CHAPTER III

REVIEW OF LITERATURE
Health is a discipline that seeks to examine all those factors which have the potential to increase human wellness or to diminish it like, education, SES, urbanization and so on and hence, it lies at the core of modernity. Modernity is a prerequisite for individual and social development. By facilitating personal growth, development of social responsibility, adjustment to a plural democratic and scientific society, modernity enriches the quality of life. It enables a person to live more meaningfully, intelligently and effectively. According to Inkles, men are not born modern, but are made so by their life experience. Several factors in the external environment like education, industrialization, urbanization, and mass communication exert a modernizing influence on man.

Very focused research has gone into understanding how these factors are associated with promoting a healthy society. Much research has been concerned with the characteristics of persons who engage in particular health related behaviours and the situational variables that tend to reinforce or weaken such behaviours. Several investigators have studied the reason why people delay in seeking medical care for cancer and other serious illnesses. Among the most common reason, inadequate information about symptoms, lack of confidence in physician or in medical practice, fear of diagnosis and/or treatment and wishful thinking that the condition will simply go away. Essentially whether or not a person seeks help for illness depends on how he or she perceives the situation; and this perception in turn depends on a myriad of personal and environmental variables (Anastasi, Anne, 1979).

Various studies have been conducted to investigate the influence of various modernizing agents on health. Studies by Singh, 1983; Singh, 1984; Singh, 1988; Halyal, 1990; Jayashree, 1992, Suraj, 1992; Arora, Anita; and Choudhary, Anuja, 1993; Halyal, 1996; Kenchappanavar, R. N, 1997 have reported education, SES,
urban dwelling, gender, marital status and age as correlates of health modernity.

Health is an arena that covers various health related issues. The health related issues covered as dimensions under Health Modernity Scale are physical health, mental health, nutrition and diet, breast feeding, family planning, child care, mental retardation, attitude towards females, cancer, and AIDS.

Physical health is the most likely representation of health, but none the less is neglected due to various misconceptions and areas of ignorance. It is of extreme importance, therefore, to clarify these misconceptions with regard to the causes and treatment of physical health. Further it is also important to cultivate a positive attitude towards medical treatment and importance of regular checkups to maintain health. The importance of mental health as a public health issue is a subject, which, at best, inspires cautious skepticism, and at worst, downright dismissal. Mental health has always been the most neglected health concerns in developing countries, even though health policy and international consensus defined health in its broadest context of physical, mental and social components nearly 30 years ago. Attempts to place mental health on the public health agenda are confronted with the serious concerns of old and new infectious scourges such as malaria and AIDS ravaging our communities, and the threat of non-communicable disorders such as heart disease and diabetes becoming a reality. Mental illness is the most despised of all diseases. Not only are the mentally ill ignored by the community and their families, they are often given short thrift even by doctors and health policy makers.

Nutrition and diet is the most important component in maintaining positive health. Knowledge about various nutrients and their conception in right quantity is extremely important to maintain health of an individual. Consumption of clean and hygienic food is also of extreme significance.
Breast feeding is a health related issue that can have direct effect on the health and wellbeing of children. Knowledge about significance and advantages of breast feeding especially amongst women is important to promote appropriate growth of their children. Family planning mainly covers issues like scientific understanding of childbirth, birth control and determination of sex of the child. Lack of knowledge with regard to these areas can have negative effect on the development of the family as a whole. Mental retardation is one such health related issue about which various individuals lack a clear idea. The information about causes of mental retardation, how it is different from epilepsy and other developmental problems is of extreme importance. Child care is another significant aspect of health that mainly relates to the child care practices and knowledge of immunizations. These play an important role in maintaining the well-being of the children in society and appropriate information with regard to these are of extreme importance. Another important dimension included in Health Modernity Scale is attitude towards females. The society cannot develop until and unless the women in the society are treated appropriately and equally. Therefore correct attitude towards females must be cultivated amongst the general public.

Incidence of cancer amongst general population are fast increasing. This increase may be correlated with various aspects related to life style and consumption of tobacco and alcohol. The general public, therefore, needs to be informed about not only the causes of cancer, but also the early detection and cure of cancer. Information about modes of transmission and symptoms of HIV/AIDS is also of extreme importance as it is today one of the most rapidly growing health related problems. Awareness about preventive measure related to HIV is also of extreme importance.

Various research studies have been conducted to investigate the influence of modernizing agents like education, SES, mass media on health and various health
related issues. Wasan R. K. (1990) conducted a study on status of health in India and its future prospects. This overview of health programs and conditions in India revealed that health is related to economic development, antipoverty measures, food production and distribution, drinking water supply, sanitation, housing, environmental protection, and education. The results indicated that health services were insufficient to meet the needs. Unhealthy sanitation practices contributed to cholera, dysentery, diarrhea, enteric fevers, and malaria. Priya R and Sathyamala C. (2007) found that the best conditions for a healthy life were found in the group that had a rooted community setting, collective political power, grant economic support and improved working conditions— the less poor rural group. While improved economic status was associated with better health status, this relationship was stronger when combined with the presence of improved working conditions, with social cohesion at family and community levels and with political power as indicated by levels of organized collective representation and identity formation in workplace, local and state level politics.

A study conducted by S. Krokstad, A. E. Kuns: and S. Westin (2002) indicated that there was a consistent pattern of increasing self reported health problems with decreasing educational level for three health variables: perceived health, any longstanding health problem, and having a chronic condition. In another study Raju, K.N. (1997), studied the consistency of National Family Health Survey (NFHS) estimated across the States and the impact of socio-economic and demographic factors on Maternal and Child Health (MCH) services, family planning programme, fertility and infant mortality and under five mortality. The results indicated that NFHS data were consistent. Interstate comparisons revealed that northern Indian states had higher levels of fertility and low levels of adoption of family planning methods and
utilization of MCH services as compared to south Indian states. Female literacy was positively correlated with percentage of mothers receiving antenatal care (PMRANC). Fertility was significantly and negatively related with PMRANC. Infants mortality and under five mortality were negatively influenced by the percentage of married women in the age group of 13-49 years.

In yet another research, De-Lima, Mauricio; Ludermir, Ana; Patel, Vikram; Ricardo, Arya; and Todd, Charles (1999) examined four low to middle income countries based on five data sets: three obtained from primary care attenders in Goa, India, Harare, Zimbabwe and Santiago, Chile and two from Community samples in Pelotas, Brazil and Olinda, Brazil. The results indicated economic factors such as income, poor education and female gender were associated with common mental disorders. A study conducted by Dodia, Geeta. R. (2001) also revealed a significant impact of economic status, but not of gender on the anxiety level of adolescents.

Study conducted by Sangath Society, a Goa based NGO working on mental health issues, has shown a severe impact of stress and depression on Goan women. In community settings, six percent of women in the reproductive age group, about 20,000 women statewide, suffered from depression. Further, it was estimated that over a one-year period, 1.8 percent of women in Goa would develop new episodes of depression, which means about 6000 women in this age group would develop a new episode each year. Over a one year period, 0.8 percent of women would attempt suicide, which translates to 2500 odd attempts each year. Sangath study also showed that one in five adults attending the Primary Health Centers and one in four mothers attending antenatal clinics suffered from depression. Other findings showed that in mothers, the birth of a girl child, marital violence and poverty are all common causes for depression after childbirth (Patel, Vikram, 2001).
The initial growth of a child depends upon the duration and frequency of breastfeeding it receives, since the breast milk provides important nutrients to infants and young children and protects them against certain infections. Various other studies indicated that the prevalence of breast feeding in India is almost universal, both in rural and urban areas. In a study carried out by the Nutrition Foundation of India in three major States, namely Maharashtra, West Bengal and Tamil Nadu, 97 to 100 percent of the infants were breast-fed (Gopujkar et al., 1984). Initiation of early breastfeeding has also been reported from rural Himachal Pradesh (Bahl and Singh, 1982), Madhya Pradesh (Belavady et al., 1959).

Although the practice of breastfeeding is universal in India, studies have pointed out gender differences in duration of breastfeeding of children (Wyon and Gordon, 1971; World Bank, 1991). According to these studies, female infants are breastfed less frequently and for shorter durations than male infants, their weaning also starts earlier and they are given lower quality foods. The results of the National Family Health Survey (NFHS) have also shown that the median duration of breastfeeding for male children is nearly two months longer than female children. It is longer by about a month for both males and females in NFHS-2 compared to NFHS-1. Gender difference in duration of breastfeeding is particularly high in the states of Assam, Punjab and Sikkim, where male children are breastfed for more than six months longer than female children. On the other hand, in the states of Madhya Pradesh, Jammu & Kashmir, and Karnataka female children are breastfed for a slightly longer duration. The least gender disparity is observed in Bihar, where median duration of breastfeeding is the same for both male and female children. (Ministry of Health and Family Welfare, 1991).

In India significant differences in breastfeeding practices between states have
been observed. Andhra Pradesh and Kerala fare the best in terms of appropriate
duration of exclusive breast feeding and timely introduction of complementary food.
Median duration of full breast feeding was less than three months in Delhi, Goa,
Himachal Pradesh, Punjab and West Bengal. In contrast, median duration of full
breast feeding is over six months in Bihar, Madhya Pradesh and Rajasthan. All these
data suggest that too early introduction of supplements and shorter duration of breast
feeding are more common in these states and segments of population who are more
educated, have access to health and nutrition care. In 2000, World Health
Organisation commissioned a systematic review of the global scientific literature, to
find out whether 4 or 6 months is the optimal duration of exclusive breast feeding.
Review showed that infants exclusively breast-fed up to six months grew normally
and were protected from gastrointestinal infections; exclusive breast feeding up to six
months prolonged post-partum amenorrhea but resulted in greater weight loss in
women. Based on the recommendations of the expert consultation, the World Health
Assembly in May 2001 resolved that exclusive breast feeding for the first six months
is the most appropriate infant feeding practice. It was resolved that efforts should be
made to monitor infant growth and improve maternal nutritional status
(Ramchandran, Prema, 2004).

In another research, Aruna, B and Srivastav, S. (1997) compared attitudes
towards breast feeding among mothers from different socio-economic backgrounds.
A sample of 100 mothers who breast-fed their babies (age group 0-2 years) was
classified into different categories such as SES (high-low). Results revealed that SES
had a positive effect on maternal attitudes. Another study by Hans, Gurmeet (1998)
described the breast feeding promotion and campaign in India, traced its evolution
and identified the key action components for an effective campaign. Three crucial
issues that breast feeding campaigns in India need to be addressed were identified as infant milk substitutes, optimal breast feeding and timely appropriate weaning.

A study conducted by Bijay, Narayan; Mishra, Durganandan and Sinha, Ram. (1998) conducted a study on attitudes of high and low caste Hindus towards family planning. Results indicated that the high caste Hindus had a more favourable attitude towards family planning than those belonging to lower caste Hindus. Kulkarni, M. S. (2005) conducted a study on women’s exposure to mass media and use of family planning methods in Goa. The results indicated that the exposure to television, radio and newspaper was positively associated with use of family planning methods. Another study by Kaur, Kuldip; and Patnaik, B. K. (1998) explored the nexus between education, poverty, and family planning. Findings indicated a scenario of high explosive population growth linked with lack of education, high level of poverty and negative attitude towards family planning. It is pointed out that poverty, illiteracy, and population growth, are all related to complex socio-economic demographic interrelationships.

A cross-sectional community based study was conducted by B.K. Patro, S. Kant, N. Baridalyne & A.K. Goswami (2005) in a resettlement colony of Delhi to find out the contraceptive usage among currently married women aged 15-49 years, and the factors influencing the use of such contraceptive practices. The findings revealed that about two-third (63.3 %) of the eligible couples were using a contraceptive method, and the effective Couple Protection Rate (CPR) was 56.1 per cent. Majority (37 %) of these women had undergone tubectomy. Among the users of temporary methods of contraception, condom (56 %) was the most preferred method. Permanent methods of contraception were mainly availed from public sector hospitals. Decision regarding contraceptive use in the family was mostly taken jointly by the husband and
wife (65.7%). Number of living children at the time of first contraceptive use was found to be more than two in 74.4% of the cases. SES of the family was seen significantly associated with the use of contraceptive method. The reasons for non-acceptance were either for an expectation of a male child (44%) or fear of side effects (29%). Despite their knowledge on different methods, one-third of the women were found not using any contraception because it was not available free of cost. The above findings indicated married women in the study population seemed to possess a reasonable knowledge about contraceptives as only five per cent expressed having not heard of any contraceptive method at all.

B. Gaash, R. Kausar, R. Bhan. (2005) conducted a study on Reproductive Tract Infections in Kargil. The results indicated that Reproductive Tract Infections (RTIs) was widely prevalent among married women. Though RTIs severely affected the health and well-being of women; these were rarely reported because of various socio-cultural reasons. Gross under reporting was also common especially from underprivileged areas because of illiteracy, lack of awareness and a complacent approach towards women’s health in general and their reproductive health in particular. The study also revealed that, when specifically asked, more than 38 per cent of women reportedly admitted to suffer from at least one sign or symptom of RTIs. Further, a 26 per cent of the respondents showed positive signs or symptoms for the presence of Pelvic Inflammatory Disease (PID). Women suffering from any kind of RTI or PID preferred to consult only the government doctor for treatment, while the nurse, Multi Purpose Worker (MPW) or Lady Health Volunteer (LHV) were not at all approached. Dissatisfaction was widespread (7%) over the advice/treatment received, which probably indicates the unmet need for more female doctors in order to ensure increased consultation.
In a research conducted by K. Kumari (2005) the result showed that children of Low Income Group (LIG) families were deficient in all categories of daily supply of nutrients. High Income Group (HIG) families also showed varying degree of deficiencies. Nutritional deficiencies in children of HIG families indicated that there was a lack of awareness of a balanced and nutritious diet independent of the economic factor among families.

Mohanty, M and Nanda, S. (1997) assessed the nutritional status of infants and its relation with cultural and socio-economic factors. Data from 300 infants from both rural as well as urban districts of Uttar Pradesh was collected by interviewing their mothers. Analysis revealed a lower incidence of Protein Energy Malnutrition (PEM) among infants of Hindu and urban parents. The findings also revealed that the SES of parents is a determining factor in PEM. The prevalence of malnutrition was higher among infants of labour class than infants of other occupational groups.

Another research by Rajaram, S; Zottarelli, L. K; Sunil, T. S. (2007) indicated that the children living in rural areas of India disproportionately suffer from malnutrition compared with their urban counterparts. The results also indicated that maternal characteristics, such as socio-economic and behavioural factors were influential in determining childhood nutritional status.

In another study conducted by Khokhar, C.P and Khokhar, Y. (2001) revealed that the risk of cancer is associated with various behavioural factors, social factors, and personality structure. Cancer was also found to be linked to SES and marital status.

In a study conducted by Chandhok, K; Manoharan, S; Sankaran, S; Mathews, G; Peters, S; Thomas, S. (1996) the results indicated that women in the reproductive age group were very vulnerable to HIV infection. Urban and rural women, married or
unmarried, of different age groups and SES are all at risk of infection. A Knowledge, Attitude and Practice (KAP) study was conducted in order to assess the level of awareness among 40 women, who were trainers in programs like family planning and adult literacy, and want to integrate AIDS awareness into their existing programs. A risk assessment survey was conducted among 50 women from low SES randomly selected, from the areas where the above trainers worked to determine risk factors they are exposed to which could lead to HIV infection. The results revealed very low levels of awareness. 83% believed that AIDS could be cured. 91% felt that social contact with an infected person could transmit the virus and they should be isolated. Only 31% felt that Multi Partner Sex (MPS) is a high risk activity and as few as 22% were aware that proper use of condoms could reduce the risk of transmission. The survey showed that 24% were aware of their husband's MPS behaviour and 76% did not use condoms with their husbands. 50% of the husbands were alcohol dependents. 80% of women were not injected with disposable needles although 50% of them always take an injection when they visit the doctor even for common ailments like cold and fever. Focus group discussion also revealed that these women had no say in sexual matters and were inhibited in talking about condom usage with their husbands. There was limited access to health care and they were socially and culturally constrained from seeking medical care for genital health. The status accorded to women in Indian society made it difficult for them to make empowered decisions about safer sex. Ignorance and lack of knowledge further increase their vulnerability. The researcher suggested that efforts directed at reducing impact of HIV/AIDS among women should be integrated into a comprehensive reproductive health program.

Another study conducted by Bollinger, R; Divekar, A.D; Marwar, N; Porterfield, D; Shepard, M; Singh, U; and Thilakavathi, S (1997) assessed the
knowledge, attitudes and sexual behaviour of 951 college students in India concerning HIV transmission. Overall, 91% of the subjects were aware that AIDS were caused by HIV. Routes of HIV transmission were correctly identified as blood transfusions (88%), sexual contact (92%), infected needles (79%) and vertical transmission (90%). Further, 74% knew that condoms could reduce the risk of HIV transmission. However, 57% believed that AIDS could be prevented by a vaccine and 51% thought that AIDS was curable.

Ambati, B. K and Ambati, J (1997) assessed AIDS awareness and attitudes among 433 educated people (age 18-59 years) living in South India. While most of the respondents were aware that sexual intercourse (96%) and intravenous injection of drugs (85%) could transmit HIV and that shaking hands (95%) and mosquitoes (86%) could not. 63% were not aware that breast feeding was a mode of transmission and 71% falsely believed that they could acquire HIV by donating blood. The only variable correlating positively with knowledge was education.

In a survey conducted by The National Family Health Survey II (1998-99) 27 per cent of women in Goa were found to be undernourished, with nutritional deficiency being particularly serious for women living in low income households, for younger women, illiterate women and women belonging to scheduled castes or other backward classes. The more recent NFHS III (2005-06) found nearly 37 per cent of women to be anaemic. Overall, 36 per cent of Goan women had some degree of anemia, a serious problem among women in every population group, with prevalence rates ranging from 26 to 52 per cent.

A study conducted by B. Joseph, A. Chanda, A. A. Oommen & V. d’Almeida (2005) observed poor nutritional status among garment industry workers in this study. Taking into account the World Health Organisation recommended criteria of Body
Mass Index (BMI) <18.5, general physical examination of the employees in the factory revealed that more than 25 per cent of women were undernourished. The study analysis revealed that a large proportion of the workers were consuming a diet, which was below the recommended intake of calories in carbohydrates and proteins; and surprisingly, their intake of fat was more than the recommended level. The findings of the study showed gross anomalies in the dietary pattern of women workers in the garment industry.

Adolescents and youth form a significant proportion of the Indian population. Thirty-six percent of the total population of India is younger than 15. Another 19.3 percent of the population range in age from 15 to 24. Thus, more than half the population is younger than 25. Research shows that worldwide millions of adolescents are married, and South Asia has one of the highest rates. Nearly one-third of girls (ages 15 to 19) in South Asia are married (Mathur et al. 2003). Girls are also likely to be denied access to safe motherhood, contraceptive and disease prevention services due to social norms and restrictions that limit girls' and women's mobility, access to information, and resources in the marital home (Jejeebhoy 1998; Mathur, S., M. Greene, et al. 2003).

A study conducted by Abraham, Leena (2001) revealed that the adolescent boys reported to be sexually more active than girls. The general level of knowledge of anatomy, physiology, contraception and Sexually Transmitted Diseases (STD), among the students was very low. There was an association between knowledge level and sexual behaviour, boys had a more liberal attitude towards premarital male sexual behaviour than girls. Though AIDS awareness was widespread and boys were aware of contraception, they involved in unsafe sexual practices. The main sources of information on sex were peers, blue films, mass media and advertisements.
A. O. Arowojolu, A. O. Ilesanmi, O. A. Roberts, M. A. Okunola in 2002 conducted a survey of 2388 Nigerian undergraduates. The results revealed that 87% were sexually active and 66% had more than one sexual partner, while 17.5% have had clandestine abortions. All respondents were quite knowledgeable about HIV/AIDS but few sexually active ones took precautions to prevent HIV transmission. Majority (87.5%) was knowledgeable about contraception and approved of its use, but only 34.2% were current users of contraceptives. About 58% of these cited pharmacy shops as their source of contraceptives. The attitudes of the students were below expectation. The research reflected that specially designated centres for the provision of appropriate contraceptive services to students by trained personnel were needed in the institutions in order to tackle their reproductive health problems.

Yadav, Saroj (2003) conducted a study on awareness and attitude of students towards adolescent reproductive health. The results indicated that the reproductive health needs of adolescents were poorly understood and ill served. Very often misconceptions prevailed among adults including parents, teachers and even adolescents themselves about adolescent's reproductive health. Various myths and misconceptions which may hamper the growth and development of adolescents were studied. A large majority of adolescents from all the cultural settings desired that education in adolescence reproductive health issues should be imparted to them and both parents and schools should help in this endeavor.

Studies were also conducted on the health-related aspects of fisher folks. Fisher folks are the group of people predominantly involved in catching of fish and selling it. The fishing industry has a significant place in the Indian economy as a dollar-spinner. It is sustained largely by life-risking, hard-working and socially ill-
placed fisher folk. Their fishing techniques are not very modern and their standard of living is poor. Though the fisher folks constitute a large part of India's population, there are few sociological and anthropological studies of Indian fishing communities. There are 20 lakh fishermen in India and additional 60 lakh family members who are dependent on the seas for their living. Of these, more than 70 per cent live below the poverty line. (Biswas, Kajori, 1996). Fishing communities are endowed with sea as natural capital but they often do not have the human capital (education, skill) and social capital (organizations), which help to turn natural resources into physical assets and protect those assets from degradation. Historically, the fisher folks have been a downtrodden and neglected group in society (Abraham, 1985; Plateau, 1989). Various studies have been conducted on the health related issues of fisher folks.

Umadevi, L; and Venkatramaiah, (1998) explored the child care practices in the fishermen community of Andhra Pradesh. Findings revealed traditional child care practices such as wet-nursing, delayed breast feeding, and supplementary feeding, putting oil into eyes, nose, and ears, frequent use of laxatives, use of ‘Kajal’, oil massage and ensuring that the new born did not wear any clothes. Boys were given preference in the duration of breast feeding, frequency of feeding, and types of food given. Healthy practices like body massage, daily bath, and immunization were also observed. The father’s role in child care was found to be selective.

In 1999 the International Labour Organisation (ILO) collected and analysed views and information, primarily from the international maritime medical community, concerning health and safety issues in the fishing sector. This was done by surveying medical practitioners in maritime countries and institutions, which provided health services for fishermen. Respondents were asked to complete the questionnaire and to provide any available statistics on work-related morbidity and accidents among
fishermen, as well as other relevant information. Forty-one completed questionnaires were sent back to the ILO in sufficient time to be reflected in this report. These included responses from: Australia, Belgium, Bulgaria, Canada, Chile, China, Côte d'Ivoire, Croatia, Denmark, Estonia, France, Germany, India, Indonesia, Iceland, Jamaica, Lithuania, Norway, Philippines, Poland, Portugal, Russian Federation, South Africa, Spain, Thailand, United Kingdom, United States and Vanuatu. The results indicated that the most frequent diseases among fishermen were, skin and respiratory diseases, and the effects of noise and vibration on board the vessel. In morbidity statistics and publications hypertension, coronary heart diseases and cancer of the lungs, bronchus and stomach were also mentioned as frequently diagnosed diseases. Some diseases were specific to fishermen, such as salt-water boils, allergic reactions to cuttlefish and weeds, fish erysipeloid, acute tenosynovitis of the wrist, conjunctivitis and poisonous fish stings of certain fish in the warm waters of the tropics and subtropics.

In a study conducted by Seeley, Janet; and Allison, Edward in 2005, fishing communities were identified as among the highest-risk groups for HIV infection in countries with high overall rates of HIV/AIDS prevalence. Vulnerability to HIV/AIDS stemmed from, the time fishers and fish traders spend away from home, their access to cash income, their demographic profile, the ready availability of commercial sex in fishing ports and the sub-cultures of risk taking and hypermasculinity in fishermen. The subordinate economic and social position of women in many fishing communities made them even more vulnerable to infection.

Barman S, Bandyopadhyay T, Seal A. in 1958 carried out an assessment of sexual health status among the fishermen community. The study was planned and developed to assess the knowledge, attitude, behaviour and practice of the fishermen.
community in the Sundarbans delta, West Bengal. Both qualitative and quantitative data were collected from a sample of 994 fishermen and fisherwomen through group meetings, focus group discussions and questionnaires. The results indicated that low SES forced the women folk to engage themselves in sexual activities with middlemen, moneylenders or tourists. 41% of the total sample was illiterate among which 25% were females. Majority of them did not possess any knowledge on Sexually Transmitted Diseases. 23% male and 36% female had no idea on AIDS. Condoms were used regularly by only 5.4% of the sample population and it was used for family planning. The lifestyle of the fishermen community potentially increased their vulnerability towards HIV/AIDS.

The above review of literature focused on various studies conducted on health related issues. Researchers like A. K. Singh and P.S. Halyal have conducted extensive research on health modernity and its correlates. However, no such study has been conducted in Goa. The present study is therefore undertaken to examine the variables socio-economic level, education, gender, religion, age groups, domicile and marital status as correlates of health modernity among the other Goans and fisher folks falling in reproductive age group. The researcher also attempted to develop an educational intervention based on the areas of ignorance and misconceptions displayed by the two sub groups.