CHAPTER - VIII

HEALTH MODERNITY INTERVENTION
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Indian government has provided a number of developmental programmes to improve the health status of children and women in particular and total community in general. India is also committed to the goal of health for all by the year 2000 A.D. It is ascertained that this can be achieved by providing throughout the country a comprehensive primary health care service directed to the mother and child, as a single biological social unit. This is done with an assumption that health is a prerequisite as well as integral part of human development. Neglecting health of the community has resulted in terms of disastrous situation in the underdeveloped and developing nations.

Health indicators like infant mortality, maternal mortality, morbidity, high incidence of malnutrition have clearly indicated low status of children and women in India. Other efforts to improve overall health of the people have not been met with satisfactory results. The conditions related with distressing low health status are mainly due to lack of proper knowledge, positive attitudes, and considerable health practices. Many of the childhood diseases which kill or severely weaken the children can be stalled by adopting simple techniques by way of preventing. The maternal mortality, where women who struggle to survive each child birth fail to understand that the child bearing is more hazardous during teen age years or over 35 years of age. People also fail to understand the risk of increasing infant mortality when pregnancies are too closely spaced. It is believed that women in underprivileged communities are caught in web of
pregnancies; lactation, malnutrition and infections. Certain of the religious and cultural practices of men and women have largely contributed to the low status of women in the community. Therefore it is inevitable to improve the competence of men and women related to the general issues like nutrition, immunization, family planning, child care, mental health, and above all mental retardation. The attempts to improve the competence of men and women not after they become father and mother but when they are children themselves.

It is true that women will have to play a crucial role in maintaining the health of the community, in general as well as health of the children in particular. If children are to grow into healthy adults the child-rearing practices are to be most adequate and congenial if some of them are really good they are to be strengthened and if they are not, they are to be altered or changed. A large number of deaths occur due to diarrhoeal dehydration, malnutrition and lack of immunization. The recently developed therapeutic improvements for the same in medical sciences are simple, inexpensive, family oriented and easily acceptable. The main concern here is to make people of every section know about these measures. It is also known that illiteracy and poverty is going to continue for quite some time in this country, despite the governmental efforts to eradicate them. However, it does not mean that the ill-health of the community will have to prevail as long as poverty and illiteracy are continued. The investigator felt that some alternative strategy should be adopted to improve the status of the health of the people by improving the knowledge and awareness of health.
related issues to which the present study is addressed. This can be done by providing adequate intervention programmes. Any intervention programmes should be dependent on the basis of lacuna in knowledge, information, and practices of the people in health related issues. These programmes should be basically consisting of the new techniques developed in the health care system. To illustrate with an example the diarrhoeal disease can be managed very effectively with simple technique known as ORT (Oral Rehydration Therapy). Therefore health education as an intervention programme should constitute health modernity education as its core. Health modernity is nothing but scientifically correct informations, attitude and behaviour in relation to physical and mental health, family planning and child care, personal hygiene and environment, sanitation and such other issues which are essential prerequisites for healthy living. This variable is the main dependent variable. In the present investigation the basic objective of choosing this variable as dependent variable is to understand and evaluate quantitatively the extent of health modernity of each sample sub-group in terms of men women, married unmarried, highly, moderately educated and uneducated, urban rural, and above all young and old or reproductive age group. The other objective of the present investigation is not only to quantify the health modernity of each sample sub-group but also to identify very clearly the dark areas in these health related issues. Unless one knows the dark areas very clearly it can not be substituted by the proper and adequate information. Not only that techniques of communicating this information to each and every sample sub-groups need not be the same it will have to be altered or modified depending on nature and perceptability of the groups.
It has been attempted to identify the dark areas and misconceptions in every dimension of the health modernity scale. It is observed that the dark areas are there in each and every dimension. However the importance is given to those dark areas which have been shared by every sub-group of sample, because the basic aim of the present investigation is to irradiate these misconceptions by giving adequate intervention. Therefore, the first attention is given to those dark areas which are common to every section of the society. And later on the attention will be paid to those dark areas which are specific to each sub-group.

The dimension which has got a large number of misconceptions is mental retardation. It is interesting to note that the awareness of people regarding the nature and causes and also the consequences of mental retardation is negligible. The earlier studies conducted on similar sample by Halyal (1990), Suraj (1992), Budihalmath (1992) have revealed that the ignorance on issues related with mental retardation is largalite. These studies have clearly demonstrated the fact that every section of people have misconceptions regarding mental retardation. This is largely because of the reason that the health care units have not given any importance regarding mentally handicapped. It is surprisingly true that the educational system of this country has not taken the cognizance of severity of the problem. And also mass-media including electronic media in this country has not made any systematic attempt to educate people regarding mental retardation because it was never considered a problem related to health. But now the scientists and professionals relating to health have increasingly realised that the
consequences of mental retardation to the community are of far-reaching
one's. The percentage of mentally retarded in this country is on rise but
efforts to meet challenge by way of prevention and training of retarded are
negligible. Therefore in the first instance the awareness regarding the
problem, its causes and consequences should be brought to the people.
Later on awareness regarding the ways and means to tackling the issue
should be introduced along with facilities to meet the challenges of the
problem.

The investigator feels the need for intervention in this dimension on
war footing, because of the reason that this issue is not attacked for a
long. The intervention programme should be concentrated on the issues like
epilepsy, its relationship with mental retardation, the basic nature of mental
retardation terms of inadequate development of intelligence, its relationship
with walking, talking etc., in the earlier years of development, possibility
of birth of mentally retarded children to the old age parents malnutrition of
the mother during pregnancy or severe illness of mother and incidents
related to difficult labour or child birth. It is not all, what is most
needed here is the way in which the knowledge and information is to be
rendered to the target population, who do not perceive such issue because of
their uncommon nature. These issues are part of life of the individuals yet
the severity of problem is never felt because people are likely to get an
number of children. Thus, the significance of mentally retarded child is
never highlighted. Neither basic humanitarian outlook nor the importance of
human resource development is ever felt. Therefore the intervention for
this dimension is the first priority.
The next important issue as far as intervention is concerned is of mental health. Till today people do not believe in mental diseases, on the contrary they believe in the possession of evil spirits. They also do not believe in the curative measures based on science but they persist with witchcraft and treatment by quacks. Hence neither education nor the health facilities have changed the status of people in relation to mental health. Peoples' faith in pilgrimage and offering prayers and wearing amulets is rampant. They still believe in not assigning any responsible tasks to the person who was once insane but now completely cured. Therefore people need awareness regarding the nature of mental illnesses, their possible symptoms and curative techniques. Then only they will make use of the facilities that are related with mental health. Otherwise the stigma attached to the mental hospitals and psychiatrist will continue. People who are capable of approaching a doctor for physical ailment are equally incapable of going to the psychiatrist. It speaks of inhuman attitude on the part of large section of the society. Here the intervention programme should be basically related with understanding the psyche of this and its behavioural manifestations, not only that how the vagaries of life will bring about maladjustment in a person's life.

The other issues which need the intervention programme on priority basis is connected with child and maternal care. The issues start from conceptions and end up with producing a healthy adult. The immunization schedule starting from the women, the moment she conceives, her nutrition needs, the care to be taken during child birth, importance of coelostrome and
first breast milk, significance of the instrument to be used to cut the amblical cord and so on. Along with this people should be made aware of the vaccine preventable diseases and different schedule of immunization for these diseases. Although some of the diseases like tuberculosis are very severe yet they can be prevented by simple dosage like BCG. A large number of deaths are certainly prevented by these simple measures. Awareness regarding ORT, development milestones of the children, birth weight of infant are all very essential for healthy living. The awareness of the simple issues make people to keep many of the diseases away and the happiness of the people will be increased. As it is said earlier health for all means not removing every diseases from the people but to make them aware of possible ways through which they can avoid the avoidable diseases.

It is earnestly believed that health status of the community is certainly dependent on the status of the women in the society. The status of women in majority of the developing countries including India is very low. Although we are living in democracy, believing in the constitution which provides equality of sex, but all that does not guarantee the equal treatment to men and women in the family. The child rearing practices in the family appear to be simple, yet they have far-reaching consequences in the society. Today's child is tomorrow's citizen. In this event mother's role is really significant. Because self-confidence of the child is significantly dependent on the self-confidence of the mother. There are umpteen examples to quote from the Indian history to demonstrate the same fact.
Therefore, intervention programme for women, that too, low caste, uneducated and rural women is most essential. Because the uneducated, rural, unmarried, young women folk have exhibited lowest rung of health modernity. This is the target group, according to this investigation, to whom the intervention programme is to be addressed.