Adoption of innovations, both at an individual and community levels, is a social phenomenon and has underlying dynamics. It is a process involving several steps of phases. Adoption has been shown to be related to a number of factors such as the nature of adoption unit, the type of innovation, the ratification in the life of an individual for group the degree of departure from current practice and the culture or personal compatibility of the innovation with the system.

For a developing country like India the importance of the study of factors influencing the adoption and diffusion of innovations in various fields of economic and social development need not be over emphasized. Though in transition, our economy is still predominantly an agrarian one. The health of the people has also been given an important priority considering it a national asset. Both these subjects have been receiving growing attention of experts on technological and behavioural dimension. Political and administrative support has also been evident for development in these directions.

Regarding health, besides expecting the attainment of improved health standards of the people in their own traditional ways, a need has been constantly realised to achieve better health of the people by manipulating their
health behaviour through adoption of promotional, preventive and curative health measures.

In this chapter I shall present health related data like peoples identification of illness on an disease influenced not quietly physical condition but beliefs and norms of people as to use them to identify diseases, sickness with family opinion regarding the primary health centre and utilisation of the services treatment, care for the pregnant and lactating mothers and children.

**Identification of Health Practices :-**

Understanding of human behaviour in sickness diseases is of much interest to social scientist willing to responsible for delivery of medical care and health services. It is often argued that people delay seeking medical care till the diseases reaches advance stages.
Knowledge of Health:

Health is man's normal condition, his birth right. It is the result of living in accordance with the natural laws pertaining to the body, mind and environment. These laws relate to fresh air and sunlight, balance diet, regular exercise, rest, relaxation and sleep, cleanliness, internal and external elimination, right attitude of mind, good habits and good pattern of living. The accepted definition of health is that given by the WHO, which states: Health is a state of complete physical, mental and social well being, and not merely an absence of disease or infirmity. A fourth dimension has also been suggested namely spiritual health.

Knowledge about the health were elicited from the respondents. The responses indicate that sample house holds 63.3% respondents have some sort of awareness and knowledge about the health. It is seen as absence of disease and as state of a physical, mental and social well being and 35.3% respondents have knowledge about the health. It is a absence of disease. It shows that majority of the house holds have knowledge about the health. It is observed that in Brahmin, Patidar and Craftsmans house holds, people had more knowledge about the health in the comparison of other castes. While among the lower caste people (31% house holds) having knowledge about health that it is not merely a absence of diseases but as a state of physical, mental and social well being.
Decision about illness:

What do the people do when they find it difficult to function normally? To understand human behaviour in sickness is of much interest to those responsible for delivery of medical care and health services. It is often argued that people delay seeking medical care till that disease reaches advanced stage. What explains this gap, and do the people's perception of illness and the way they identify the magnitude of illness. The culturally determined tolerance level for pain and status of the sick in the family are likely to influence curative behaviour. Concern may be more if the earner in the family is affected by sickness than others sickness.

What do the people understand by sickness and when do they consider that a person is ill. The most frequent replies were: when there is fever and pain; when a person is confined to bed; when a person cannot take care of himself, taking bath, eating meals and reaching toilet for defication or urination. When he cannot attend to his job at work place or cannot do his normal work, when the home medication does not help and trouble continue or aggravates warranting professional treatment. And when do people take the decision that the person is sick in the family. It is observed among the sample families that 486 (81%) respondents replied that adult men and women sick person himself take decision about the illness. It shows that sick person is the proper for his/her illness. 93 (15.5%) respondents had replied that
eledest man is taking decision about the illness in member of his family. 11 (1.8%) respondents had replied that head of the family is taking the decision about the illness in his family.

In Brahmin community 81% respondents replied that sick person is the proper person for taking decision about his/her illness in the case of adult men/women. In schedule caste 91.4% sample respondents replied that sick person is the proper to take decision about his/her illness. In the total sample the majority of the respondents of Patidar Craftsman, lower caste and Rajput community replied that sick person is the proper to take decision about his/her illness.

It was observed that within the family the male head of the family had the decisive say in seeking treatment for serious and chronic ailments of children, the mothers initiative was comparatively more. Though husbands approval was invariable secured and more so it was on his advice the treatment was shifted. There is likelihood of exaggerated verbalisation of male role because of the idealised value that the husband ought to have the final say.
Guidance in Sickness:

What factors influence the choice about where to take patient for seeking guidance and treatment. It was observed that people have a mental grading of physicians and ailments: how serious or threatening is an ailment and how expensive and how good is a physicians clinic. For ordinary ailments with low threat. The study reveals that the tendency is to visit a nearby relatively less expensive practioner. The poor tend to go to a free primary health centre and the well to do tend to visit a private practioners.

It was observed that 83.5% of the sample respondents were seeking guidance from private practioners during illness in the family. 13.2% were seeking guidance from the primary health centre and 2.8% house holds were seeking guidance from old persons for home medications in the family. This shows that role of PHC. When main service is medical relief it is subutilised by the village community.

In Navali village 48.6% sample house holds seeking guidance from M.O. PHC and 50% seeking guidance from private practioner during sickness in the family. In Gana all households seeking guidance from private practioners and in Napad 95.3%, Meghwa 96% and in Hadgood village 92.6% house holds were seeking guidance from private practioners during sickness in the family. Allopathic system of medicine was found to be the most popular. Out of sample respondents only 1 (0.2%) house hold seeking guidance from Vaidya - Ayurvedic
practitioner.

It was found that the house holds was from Navali village and belongs to Patidar community. Brahmin (90.9%) were seeking guidance from private practioners. In Rajput (83%) seeking guidance from private practioners and 14.4% sample house holds seeking guidance from Primary Health Centre. In Craftsman 50% were seeking guidance from private practioners and 50% from primary health centre.

It shows that rich people particularly those who afford to pay for the service are seeking guidance from private practioners and poor people are seeking guidance from PHC.
Treatment during Sickness:

Normally in general taking treatment, in the total sample 462 (77%) house holds had taken treatment from private practitioners during the sickness, and 112 (18.7%) house holds had taken treatment from PHC and only 7 (1.2%) sample house holds had taken treatment home medication at home from old persons. It shows that majority of people had taken treatment from private practitioners.

In Navali village, out of total 105 respondents 66 (62.9%) had taken treatment from the M.O. PHC and 23 (21.9%) had taken treatment from the private practitioners only. It shows that local PHC is situated in Navali village, so majority of people had utilised the services from M.O. PHC. In Meghwa and Napad village all respondents had taken treatment from the private practitioners.

It was observed that Meghwa and Napad villages are 12 and 10 Km away from the PHC Navali. So distance may be the reason for not coming to PHC.

Analysing castewise, in Brahmin 54.5% respondents had taken treatment from the private practitioners and 45.5% had taken treatment from the PHC. In Patidar 69.8% had taken treatment from private practitioners and 23.3% had taken treatment from M.O. PHC. In Rajput 77.7% had taken treatment from private practitioners and 20.7% had taken treatment from M.O.PHC. Among the lower caste respondents 75.6% had taken treatment from private practitioner and 17.8% from M.O. PHC's.
It is found that Brahmin, Craftsman and Christian community people had not taken home medication treatment at home. So they have no faith in home medication treatment during sickness they have prepared to take treatment from private practoner and M.O. PHC.
Home Medication

Home medication is a diffused concept. In the context of Indian traditions it starts with Parhej, based modified foods (beliefs of hot and cold food like egg, meat, papaya etc. are hot foods and cause abortion for pregnant women. Digestive and heavy food constipative and puragative food.)

Cleanliness, rest, bedrest, home medication has been defined as taking treatment without consulting any medical practitioner and may be based on traditional recipes beliefs and practices. The tendency is to try home medication during initial stages of illness. It is prevalent belief that the traditional recipes and modern medicine conflict with each other as they influence illness.

It was observed that out of sample families only 6 (1%) respondents had replied that they had tried home medication during the sickness of the family members 2 (0.3%) respondents from Navali village and 2 (0.3%) from Jitodia villages respondents had tried home medication in the initial stage of illness. In the Hadgood and Gana village also sample families had tried home medication, during the initial stage of illness.

It was observed that out of sample families only 2 (0.3%) respondents had tried home medication. In lower caste only one (0.2%) and from schedule caste also 1 (0.2%) tried home medication in the initial stage of illness. It is observed that in the lower income group poor people (out of
the sample families 3 (0.5%) respondents had tried home medication traditional knowledge skill were used treating sick person in the family.

It shows that lower socio-economic status and poor people preferred more indigenous system of medicine than the middle and high strata of people. Who indicated more preference to modern medicine. Allopathic system of medicine was found to be the most popular. It is so both in terms of the system actually tried and also the preference shown for different systems. The most preferred was Allopathic system of medicines. The next preferred was Ayurvedic system.
Steps to promote Health:

The enjoyment of the highest attainable standard of health is one of the widespread and mostly important concern rights of every human being without distinction of caste, religion, political belief, economic condition. It is a fundamental right as stated in the WHO (World Health Organisation) constitution. Provision of Health and medical care services through Primary Health Centre, Community Health Centres in rural areas. Our objective now is to provide co-ordinated health services comprising of three fold approach.

(a) Promotion of Health.
(b) Prevention of diseases, and
(c) Diagnosis and care of curable disease.

Health Promotion is not directed at any particular disease, but is intended to improve the general health and well-being of the individual and the community. It is thus an ideal, a striving after perfection in to which many practices naturally fit. These are: 1) adequate nutrition 2) Provision of a sanitary environment - Safe Water supply, facilities for the safe disposal of excreta and other wastes, healthful housing, control of insects and rodents 3) Personal hygiene 4) health education 5) improvement of the standard of living of people.

In the opinion of sample respondents 299 (49.8%) had replied that to take nutritive food / balanced diet
regularly. The various foods that we eat contain different amounts of Protein, Carbohydrates, fats, minerals and vitamins. We need to include a variety of foods in our daily diet so as to obtain all these nutrients in the required amounts. A balance diet is that which contain different foods in the right proportion and amounts so that all the nutrients are provided in required quantities. 288 (47.2%) respondents gave their opinion regarding personal hygiene, cleanliness and to take nutritive food regularly for prevention of sickness. 16 (2.7%) respondents had replied that to keep cleanliness in the house and surrounding to prevent sickness.

It was observed that in Brahmin community 72.7% replied that to take nutritive food regularly for prevention of sickness, and 27.3% respondents had replied that personal hygiene cleanliness and balanced diet would be taken to prevent sickness. In craftsman community (70%) replied that to take nutritive food regularly for prevention of diseases, and 30% respondents replied that personal hygiene cleanliness and to take balance diet to prevent illness.

In Navali village sample families 12.4% had replied that personal hygiene cleanliness and balanced diet would be taken to prevent sickness and 84.8% respondents had replied that to take nutritive food regularly. In Napad village 55.3% respondents had replied that personal hygiene cleanliness and balanced diet would be taken to prevent sickness, and 42.9% replied to take nutritive food regularly. In Gana village
62% respondents had replied that personal hygiene cleanliness and balanced diet would be taken to prevent sickness and 38% respondents had replied to take nutritive food regularly to prevent sickness in the family.
Safe drinking water:

Water intended for human consumption should be not only 'safe' but also wholesome. A safe water is one that cannot harm the consumer, even when ingested over prolonged periods. The consumption of water however depends upon climatic conditions, standard of living and habits of the people. Ground water is the cheapest and most practical means of providing water to small communities. The usual ground water sources are wells. Tube wells are also successful as a source of drinking water in the sample villages. Tank water tape water is available in all the sample villages, so safe drinking water was used by the people of all the sample villages.

It was observed that out of sample families 587 (96.8%) respondents were using water tank - tape water. 12 (2%) respondents were using well water, and only 6 (1%) respondents were using well and tank water both for drinking purpose. In Navali village 91.4% sample families were using tank - tape water only. In Gana Napad villages all sample respondents were using tank/tape water for drinking purpose. All villages had water tank - tape water is available. In Jitodia village 98.3% respondents were using tank water/tape water was the source for drinking water.

In Brahmin community all sample respondents were using water tank - tape water for drinking. In Craftsman lower caste and schedule caste people were also using water tank -
tape water for drinking. In Patidar (3.3%) and Thakor (1.6%) community people were using well water for drinking also.

It is well recognised that if safe and wholesome water is made available in adequate quantity 90% of the water borne diseased will disappear. A basic purpose of water supply improvement is to provide adequate quantity of safe water for human use primarily for drinking.

At most sample families 570 (95%) respondents were using tape water after filteration. And 19 (3.2%) respondents were using tape water after disinfection in the tank itself, only 8 (1.3%) respondents had not taken action. In Jitodia village 98.3% respondents were using tape water after disinfection in the tank. In Napad village sample respondents 158 (92.9%) were using tape water after disinfection for drinking purpose, and 8 (4.7%) respondents were using tape water after disinfection for drinking.

In families belonging to Brahmin community sample respondents 90.9% were using tank - tape water after filteration. In craftsman community all the sample respondents using tape water after filteration. In Patidar community sample households 93% respondents were using tape water after filterations, and 5.6% respondents were using tape-tank water after disinfection for drinking purpose.

It was found that 598 (99.7%) sample respondents were using tape water after taking action like filteration and disinfection for drinking, only 1 (0.2%) respondents had not
taken action. In Brahmin community 90.9% sample respondents were using tape water after taking action like filtration and disinfections for drinking purpose. It shows that majority of sample respondents were using tape water after disinfection and most of the families stored drinking water in clean earthen/brass pitchers which were properly covered. The sample respondents were aware of the ill-effects of contaminated water. They knew that, the diseases, like diarrhoea dysentry, cholera and gastro enrities was caused by contaminated water.
Disposal of used dirty water:

It was observed that the disposal of dirty/waste water was concerned sample households 404 (67.3%) were disposing waste - dirty water in open land. 151 (25.2%) respondents were disposing waste - dirty water in open drainage. 36 (6%) respondents were disposing dirty water in Drainage well. While only 7 (1.2%) sample families were disposing dirty waste water in soakage pits.

In Navali village 44.8% respondents were disposing dirty/waste water in the open drainage. 32.4% respondents were disposing dirty waste water in open land, and only 4.8% respondents were constructed soakage pits for waste - dirty water. In Gana village 86% respondents were disposing dirty waste water in open land and 6 (12%) respondents were disposing waste dirty water in open drainage. In Hadgood and Maghwa village few (1.4%) respondents were disposed dirty waste water in soakage pits.

In Brahmin community 6 (54.5%) respondents were disposing dirty waste water in the open land, 4 (36.4%) respondents were disposing dirty waste water in the open drainage. Only 1 (9.1%) respondents were disposing dirty waste water in the soakage pits.

In Patidar community 51.2% respondents were disposing dirty waste water in open land. 35.8% respondents were disposing dirty/waste water in open drainage, and only 5 (2.3%) respondents were constructed soakage pits for waste -
dirty water. In lower caste people 86.7% respondents were disposing dirty waste water in open land. 6.7% respondents were disposing dirty waste water in Drainage well and 6.3% respondents were disposing dirty waste water in open drainage and drainage well. The majority of sample families were disposing dirty waste water in open land. As the quantity of the waste - dirty water were less as far as individual families were concerned they have no major problem of water logging in these villages.
**Disposal of Waste dung:**

It was observed that sample respondents 281 (46.8%) were disposing waste dung in 'Ukarda' 165 (27.5%) respondents were disposing waste dung in open land, 165 (27.5%) respondents were disposing waste dung in sockage pot only 2 (0.3%) respondents were disposing waste dung in Gobar Gas Plant. In Navali village 57% respondents were disposing waste dung in Ukarda.

In Navli village 57.1% respondents were disposing waste dung in Ukarda - 34.2% respondents were disposing waste dung in sockage pits and 10.5% sample respondents were disposing in open land. In Meghwa village 64% respondents were disposing waste dung in Ukarda only 12% respondents were disposing waste dung in sockage pot. In Gana and Napad villages one Gobar Gas Plant was constructed for disposing waste dung.

In Patidar community majority of the respondents (65.1%) were disposing the waste dung in ukarda, 21.9% respondents were disposing waste dung in sockage pot. In Thakor/Rajput community people 47.9% respondents were disposing waste dung in ukarda and 22.9% were disposing in sockage pits. In Brahmin community 63.6% respondents were disposing waste dung in sockage pits.

Composting is a method of combined disposal of refuse and night soil or sludge. It was indicated that majority of respondents had disposed waste dung in ukarda.
PHC Services:

A primary health centre as an institution for providing comprehensive health care (integrated preventive, promotive and curative services) to the people. No single person can deliver the entire range of health care services to the people. The practice of modern medicine has become a joint effort of many groups of workers - health visitors, female health workers, and many others - a team approach to health problems of the individual and community. Main service offered by Primary Health Centre is in case relief, Mother & child health and family welfare, improvement of environmental sanitation, control of communicable diseases, school health, health education etc. The services of the PHC were utilized by the people of sample villages.

It is encouraging to note that people have very high opinion about the services rendered by the Primary Health Centre. Sample households 395 (65.8%) respondents had gave their opinion that they are receiving services immediately at PHC. 118 (19.7%) respondents had gave their opinion about the services provided by the PHC was good. 95 (15.8%) respondents had gave their opinion that sterilisation and delivery services were good at PHC. 33 (5.5%) respondents had gave their opinion regarding services of the PHC. It was observed that good facilities were provided to the people. 188 (31.3%) sample respondents gave their opinion that they were not visited PHC due to distance from the PHC.
In Patidar community from the sample family, 65 (30.2%) respondents had given their opinion that good services were provided. In lower caste people also gave their opinion that good services were provided by the PHC. In Navali village, 67.6% respondents had given their opinion that good services were provided by the PHC. In Napad village, 105 (61.8%) respondents had given their opinion that in emergency treatment were provided by the PHC. While 32.4% respondents were not visited PHC due to distance from PHC to village.

It was observed that majority of the people gave their good opinion regarding services of the primary health services.
Preventive Measures & Treatment from PHC and Others:

It was observed that sample respondents 394 (65.7%) had visited PHC one year before for prevention of sickness and treatment. 185 (30.8%) respondents visited PHC two years before for prevention of sickness and treatment only 3 (0.5%) respondents had visited PHC for delivery services. 6 (1%) respondents had visited PHC for sterilisation 7 (1.2%) respondents had visited vaidya/hakims for prevention of sickness and treatment, and 5 (0.8%) respondents had visited private practitioners for treatment.

In brahmin community 54% respondents had visited PHC one year before for prevention of sickness and treatment. 69% respondents of Thakor community had visited PHC one year before for prevention of sickness and treatment. 68% respondents had visited PHC one year before for prevention of sickness and treatment. 82.9% respondents had visited PHC before one year for prevention of sickness and treatment. It shows that schedules caste people (82.9%), lower caste people (68%) and christians and other community (94.1%) were visited PHC for prevention of sickness and treatment.
Use of PHC Services :-

It was observed that sample families 395 (65.8%) respondents had visited PHC once and it was helpful to them. 190 (31.7%) respondents had visited twice to PHC for getting information and treatment during sickness. 11 (1.8%) respondents had visited PHC three times for getting information, guidance and treatment during sickness.

Among the sample house holds belonging to Rajput/Thakor community 68.6% respondents had visited PHC at least once, for getting treatment during sickness. In scheduled caste 82.9% respondents had visited PHC once for getting treatment during sickness. 68.9% respondents had visited PHC once for getting guidance and treatment during sickness. It shows that lower caste and schedule caste people had visited PHC for getting guidance and treatment during the sickness. It was also observed that 68.8% respondents had visited PHC for guidance and treatment, they were landless labours.
Care of Pregnant mother :-

Antenatal check up of mothers, tetanus toxoid injection to antenatal mothers, delivery services were provided by the Primary Health Centers or their sub centres at all the sample villages. The lady health visitor and the sub centre's Aux. Nurse midwives make periodical home visits in the villages for identification and registration of pregnancy cases. The antenal mothers at the time of registration were advised to visit the primary health centre for physical and medical check up. Technically speaking they were required to visit the PHC once a month in the first trimester. Once a fortnight in the second trimester once a week in the third trimester. Thus the total number of visits that an antenatal mother was expected to make to PHC till delivery takes place. The PHC staff is aboe to perform primary and non-clinical check up during their home visit.

Tetanus Toxoid injection was given to antenatal mothers in three doses with a gap of six weeks to successive doses. In case the mothers were unable to visit the PHC/sub centre it was also some time provided at home during home visits by the health centre staff.

It was observed that 532 (88.7%) sample households had taken advice from nurse midwives and 41 (6.8%) respondents had taken advice and treatment from Medical Officer, of the Primary Health Centre. Sample respondents 180 (95.7%) respondents from the Thakor community had taken advise from
nurse midwives, PHC/sub centre. In Patidar 76.3% respondents were taken advise from nurse midwives. And 32 (14.9%) mothers had visited M.O. PHC for advise and treatment. 45 (100%) respondents from lower caste had taken advise from nurse midwives of the PHC.

It was observed that lower caste people, and schedule caste people had taken PHC services in the comparison of Patidar community and other higher caste people.

In hadgood village 94.3% house hold were taking advise and treatment from ANM of the PHC, Meghwa (92%) and Gana (98%) respondents had taken advise and treatment from the ANM and M.O.PHC.

**Food for Pregnant Mother** :-

It was observed that generally no special dietary rules were observed during the early stages of pregnancy. People were aware that pregnant women need more nutritive food. Out of sample house holds 450 (75%) respondents had expressed their views that pregnant mother needs more nutritive and light food like Khichadi etc. 113 (18.8%) respondents expressed their views that pregnant mother needs more green leafy vegetables in her diet. 15 (2.5%) respondents replied that heavy food should not be given to pregnant mother. Only 14 (2.3%) respondents had replied that during the pregnancy they had taken milk and banana. In Brahmin community 72.7% respondents had replied that during the pregnancy mother should take light food like khichadi. In Thakor community
79.8% respondents had expressed their views that pregnant mother should take light food like khichadi. In lower caste people expressed that 51.1% respondents told that pregnant mother should take light food in her diet like khichadi. In lower caste 44.4% respondents replied that during the pregnancy more green leafy vegetables and mild should be taken.

During the pregnancy no special food was given to the pregnant mothers. Out of sample households 267 (44.5%) respondents replied that no special food was given to pregnant & lactating mother 275 (45.8%) respondents had expressed their views that in daily routine food green leafy, vegetables should be included in the diet of pregnant & lactating mother 44 (7.3%) respondents had replied that banana, milk may be included in diet of pregnant mother.

It was observed that the pregnant women and lactating mother needs more nutritive food for the development of her child was known and of almost all the sample households.

In Navali village 78.1% respondents had replied that light food like khichadi was given - no special food was given to the pregnant women, and 11.4% respondents had replied that green leafy vegetables may be included in the routine diet of pregnant women. In Hadgood village 92.9% respondents had replied that light food khichadi was given, no special food was given to the pregnant women, and 2 (2.9%) had replied that green leafy vegetables may be included in
the daily routine diet of pregnant women. In Napad village out of sample households 65.9% respondents had replied that light food like khichadi was given to pregnant women, not taken heavy food and no special food was given to the pregnant women.
Safe Deliveries

It was observed that out of sample households 343 (57.2%) respondents had expressed their views that home deliveries of women in the family were conducted by Dais at their father in laws house. 113 (18.8%) respondents had replied that home deliveries were conducted by Dais at their fathers house while only 10 (1.7%) respondents had replied that delivery was conducted at PHC and 15 (2.5%) deliveries were conducted at Maternity Home. However 58 (9.7%) deliveries were conducted at private nursing homes. Out of them 48 (82.8%) deliveries from Patidar caste and 3 (5.2%) from Thakor caste. It shows that from the higher caste like Patidar and brahmin community sent for deliveries at Private Nursing Homes, because they were economically sound and able to afford the expenditure of the private nursing home. In scheduled caste community 88.6%, deliveries was conducted by Dais at their father in laws house and 11.4% respondents replied that home deliveries were conducted by trained Dais at their fathers house.

It was observed that majority of deliveries were conducted by Dais and their fathers or father in laws house normal home delivery for institutional deliveries yet to be encouraged. In rural area people have faith in traditional Dais for conducting deliveries.

In Navali village out of 53 (8.8%) respondents replied that 45 (84.9%) sample families replied that deliveries were
conducted at the PHC and 27 (23.9%) had replied that deliveries were conducted by trained Dais at their fathers house. In Jitodia village also 80% respondents had replied that home deliveries conducted by dais, at father in laws house. In Hadgood village 90% respondents had replied that home deliveries were conducted by the trained Dais at the father in laws house.
Child Care Services

It was encouraging to note that the people were protecting their children against six killer diseases. It was found that 386 (64.3%) respondents had replied that Polio, measles and triple vaccine was given to their children to immunise against their child against the killer diseases. 169 (28.2%) sample households replied that BCG, Triple and Polio vaccine was given to their children to protect against six killer diseases. In Navali village 78.1% respondents had replied that Polio, Measles and Triple vaccine was given to their children. In Mogari village 70% respondents had replied that their children were given Polio, measles and triple vaccine to immunise against 6 killer diseases.

In Napad village 71.8% respondents had replied that Polio, measles and triple vaccine was given to their children against six killer diseases. Sample households 14 (2.3%) had replied that after immunising the child against six killer diseases their child will remain healthy.

In Brahmin community 72.2% respondents had replied that Polio-Measles, and triple vaccine was given to their children to protect them against six killer diseases. In lower caste 77.8% respondents had replied that Polio, measles and triple was given to their children to protect them against six killer diseases.

It was observed that people were aware about the immunisation to protect their childrenn against six killer
diseases, like diptheria, pertuses, tetanus, polio, tuberculosis and measles. Out of sample households 67 (11.2%) had replied that for measles Shetala Mataji will save the child by worshiping while 52 (8.7%) respondents had taken advise and treatment from doctors. And 470 (78.3%) respondents had taken treatment from doctors and worship of godess 'SHITLA' both for their children to protect against killer diseases. In Meghwa village 96% respondents had taken measures against measles by worship of Mataji and taken treatment from doctors both. In Napad village 86.5% respondents had taken treatment from doctors and worship shitla mataji also.

It was found that still people have blind faith in Shitala Mataji. But was encouraging to note that people had started to take treatment against Measles from doctors.
Diarrhoea:-

Diarrhoea is dangerous disease for children. It was observed that the disease and taken treatment from nurse, doctors, and indigenous medicines. It was observed that out of sample respondents 500 (83.3%) had taken advice and treatment for their children from nurse who was working at PHC / Sub centre level. It was necessary to get advise and treatment from doctors also. Only 41 (6.8%) respondents had expressed that they had taken treatment for Diarrhoea to their children from the doctors. 47 (7.8%) respondents replied that they had given ORS - Sugar-Lemon juice butter milk also.

In Navali village 63.8% respondents had replied that they had taken treatment for diarrhea for their children from the nurse. In Meghwa village 96% respondents had expressed that they had taken treatment for diarrhea for their children from the nurse. In Napad village 87% respondents had replied that they had taken treatment for diarrhea for their children from the nurse.

It was observed that people were aware about the prevention of diarrhea for their children and majority of the respondents had taken advise and treatment from nurse and doctors of PHC.
Breast feeding:

Practically all mothers can successfully breast feed soon after delivery. The mother should be allowed to keep the newborn with her. After a normal delivery babies should receive the first breast feed as soon as possible and preferably within one hour of birth. Ideal infant feeding comprises exclusive breast feeding for 4 to 6 months, followed by sequential addition of semi solid and solid foods to complement breast milk till the child gradually able to eat normal family food (around one year).

It was observed that people were aware and known the importance of the breast feeding. Out of sample respondents 478 (79.7%) had express their view that up to the period of one year breast feeding should be given to their children. Only 39 (6.5%) respondents had replied that up to six months breast feeding should be given to their children. They were known the importance of weaning also. In Navali village 56.2% respondents had replied that up to the period of one year breast feeding should be given to their children. In Jitodia village 96.7%, Gana village 100% and in Meghwa village 92% respondents had replied that up to the one year breast feeding should be given to their child.

It was observed that majority of the respondents had replied that up to the period of one year breast feeding should be given to their child.
Weaning:

The term weaning does not denote termination of breast feeding. Appropriate feeding is crucial for the healthy growth and development of the infant. Semi solid foods to supplement breast milk should be introduced between 4 to 6 months of age and preferably at 6 months in poor communities. The weaning diet should be cooked from the usual family foods in a thickened but mashed form and variety attempted. One can start with cereal based porridge. Mashed rice with dal, khichadi, mashed vegetables, fruits etc. It was observed that sample household 414 (69%) respondents replied that weaning food like mashed rice with dal, khichadi was given to their child after 6 months of age. 71 (11.8%) respondents had replied that weaning food like biscuits, was given to their child. 53 (8.8%) respondents had replied that after 6 months age of their child addition milk was given. And 51 (8.5%) respondents had replied that after 4 months age of their child addition weaning food like porridge, additional milk etc. given to their child. In Navali village 47.6% respondents had replied that weaning food like khichadi was given to their child, and 23.8% respondents had replied that additional milk was given to their child. In Gana 98%, Jitodia 95% and Napad village 81% respondents had replied that weaning food like khichadi mashed rice with dal was given to their children.

In Brahmin community 54.5% respondents had replied that weaning food like khichadi was given to their child after 6
months of age. In Patidar caste 60.5% respondents has replied that weaning food like khichadi and 20.9% respondents replied that additional milk and 5.1% respondents had replied that loaf - mashed with milk - weaning food was given to their child. In Thakor 80%, lower caste 62.2% and scheduled caste 82.9% respondents had replied that weaning food like khichadi was given to their children.

It was observed that majority of the respondents had knowledge about the weaning and they were practicing also.
Personal Hygiene:

Cleanliness:

It was found that sample households 191 (31.8%) respondents had replied that to keep healthy body, bathed, neat and clean clothes required for their child. 157 (26.2%) respondents replied that there will be no skin diseases if their child will be kept clean. 82 (13.7%) respondents had replied that there will be no disease if their child will be bathed daily and be kept neat and clean. In Navali village 41% respondents had replied that there will be no disease if their child will be bathed at least once a day and be kept neat and clean and well dressed. In Hadgood 71% and Napad 36.5% respondents had replied that to keep healthy body, bathed and cleanliness were essential.

In Brahmin community sample households 27.3% respondents had replied that if their child will be bathed daily and be kept clean, well dressed then there will be no skin disease. 18.2% respondents replied that there will be no disease and to keep healthy body cleanliness was required. In lower caste people 24.4% respondents had replied that there will be no skin disease if their child will be kept clean.

It was observed that people had knowledge about personal hygiene, cleanliness to keep their child healthy.
Control of Communicable Diseases

It was observed indicates that sample families 497 (82.8%) respondents had replied that no disease was occurred in their families. 51 (8.5%) respondents had replied that typhoid disease was occurred in the family. In Patidar community 86.5% respondents had replied that no disease was occurred in the family but 16 (7.4%) had a typhoid fever. In lower caste people 80% respondents had replied that there was no occurrence of diseases in the family.

It was observed that majority of the respondents replied that there was no body was suffered from any communicable disease.
Registration of Birth & Death:

It was found that 533 (88%) respondents had replied that Birth Registration was done for their son. 39 (6.5%) respondents had not registered the birth of their son. 20 (3.3%) respondents had replied about the registration of their daughter.

In Mogari 90% and in Gana 96% respondents had replied that registration for their daughter were done in the family.

It was observed that people had a knowledge about registration of Birth & Death.
Knowledge about the PHC Services:

Knowledge about the services which are provided by the PHC were elicited. The responses indicate that 293 (48.8%) respondents knew about the services like (1) medical relief (2) family welfare (3) malaria programme (4) delivery services. 136 (22.7%) respondents were knew about the services like, maternal, delivery services and control of communicable diseases. 101 (16.8%) respondents knew that maternal and child health, care services, immunisation and control of communicable diseases.

In Navali village 53.3% respondents knew that maternal and child health services, and medical relief. 39% of respondents knew that medical relief, control of communicable disease.

In Napad village 76.3% respondents knew that the services rendered by the PHC like maternal child health, medical relief - delivery services etc.

It was found that in Brahmin community 45.5% respondents knew that, medical relief, maternal child health etc. In lower caste people 57.8% respondents knew that maternal health, child care and medical relief etc. In schedule caste people 20% respondents knew that medical relief, family welfare, malaria and control of communicable diseases.
Additional Services of PHC:

It was observed that 151 (25.2%) respondents suggested that Anti Rabbies vaccine was not provided at PHC. So it is necessary to provide at PHC. 242 (40.3%) respondents had suggested that X-Ray facilities required at PHC level. 114 (19%) respondents had suggested that ophthalmic services is not available at PHC, so it was essential for the people.

In Brahmin community 45.5% respondents had suggested about the additional services like X-Ray facilities at PHC is required. In Patidar 38.1% respondents had suggested that X-Ray services are required by the PHC.

In Navali village 23.8% respondents had suggested that services for the AnteRabbies is required at PHC. 5 (4.8%) respondents had suggested about the X-Ray services at PHC is required. In Meghwa 80% and Jitodia 88.3%, Gana village 86% respondent had suggested that additional services like X-Ray may be provided at PHC.

It was observed that majority of the respondents had suggested that additional services like, X-Ray Ante Rabbies vaccine Opthalmic services also required at PHC.
Awareness about PHC Staff

It was observed that sample house holds 418 (69.7%) respondents was aware of the PHC staff like nurse midwife, health visitor, sanaitary inspector, malaria worker and medical officer etc.

98 (16.3%) respondents was aware about Balia Doctor - Sanitary Inspector 38 (6.3%) respondents was aware about the sanitary inspector, nurse midwife. And 27 (4.5%) respondents was aware about the medical officer - malaria worker etc.

In Navali village 68.6% respondents was aware about the PHC staff, like nurse midwife and other staff 24.8% was aware about sanitary inspector and other staff. In Gana 78% Napad 83.5% and Hadgood 57.1% respondents was aware about the PHC staff.

In Brahmin community 81.8% respondents was aware about the PHC staff like nurse midwife sanaitary inspector, malaria worker, doctor etc. In Patidar community 66% respondents was aware about the PHC staff. In Thakor community 73% respondents was aware about the staff of PHC. In lower caste people 62% respondents was aware about the PHC staff like nurse, midwife, sanitary inspector, malaria worker etc.

If we compare with the last study was conducted in 1968 i.e. 20 years back in the same PHC area. It was found that out of 293 (73.2%) respondents was aware about the PHC staff like sanitary inspector. 265 (69.8) respondents was aware due
to their activities vaccinations, 18.1% due to his visits of village and only 19% due to his work in connection with environmental sanitation. He was known as Balia Doctor. It was observed that at present job activities of the sanitary is changed. Because smallpox is eradicated from the country. But he is popular in the community and he was doing his job like improvement of sanitation, immunisation activities, family welfare and control of communicable diseases.

It was also observed that 69% respondents was aware about the health visitor and nurse midwife. At the time of delivery, and domiciliary visits was paid by her. Thus functionally she was equated as nurse midwife.
Source of Information about illness and services :

The use of mass media considering the extent of its use for propagating various health practices. It was observed that sample respondents 208 (34.7%) respondents knew about the source of information through OTC, (Orientation Training camps), Exhibition, Family members relatives etc. 141 (23.5%) respondents knew that by watching T.V., Radio, Discussion with vaidya / hakims etc. 89 (14.8%) respondents knew about source of information through village health guide, by watching TV listening radio and interpersonal communication with family members. 78 (13%) respondents had received the information through printed literature, news paper and interpersonal communication with relatives, friends etc.

In Navali village 62 (59%) respondents knew about the source of information through OTC, Exhibition, family members relatives etc. In Mogari village 43 (35.8%) respondents knew from printed literature, news papers and discussion with vaidya/hakims etc. In Napad village 38.2% respondents knew about the source of information through village health guide discussion with elders and printed media etc.

In brahmin community 45.5% respondents had received the information by watching T.V. and listening radio and discussion with vaidya/hakims. In Patidar community 38.6% respondents knew about the source of information by village health guide, OTC, Exhibition, and news papers. In lower caste people 37.8% respondentns had received the information
through village health guide, OTC, Exhibition and newspapers. In schedule caste people 28.6% respondents received the information about the treatment of illness through printed literature, new papers and discussion with vaidya / hakim.

It was observed that the information about illness and treatment, the source of the information was discussed with family members, relatives, neighbours, etc. by watching T.V., listening radio, printed literature, news paper etc.
In concluding by way and summarising the main points are:

(1) Awareness of health services 63.3% respondents was aware about the health. In lower caste people 31% respondents had knowledge about the health.

(2) 81% respondents / sickperson himself taken decision about illness.

(3) It was observed that within the family the male, head of the household had decisive say in seeking treatment for serious and crnic ailments in the family members.

(4) 77% respondents had taken treatment during sickness from private practioners and 18.7% respondents had taken treatment from primary health centre.

(5) Allopathic system of medicine was found to be the most popular. Only 1% respondents had tried home medication.

(6) 49.8% respondents had replied that to take nutritive food / balanced diet regularly for prevention of sickness.

(7) Almost 95% respondents were using tape water after filtration.

(8) 67.3% respondents were disposing waste dirty water in open land.
(9) It was observed that majority of respondents were disposing waste dung in ukarda.

(10) 26.3% respondents had received services from the PHC immediately during sterilisation family welfare, delivery services.

(11) It was observed that 88.7% respondents had taken advice from nurse mid-wife of PHC.

(12) During the pregnancy no special food was given to the pregnant mother.

(13) It was observed that 64.3% respondents had immunise their children.

(14) Majority of the respondent had replied that up to one year breast feeding should be given to their child.

(15) It was observed that majority of the respondents had knowledge about the weaning and they practicing also.