits generating the germs and insanitary conditions. Soakage pits also have not been constructed in the villages. Next to this problem is environmental sanitation. The villagers are not cleanliness minded collectively and there is no provision of collecting the dirt at a particular place. The villagers are accustomed to throw away the dirt on the streets and the general sanitation is not observed. Improved latrines also do not find favour with the villages and there exists the traditional way of the disposal of night soil. Inadequacy
of drinking water is a problem found in 8 blocks and almost in all the villages surveyed and the people are very much conscious of this problem. Pathariya and Banda blocks, present the most horrible picture where the people depend upon the cart-loads of drums of water brought from the neighbouring villages particularly in summer. Though there are wells in all the villages, in summer the shortage of drinking water becomes quite acute a problem. Then there are other problems which are not so important. Malaria has been almost eradicated and is nothing like a problem in the area and the villagers today owe a great deal to the block medical efforts for this. Smallpox is also not a very serious and commonly spreading disease in the rural area today.

To solve the above problems different measures have been adopted in the blocks. Such measures are reported below. The success achieved so far has also been mentioned. The more important problems are rural water supply, construction of latrines and drains and provision of medical facilities.

Rural Water Supply:-

In all the blocks under study measures have been taken to improve the rural water supply. Construction of new wells and repairing of old wells and installation of hand-pumps are some of important measures taken to solve the problem of rural water supply.

Construction of New Wells:-

According to block reports, wells have been constructed every year. Comparative figures show that the number of
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Wells constructed has decreased in the year 1965-66 compared to 1961-62. The average figure for the former comes to 6 only while for the latter it is 10 per block. This clearly shows that every village under the block has not been covered by the construction of new wells though there are old wells in all the villages and the villagers completely depend upon them for their drinking water supply. The villages under study faced the acute problem of water supply, particularly during summer. Most of the wells were dry calling for deepening and repairing. Very few villages have been taken under the scheme of deepening. This problem was more acute in the area where the water is quite deep in the earth. Pathariya and Banda blocks come under this condition. In villages of Katni block it was noticed that the villagers had dug small little deep pits to fulfil the need of drinking water supply, in their field which they called 'Zhiriyas'. In other blocks also the people reported their difficulties in getting drinking water in summer season. It has also been noted that this problem has been solved to some extent by the construction of private wells.

Installation of hand pumps is also a measure in this direction. But it has not been possible to install them in all the blocks due to the peculiarities of land. Only five blocks reported installation of pumps. In the villages of Narsimhapur and Goteaon block which have been surveyed, there were 10 pumps on average. In the villages of two blocks it was reported that they had tried hand pumps but was in vain. For the construction of new wells and installation of hand pumps financial assistance was provided generally on a contributory basis. It is sad to note that
the wells thus constructed are not repaired or cleaned by the villagers and strict measures too, have not been taken by the village panchayats in this direction. The villages in two blocks depended upon river water for drinking during summer. In addition to this, the villagers faced more acute a problem to avail the water for their cattle.

The block officials reported that people's participation has not been forthcoming in the repairing and maintenance of drinking water wells. In four blocks some step-wells have been converted into wells to preserve the hygienic condition of water. The old wells have also been repaired in the villages with the assistance of blocks. The average number of the wells repaired in each block in the year 1961-62 and 65-66 comes to 7 and 4 respectively which is not satisfactory. The villagers in two blocks reported that in spite of the assurance given by the block officials, the wells were not repaired with the result that their drinking water problem has not been tackled. However, in Goteaon block the wells in the villages were found quite in sanitary conditions in which people's volunteer labour was easily available. It was also the report of Sehora block that there was a sanitary well in each village of the block.

The blocks reported about the disinfection of large number of wells each year. The average number of disinfected wells come to 225 and 5 in the year 1961-62 to 1965-66, respectively per block. It shows that the programme has been extended on a larger scale in the later years. But as the villagers reported, this dis-infection was not regular and the arrangements of chlorifications
were made only during epidemics. With this point in view, the huge figures of disinfection of wells become quite unreliable. But simultaneously, from the response of the villagers it was understood that they did not pay much attention to the hygienic water. Of course, the success of the measures by the blocks depend much on the active response and participation of the village people.

**Improved Latrines:**

Efforts have been made in all the blocks to popularise improved latrines. For this purpose assistance has been extended to individuals for their construction either in cash or in the form of free supply of materials of the same. Public latrines have not been introduced in any of the blocks under study. Different type of latrines have been tried in the blocks e.g. trench and dug well latrines. The figures show that on an average 20 and 28 latrines were constructed in each block in the year 1961-62 and 1965-66, respectively. According to figures it may be understood that they have become more popular in the consequent years but actually it is not so. To fulfil the target, the material has been distributed in the villages but latrines have not come to use.

It may be concluded that improved latrines have not become popular in the rural area though subsidy is given for this purpose. In the survey the villagers in two villages reported that they were given the seat of latrines but they were lying useless. It is nothing but waste. On the otherhand, one villager in Jabera block reported that he had applied for the construction of trench latrine in his home and the share was deposited long ago but so far
he had not got the material. It is quite strange a picture which inhibits the people's enthusiasm.

In general, the progress is very slow. In its Seventh Evaluation Report P.E.O. has remarked in this connection that, "it seems that the most important reason for the tardy progress has been the reluctance of the people to give up their age old habits and to appreciate the need for latrines. Provision of facilities for removing dirt and night soil, coupled with intensive latrine promotion and health education campaign by the block people, seem to be the essential pre-requisites for the success of this programme.'

Construction of Drains:-

Even today the construction of improved drains have not received wide attention of the village people. The progress in this direction is practically nil in the rural area. The programme has been taken up only in 7 out of 12 blocks. But in the villages surveyed no drainage system was observed and the people did not care for the proper outlet of the dirty water in the homes. Thus, the progress is not satisfactory.

Three blocks reported of the construction of sanitary urinals in the villages. Pucca bathing platforms have also been constructed in five blocks. But the people have not taken to the construction of bath-rooms in their houses. In order to observe sanitation village lanes have also been paved in 3 blocks. As regards soakage pits they have been dug in all the blocks quite large in number. On an average 135 and 230 pits have been dug in the year

1961-62 and 65-66 respectively in each block. But it is distressing to note that no soakage pits were found in the villages surveyed and the dirty water was flowing in the streets of the villages giving a picture of insanitary conditions.

Medical Facilities in the Area Under Study:

The villagers were asked certain questions relating to their health and the facilities they enjoyed from the block in this respect. From their response it can be said that most important of the problems in their villages are shortage of drinking water supply particularly in summer season and general insanitary conditions of the village streets. As regards the facilities from the block, the people agreed that they used to get medicines from the V.I.W. previously but during survey they did not get any. In the first and second stage of the block V.I.Ws. were provided with the medicine box to distribute the medicines but now this practice has ceased. But the people complained against the Gram Sewaks for charging the fee on giving injections only and not being careful in their health matters.

The people have knowledge of primary health centres in their block head-quarters but at the same time all of them are not getting advantages from the same. Only 60 per cent reported to have attended the healthcentres and sub-centres to avail the medical facilities but they were not completely satisfied with the services of such centres and had to contact district hospitals. In the same way, the villagers do not have much faith in village dispensaries as according to them they got only the ordinary effective
medicines there but they seemed to have much faith on Allopathy medicines and injections. Even today they have regard for the local medicines also.

About the child welfare and maternity centres facilities, the villagers have little knowledge. Only 5 per cent availed the maternity centres services and others had doubt about the efficiency of the nurses of such centres. Only in most emergency cases they contacted the nurse. The child welfare centres are quite a few in number and all the villages have not been covered by them. Only five blocks reported such centres. The villagers were also asked whether the health services in the post block period had checked the diseases in their areas. It is quite hopeful to note that 70 per cent reported about the improvement of health services and check of diseases in the post block period. They agreed that the diseases like malaria, cholera and plague have been eradicated. Malaria was very common previously but now the villagers appreciate the block health services for eradicating the same. However, small pox is still there but not to that extent as in previous years. Vaccination has been undertaken on the mass scale but all the villagers were not willing to take to it. They complained that they must get the medical facilities first to remove the ordinary diseases and then these injections. Here, they have to be convinced that other ordinary diseases are the result of short resistance capacity which can be increased only with the help of vaccination. It was also reported by the village people that no epidemic had broken in their area since last five years except small pox for which anti-epidemic and protective measure like inoculation and vaccination were
adopted promptly to control the situation.

Hospitals, Dispensaries and other Health Institutions in the Area:-

Medical facility of some sort or other is available in all the blocks. Dispensaries are in large number than the hospitals in the area. All the 12 blocks have got 32 dispensaries of western medicines and 18 of Ayurvedic and the Unani systems. The distribution of the blocks by the number of dispensaries is given below.

Table No. 12:2

Table showing the dispensaries in Blocks

<table>
<thead>
<tr>
<th>Number of blocks</th>
<th>Number of dispensaries per block.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>12</td>
<td>Average 4.2</td>
</tr>
</tbody>
</table>

Thus one third of the selected blocks have got two dispensaries each and 50 per cent blocks have got 4 to 5 dispensaries while 16 per cent have got 7 to 8 dispensaries each.

Number of Hospitals in the Blocks:-

There were 10 primary health centres in 12 blocks.
Among two blocks which are not having primary health centres, one has got one hospital and another has got two hospitals. Two blocks have hospital one each in addition to primary health centre. All the Primary Health Centres are more than three years old and were started in stage I or II of the block. In three blocks Janpad dispensaries have been converted into primary health centres. Thus all the 12 blocks have got 15 hospitals including primary health centres shown in the following table.

Table No. 12:3

Table showing the number of hospitals

<table>
<thead>
<tr>
<th>Number of block</th>
<th>Number of hospitals including primary health centres.</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>Average 1.25</td>
</tr>
</tbody>
</table>

It may also be noted that out of 10 primary health centres 8 are located at the block head-quarters and the two are in the interior area. But all the hospitals are located at the block head-quarterly.

There were also sub-health centres in the blocks to allow the medical facilities more accessible to the village people. Among the blocks surveyed only 10 have 24 sub-centres. In such centres the medical staff consists of a mid-wife, a male social worker and a peon. These centres provided first aid and other elementary medical facilities. Out of the above blocks, 4 were having
3 sub-centres each while the six were having 2 sub-centres each. It has been noted that the village people did not take the benefits of such centres while some of them reported that proper and required medicines were not available in such centres.

Taking into consideration the institutions providing medical facilities, an attempt was made to study the extent of coverage of the population by these institutions. The indicators used are the population per hospital and dispensary combined and per institution of all types. Summary figures showing the distribution of blocks are given below.

Table No 12:4

Table showing the population (1961) per hospital or dispensary

<table>
<thead>
<tr>
<th>population (in thousands) per hospital or dispensary</th>
<th>Number of blocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Below 10</td>
<td>4</td>
</tr>
<tr>
<td>10-15</td>
<td>4</td>
</tr>
<tr>
<td>15-20</td>
<td>3</td>
</tr>
<tr>
<td>over 20</td>
<td>1</td>
</tr>
<tr>
<td>Average. 13.5</td>
<td>12</td>
</tr>
</tbody>
</table>

The figures show that in the 12 blocks with medical institutions hospital or dispensary the average coverage of an institution is 13.5 thousands persons. One third of these blocks show the coverage below ten thousands per institution. This is satisfactory situation in terms of availability of medical facilities.
The next one third of these blocks show the coverage from ten to fifteen thousand while one fourth number of blocks cover the population from 15 to 20 thousands. Only one block covers over 20 thousands of population per institution of any type, of the two.

As regards the coverage of population by the health institution of any type including sub-centres of health in the blocks area, the position is better than above. The distribution is given below in the table.

Table No. 12:5

Table showing the coverage of population by health institutions of any type

<table>
<thead>
<tr>
<th>Population (in thousands) per institutions of any type.</th>
<th>Number of Blocks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Below 10</td>
<td>5</td>
</tr>
<tr>
<td>10-15</td>
<td>7</td>
</tr>
<tr>
<td>above 15</td>
<td>Nil</td>
</tr>
<tr>
<td>Average</td>
<td>9.2</td>
</tr>
<tr>
<td></td>
<td>Total 12</td>
</tr>
</tbody>
</table>

The above table reveals that the average coverage of an institution of any type is 9.2 thousands persons. It may be noted that while working out the coverage of population by the medical institutions, the 1961 census has been kept into consideration. In this table 43 per cent of the blocks cover the population below 10 thousand while 58 per cent cover the population from 10 to 15 thousands.

Maternity and Child Welfare Centres:

Maternity centres existed only in 7 blocks but
at the time of survey it was reported that most of them were defunct. The average number of such centres comes to three. Such centres were started in the first or second stage of the blocks but later on, according to survey report, their importance was reduced. The villagers reported that such centres were not located in the proper houses and they very rarely availed the services of maternity centres. The villagers have not yet taken to the medical process of delivery and believed in their age old methods and local medicines. The child welfare centres existed only in five blocks named as Balwadis. The maternity facilities are also provided in all the primary health centres.

Family Planning Programme in the Blocks:

Family Planning programme is a much talked programme of India's development today. India is today on the brink of a population explosion. "Its large population at 480 million and rapidly growing at the rate of 2.5 per cent per annum has become a nightmare to the Government and the Planners alike and has upset efforts at planned national growth. At the current rate of birth of 11 millions new babies a year, India is adding to her population the population of one Australia every year...... No wonder that the country today presents a picture of the paradox of starvation in spite of increased food production and stagnation in the midst of all efforts to progress. Hence the importance of family planning programme which the country has launched with much earnestness and determination."1 To put out a check on this catastrophic development

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of population, the Government is utilising all the means at its command and tackling the problem as national problem number one with huge amount of expenditure on the same. While from a collective point of view the burden and the danger of a large population are easily understood, the difficulty is to convey the same sense of urgency to individuals and families who are ultimately to deal with the problem and help to solve it.

With the above aim in view the community development programme has undertaken the family planning programme in the rural areas and it has been made a part and parcel of the rural health schemes.

Family Planning in the Blocks under study and in the Villages:

Today this programme is gaining much importance in the rural health programme. For this purpose rural consciousness is being awakened through the sub-centres and family planning centres. Male and female social workers have been appointed to carry the aim and benefits of the programme to individuals in the interior of the villages. Primary health centres are also equipped with the desired material of family planning. The tours of the doctors are also undertaken in the rural areas. The organisation of family planning camps in the rural areas have also helped much to realise the need and urgency of family planning.

This programme in the rural areas through blocks includes the free distribution of contraceptives of all types to the villagers, to prepare the people to undertake family planning operations; vasectomy operation for males and tube tying for females. The insertion of loops for women is a programme, giving new dimension
to family planning; there is also provision of giving a certain amount to a person preparing people for undergoing operation and man who is operated. Doctors also get certain amount for performing each operation as remuneration. The camps and seminars were also organised in blocks for giving a good publicity to the programme.

In the survey, an attempt was made to collect the figures of sterilisation operation from the primary health centres and information regarding insertion of loops. The information could be available only in 6 blocks. In three blocks it was available for 3 years from 1963-64 to 65-66 while in one block it was available for one year i.e. 1966 and in remaining two blocks it could be available for two years 1965 and 1966. Thus in 6 blocks during the above period 570 vasectomy operations took place including 28 operations of Muslims in 4 blocks only. The average figure of each block come to 95 only. Regarding sterilisation of women, out of the 6 blocks only in Jabera block 12 women underwent operation including two muslim ladies. The Highest vasectomy operation figure was in Khurai block of Sagar district.

Intra Uterine Contraceptive Device (IUCD) or simply loop is for the moment, the main plank on which the Government's family planning programme rests. It has been found to be comparatively more effective. The insertion of loops has been also propagated in the rural areas through block agency. Out of 6 blocks for which information was available, loops have been inserted in 4 blocks during the year 1966 only to 92 ladies, average figure being 23 in every block.
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The information and people's response was also known regarding family planning programme in 24 villages surveyed. The people have undergone vasectomy operation in 6 villages only, for which average figure comes 4 only. As regards loop insertion only one lady in Pathariya block goet the loop inserted. Keeping in view the desired and rapid progress of family planning programme in rural areas, the above achievement is quite slow and unsatisfactory.

As regards the knowledge of family planning, only 40 per cent knew the meaning of family planning. It was also noticed that people did not tell the meaning but they knew and hearing the name of family planning they laughed in their sleeves and they told, "Yes, we have been told about that and further added, so far we had heard about castration of bulls but now men are being castrated." It clearly shows that people are not serious about the programme. Some of the people could know the meaning of family planning as they had seen the documentary film of the same in their villages. When asked if they were willing to undergo sterilisation, only educated came forward with a favourable attitude while others who constituted majority, flatly refused. They opposed it on the basis of religious injunctions and pleaded, "Child is born with two hands also with a mouth to feed. We will bring up our children, why Government bothers for the same." There have been rumours about the loss of vitality of the operated person with the result that he was in some cases made a laughing stock amongst friends. The villagers also asked, "If a child was born to the wife of a operated person, in that case who would be father of that child?"
Some section of people also took recourse to moral objections. Some villagers also raised question that if the children of man dies after his operation, what will be his fate? It was funny to hear from them that, "Can government give child to a couple who are not having child? If not, why are we asked for operation?"

The doctors and male social workers were also interviewed in order to know the response they got from the villagers, along with their suggestions. They expressed that people were not coming forward for vasectomy operation. If at all they are persuaded for undergoing the same they do not often turn up for operation even after giving their consent when the doctor comes to perform the same. Regarding the oral contraceptives, the social workers told that the people did not accept the material and it at all they accepted they did not use it. The cases have been reported that the ladies vehemently opposed the operation of their husbands and even came to hospitals to take their husbands back abusing the doctors.

As regards suggestions the workers told that there must be favourable atmosphere in the villages and the people must listen to them gathering in a place where ladies must be absent. They also suggested that there must be edible tablets of contraceptives to avoid the privacy in explaining the process of using the same. According to the suggestion of doctors, no doubt, operations must be performed by quite a competent surgeon, So that it may not result in the failure which shakes the faith of people in family planning programme. Moreover, people must be given proper advice and knowledge of all the precautions they will have to take after
operation. The wrong feeling that the operation results in the loss of vitality must be removed. It was also suggested by the doctors that programme could become successful if people were persuaded by local leaders to undergo the operation. The workers should also have a good influence over the people.

It can be concluded that the people have not realised the importance of family planning with the result that the programme has not achieved success. The villagers are to be convinced in the necessity of family planning. Popularisation of government measures, needless to say, is of utmost importance. This is particularly true in a country like India where low literacy blocks the channel of effective communication and society is tradition bound. Though there are conflicting views on the subject of family planning there is need to strike a balance between them and to create a mass awareness for population control. Of course, this is a great task. Fortunately the Government is aware of its responsibilities as well as the pitfalls ahead and had embarked on the family planning programme. "Breaking the barriers or educating the people should, this being a technical subject, not be handled by any body and every body. An ill advised case in a village would be more potentially dangerous than a hundred successful cases."1

In the long run it is clear that the stability of democratic India depends not only on sharply increased food production but on the effectiveness of India's new programme, family planning.

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