CHAPTER - IX

SUMMARY AND CONCLUSIONS
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Man is a social and cultural being from birth to death and is a part of society. Health and health care pertaining to man do not exist in socio-cultural vacume. Man's values, Beliefs, knowledge, and practices are very important from the point of view of his, as well as community health. His insight into the causes of the factors affecting the health will definitely laid to promotion of health and prevention of diseases. The strategies for promotion of health and prevention of diseases will be more effective if they are based on person's attitudes and knowledge of health.

Physical health is mainly understood in terms of mortality, morbidity and impairments and health of a man is never static. They are closely associated with several of these personal as well as sociatal factors. Illiteracy and superstitious beliefs have caused many problems in improving health status of any society. The deadly diseases like cancer, Aids and so on can be avoided if people are restrained from consumption of tobacco, alcohol and extra marital relationships. The proper understanding of the disease like leprosy and its treatment by way of multidrug treatment is very essential in dealing with its seriousness. It has been estimated that 4 million leprosy patients in the country are infected out of whom 1/5 are children, and about 15 to 20 per cent of total leprosy cases have deformities.
Mental health is part of total health of a person. Health for all by the year 2000 A.D. will be realised only when all aspects like physical, mental and social health are covered. Mental health should not be restricted to only the treatment of some seriously mentally ill-persons, but it is certainly connected with the whole range of health activities. However, it did not get the due consideration in the past. The mental diseases are equally prevalent in both rural and urban areas. Mental illness has caused immense suffering not only to affected individuals but also to the individuals who are connected with mentally diseased. It is believed that the scientific knowledge helps to prevent mental diseases. Any educational programme relating to mental health will have advantage in prevention of the same.

The health care system should take into account the aspects like nutrition, education, sanitation and personal hygiene along with socio-cultural realities. No one can deny that poverty affects nutrition and consequently ill-health in children. The countries with problems of acute food shortage and mass starvation may lead to nutritionally most vulnerable. In most of the developing countries an average family income has fallen from 10% to 25% since 1980. In many of the countries where figures are available child malnutrition is on increase. (The State of World's Children Report, 1989). Malnutrition reflects in low calories and protein deficiency, anamia, iodine deficiency and so on. Malnurishment is higher in rural India than in urban areas but it is not different in urban slums too.
Diarrhoe is the biggest health problem which results into morbidity, disability and large number of deaths in the children. The predisposing factor for diarrhoe is malnurishment in children. Prevention and treatment of dihorea is very simple and effective which is not known by many of the individuals. In India malnutrition is also connected with sex discrimination. The malnutrition in children is mainly connected with prolonged breast feeding without proper introduction of supplementary feeding.

Advantages of brest feeding are well known because it is naturally highly nutritious and no cost practices. Present milk for young babies has no substitutions. Knowledge about it is always connected with health of children. The breast feeding's realtion with human fertility is well known it helps avoiding pregnancies.

Family planning is helpful for many developing countries. Attempts are made to control the birth rates but illiteracy and ignorance have become barriers for the same. Several socio-cultural factors are affecting the family planning programmes.

Child care and mental retardation are crucial issues which have direct relationship with health status of people at large. To address these issues one will have to think in terms of assessing the knowledge, attitudes, and practices of people relating to health issues. Not only that these are also connected with several other factors like sex, educational
level, marital status and urban-rural domicile of people. Therefore attempt is made to study the health modernity of men and women of different age groups; in urban-rural areas. This was basically done to obtain health status profile of target group of the population. Attempts were also made to identify the areas of darkness to suggest intervention programmes in terms of health modernity education and also it is attempted to know the influence of different factors on health modernity of men and women.

Some villages were randomly selected from Dharwad Taluka to form the study area. 200 people - 100 men and 100 women from both rural and urban areas were chosen as sample for the study. The sample was divided into three educational levels - Highly educated, Moderately educated and Uneducated to know the effect of education on health modernity. The sample was also divided into married and unmarried sub-groups. The health modernity questionnaire was administered to measure the health modernity of the sample.

The basic aim of the present investigation was to assess the dark areas in different sample sub-groups with an intention of suggesting health modernity intervention. The interventions should be based on the dark areas in health modernity. The health modernity intervention is to promote health awareness in the people leading to their involvement and self reliance. This is done mainly with an intention of making oneself responsible for one's own health. Although health care facilities are there, if people are reluctant to use them then there is no improvement of health
status. If there is no improvement of health status and if their health knowledge is improved then they can go in search of health facilities.

After having understood the significant difference between the sample sub-groups on health modernity, it is clear that the intervention programme should mainly be directed to uneducated, and unmarried, rural women. Because unmarried, uneducated, rural women are more vulnerable than the other sample sub-groups. However, looking from the angle of existence of dark areas it is clear that intervention programme should be directed to all the sample sub-groups as there are dark areas in all the sample sub-groups.

However, from the results the main conclusions are drawn and listed below:

1. There is larger number of 'modern' (4-5) scorers in women sample sub-groups than in men sub-groups.

2. The percentages of 'modern' (4-5) scorers are below 50% on all the dimensions of both the sub-groups.

3. Mean scores of both the sub-groups are below 40 on all the dimensions of health modernity.

4. There are higher percentages of 'modern' (4-5) scorers in highly educated sample group than moderately educated and uneducated
(5) Moderately educated sample sub-group has higher percentages of 'modern' (4-5) scorers than uneducated sample sub-groups.

(6) There are larger percentages of 'modern' (4-5) scorers in urban sample sub-groups than rural sample sub-groups.

(7) Married men and women have higher percentages of 'modern' (4-5) scorers than unmarried men and women.

(8) There are misconceptions and dark areas in health modernity of each sample sub-groups.

(9) Women sample sub-groups have more number of dark areas than men.

(10) Dark areas are more in mental retardation, mental health and attitude towards female than the other areas.

(11) Uneducated sample sub-groups have more number of dark areas than moderately educated and educated sample sub-groups.

(12) Rural men and women have large number of dark areas than urban men and women.

(13) Highly educated sample sub-group is significantly higher in health modernity than the moderately educated and uneducated sample sub-groups.
(14) Women are significantly higher in health modernity than men sample sub-groups.

(15) There is no significant difference between highly educated men and women sub-groups on total health modernity.

(16) Moderately educated men are significantly more modern than their women counterparts.

(17) Uneducated women are significantly lower in total health modernity than men.

(18) Urban sample sub-group is significantly more modern than rural sample sub-groups.

(19) There is no significant difference between highly educated rural sub-group and their urban counterparts.

(20) Moderately educated urban men and women are significantly more modern than their rural counterpart.

(21) Uneducated urban sample sub-group is significantly more modern than rural sub-group.
(22) Married sample sub-group is significantly more modern than unmarried sample sub-group on total health modernity.

(23) There is significant influence of education, marital status, and age on health modernity of men and women.