CHAPTER I
CHAPTER - I

Introduction:

There were hardly any studies dealing with social aspects of health services at the grassroot level in the past. A few studies which made attempt in this direction are of a recent origin and are mainly concern with the problem of family planning and health activities. Social research in health practices has been considered to be an integral component of health planning. Behavioural scientist in India have joined hands with physicians to expose those behavioural aspects that are either detrimental to or facilities for the success of health practice research. So I decided to study on this problem.

Health has been declared a fundamental right. This implies that the state has responsibility for the health of its people. National Governments all over the World are striving to expand and improve their health care services. The current criticism against health care services is that they are:

(a) predominently urban oriented

(b) mostly curative in nature and accessible mainly to a small part of the population. The present concern in both developing and develop countries is not only to reach the whole population with adequate health services but also to secure an acceptable level of health for all by 2000 A.D.
through the application of preventive curative and promotional primary health care programme.

India is committed to mobilise its resources to raise the living standards of the entire population, one of the requisites for improving standards of living is the provision of medical care and public health services. Acceptance of this concept has called for a fundamental shift in the approach towards India's health problem.

Development of rural health services in India was therefore linked up with rural reconstruction works envisaged under Community development programme. Whereby while country was divided in 5000 community development blocks. The purpose of the community development programme is to establish for the people and by the people (living in the block area) their right "to live".

The concept of rural health centre is not old as Bhore Committee Report. In fact, Conferences on rural hygiene convened by league of nations, at Geneva in 1931, define "health Centre" as an institution for the promotion of health and welfare of the people (in a given area) which seeks to achieve its purpose by grouping under one roof all the health and medical workers of that area to gather which such welfare and relief organisation as may be related to general public health work.

Establishment of PHC was therefore planned with the
back-ground mentioned above but a medical institution of such a type was never a felt need of the community and therefore active participation of community in this coordinated approach to the solution of their health programme has not been forthcoming to a desired extent. Indeed one often is reminded of the remark that, primary health centres are nothing but "glorified dispensaries and if it is without doctor it is like a temple without its deity".

Incidently, the above historical background also provide sufficient justification for the study undertaken with regard to primary health centre in 1968. The study was conducted on "Knowledge, Attitude and Practices among rural community concerning primary health centre, Navli PHC of Anand taluka in Kaira District.*

After 20 years I intends to study the social change in health beliefs and practices of the people in the same areas
Review of Literature:

Sociological studies of health, health care services and their utilization are of recent origin and are part in medical sociology. The relationship between social conditions and factors that influence health and the development of disease has long been a major interest of human kind. Throughout history people have generally tended to view health problems from the perspective of their own particular societies and cultures. As a result they have usually responded to the threat of disease in predictable ways. Knowledge about norms, values, beliefs, social structure and life styles has provided insight not only about the social organisation of human resources designed to cope with health hazzards but also about the nature and causes of illness. The recognitions therefore of the significance of the complex relationship between social factors and level of health characteristic of specific social groups has led to the medical sociology as an important substantive area within the general field of Sociology.


The Community of health organisations In "Hand Book of Medical Sociology" -- freeman, Levine, Reader.

The problem and activities of health and welfare agencies comprise one sector in the health field to which the sociologist should be able to make a clear and unmistakable
contribution. In relating to other problems in the health field the sociologist regarding of the merit of his potential contributions must take into account the special experience and competence of the physician. But in the area of health and welfare organisations the physician usually has little expert knowledge and if any one can lay claim to this particular province, it is sociologist. While the study of health agencies may enlist the usual resistance by members of a system who are scrutinised, it should not be difficult to convince the practitioner that the sociologist passes the necessary equipment and preparation to function in this area. The adversity of the health and welfare agency system affords a fertile and relatively untapped field, which is properly explored, should eventually rebound to be enrichment of organisational sociology.

Poverty, class and Health Culture in India (1982) D. Banerjee

This report is a study of health behaviour of rural populations in India in the context of various health institutions available and accessible to them and their problems. Nineteen villages have been chosen for this study from different states. Primary health centres are located within eleven of these villages one has a sub centre of a PHC and eight have no PHC.

Existing health institutions services and personnel on the whole the PHC, dispensary projects a very unflattering
image discrimination against the poor, and depressed, poor, quality of medicines (only red water) lack of medicine over crowding and long wait and indifferent and often rude behaviour of the staff are some of charges against most of dispensaries. Complaints about medicine, over crowding and long wait are made, even against the PHC studied.

Demand for the services another very significant findings of the study is that there is considerable unmost felt deeds for the services of the Auxiliary nurse midwife at the time of child birth. Villagers are keen to have ANMS Services because they consider her to be more skilled than the traditional dai. Wherever the ANMS have provided services, the Dai role has become less significant.

"Health, Culture in a South Indian Village :-"

It is an intensive study of village life in one village in north Arcot District, Tamilnadu. The author lived in the village over two years, living like the people as far as possible, taking part in their lives, interviewing and observing them. The different aspects studies include economy and development, social and religious factors, communication, health and diseases. The another felts that only if we are close to their position and voluntarily some our privileges and comforts will be really be able to help them.

The importance of study of factors influencing the adoption and diffusion of innovations in various field of economic and social development need not be over emphasized.
The patterns of use of traditional healers and Western style health care delivery system in Nigeria were examined. A survey conducted in the area served by an experimental is based community medicine programmes yielded data on the SE attributes of 324 Adults and were requested to indicate

1) Whether the use traditional medicine.

2) Under what conditions they use the western style experiment programme and their attitudes towards both systems of Care Regression analysis was used to ascertain in predicting, utilisations of the western style health facilities.
Women and Rural Health:

Hazards of rural work, distance from medical centres, physical and social isolations from support networks and traditional views of women work on the farm but some of the factors that affect the health of rural women and that may exaggerate their role in the delivery of health care. The extent to which changes in women's health programmes and delivery of health care services and feminist concerns about the placement of women and their needs within health care systems have promoted the rural sector in Australia is examined with focus on farm women of European/Australian origin from provincial areas and country centres to isolated station in the outback. In addition, some particular health concerns of recent migrant families are considered as well as those of original women implicated in different structural systems.

The way in which social organisations (e.g. the country women's Association) auxiliary medical practices and programmes may augment or replace traditional health care systems is discussed. The relations of health care policies and programmes to the medicalisation of the relation of the lives of rural women and to their autonomy and control of their
health is also reminded.

My own study done in 1968 is concerned with health -- KAP type of study undertaken with regard to Primary Health Centre. Selected Navali PHC of Anand Taluka of Kaira District (Gujarat State) for the study because.

a) PHC had since its inception in 1961 a graduate Medical officer and nearly full compliments of PHC staff, whole staff has been oriented and re-oriented quite intensively.

b) PHC there was situated in a block where under a separate state scheme all health programmes have been intensified thus increasing the interaction between PHC and the Community.

Research Problem:

This is the sociological study concerned with health beliefs and behaviour practices and health culture in rural areas, it tries to see how far health related behaviour is influenced by caste, community economic level of family education and such other factors.

The study aims to understand perceptions of health problem their cultural meanings, norms, values, roles and actual health behaviour of individuals in different groups in villages.
Thus the main objective of this study is to study the health, beliefs and practices of rural people and study their utilisation of PHC and to assess the change in these.

Knowledge about the health services provided by primary health centre and its staff; understanding attitudes, beliefs and practices towards PHC.

To also study in detail about the nature of illness prevalent amongst the people and health beliefs of the people and also to study the nature and place of treatment.

To assess the acceptance of people in rural areas of maternity child care services and other health services provided by the PHC and knowledge, attitude, practices influence by the caste, education, economic conditions have also been examined.

**Method of Study:-**

I. **Selection of Sample of Villages and household:-**

It was decided to conduct the study in the Navli PHC area as the previous KAP health study was conducted in the same area in the year 1968. Out of 10 villages within the Navli PHC area. A sample of six villages was purposively selected with the following consideration.

Three villages namely Jitodia, Gana, Napad having PHC sub centres, even twenty years back when the first study was conducted was included in the sample.
The selection of other three villages, Mogari, Hadgood and Meghwa were selected in such a way that was divided in the inclusion of villages of all size, large, middle and small size with sample.

The total sample includes a village to Mogari with large, (Hadgood) with middle and (Meghwa) with small size within the Navli PHC area.

From each of the selected sample villages 10% households were taken up with stratified random sampling technique giving actual sample of 600 households.

The relevant details about selected villages are as follows:

<table>
<thead>
<tr>
<th>Name of Village</th>
<th>1981 Census Population</th>
<th>Approx. Total No. of Households</th>
<th>No. of Households to be selected</th>
<th>Selected houses by numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Navli</td>
<td>5564</td>
<td>1014</td>
<td>105</td>
<td>2,7,12,17</td>
</tr>
<tr>
<td>2. Mogari</td>
<td>6064</td>
<td>1178</td>
<td>120</td>
<td>3,9,15,21</td>
</tr>
<tr>
<td>3. Hadgood</td>
<td>3927</td>
<td>680</td>
<td>70</td>
<td>5,10,15,20</td>
</tr>
<tr>
<td>4. Meghwa</td>
<td>1570</td>
<td>258</td>
<td>25</td>
<td>3,7,11,15</td>
</tr>
<tr>
<td>5. Jitodia</td>
<td>2717</td>
<td>518</td>
<td>60</td>
<td>4,9,14,19</td>
</tr>
<tr>
<td>6. Gana</td>
<td>2954</td>
<td>415</td>
<td>50</td>
<td>1,4,7</td>
</tr>
<tr>
<td>7. Napad</td>
<td>9423</td>
<td>1611</td>
<td>170</td>
<td>4,8,12</td>
</tr>
<tr>
<td>Total</td>
<td>46000</td>
<td>6000</td>
<td>600</td>
<td></td>
</tr>
</tbody>
</table>
II. **Data Collection:**

The data was collected for this study during the period of April-May, 1988 are based on the following sources:-

1. Informal discussion with village leaders, head of the households, health staff, doctors, etc.

2. Recorded information relating health, practices, beliefs from PHC, Medical Officer and dispensaries, Private Practioners.

3. Preliminary interview with health personnel traditional and new one.

4. Structured interview with heads of households male/female classify who were interviewed.

Unit of inquiry was the households personnel of the PHC and other health institutions in the villages also were informaly interviewved for the purpose of the study.

The study was conducted by the researcher himself with the help of data collection schedule.

III. **Analysis of Data:**

The information collected with the help of a schedule was encoded. The data collected through all the above mentioned sources was analysed with the help of Computer and same qualitative data was processed by hand.
The analysis is presented in the following chapters:

**Chapter-I**
-- Introduction
-- Relevance of the Problem
-- Review of relevant literature
-- Formation of the problem
-- Methods of study

**Chapter-II**
-- Development of health care services in India:
  1. Traditional Medicine
  2. Modern Medicine
-- Health Services provided by the State Government of Gujarat

**Chapter-III**
-- Provide the basic background information social and economic profile of the villages and sample households, health institutions.

**Chapter-IV**
-- Health beliefs and practices of people

**Chapter-V**
-- Comparision with the past study and assess the changes

**Chapter-VI**
-- Findings and conclusion