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Health and Safety at Home

Mrs. BINA MUKHERJEE

Concern for Maternal and Child Care

WOMEN bear and rear children, work twice in many houses as men, provide most health care in the family. Family's health and welfare depends largely on the health of the mother. Healthy children are the asset for the family and the nation. By virtue of the number of mother's and children and considering the period of their stay in the home, they constitute the priority group in the family, 22% of women are in child bearing age group (15 to 44 years) and 43% of population are children under 15 years of age. So mother and children are the major consumers of health care and their health status reflects the total health of any nation. Health of the mothers and children should be the major concern for the family. For providing health care, the mother and child must be considered as one unit.

State of Health of mothers, Children: The Women and children of developing countries are the victim of poverty, famine, squalid living conditions, disease and lack of Health care facilities. In India, the health of the mothers and children are revolved around the trial of malnutrition, infection and consequences of unregulated fertility. Dr. Mahler, Director of World Health Organisation, reported in world conference of women held at Nairobi from 19-20 July 1985, that welfare and wellbeing of the mother should be the primary concern for every Government.

He emphasised that provision of necessary services and facilities and education enable women to take greater responsibilities for their reproductive lives as well as for their children. Providing of proper obstetrical care to mothers and necessary Care to children is an important goal to work for.

Survey Findings on Health Indices

To emphasise the importance of MCH care findings different studies which were conducted on MCH in India during 1982 are mentioned. The studies provided information on various types of mortality differentials and on the relative contribution of various factors for reducing mortality.

Survey conducted by Jain (1984) in different parts of India to look into factors that may cause mortality variation in different states. Two of the factors

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Identified are trained medical attendance at birth and level of immunization. In rural U.P. the IMR is 172 and trained medical attendance at birth is 6%. Whereas in Kerala (Rural area) the IMR is 42 and trained medical attendance is 62%.

Immunization coverage in Orissa and Assam was found to be 13% and of Tamilnadu, Karnataka and Gujarat was 80%.

The Survey also focused that 60% of deaths in the country occur in the neonatal period with the percentage varying from state to state.

Another survey revealed that female education has a strong inverse relationship with maternal and infant deaths. In India, infant and illiterate women had a mortality rate more than double (IMR 132) than that of mothers who had primary education (IMR 64).

Other factors that influence the infant mortality are found to be

- (a) Women's age at marriage
- (b) Inadequate availability of safe drinking water
- (c) Poor Sanitation
- (d) Housing.

A review of health status of women after 4th and 5th five year plan showed that there were several persistent problems which are responsible for the unsatisfactory health status of women.

Major problems are :

- (a) Malnutrition due to poverty, repeated pregnancies, ignorance, poor Social-Economic condition and overwork.
- (b) inaccessibility of health care services.
- (c) Inadequate development of primary Health care, preventive, Productive health services particularly in rural areas.
- (d) Inadequate development of maternal and child health services
- (e) Poor availability of Women health personnel specially in rural areas.

The study was conducted in three urban slums in Madras, Delhi, and Calcutta and in three rural areas near Chandigarh, Hyderabad and Varanasi. The Study covered the population of 30,000 in each area or a total of 180,000 individuals. The study focussed on the problems of maternal malnutrition, low birth weight perinatal and infant mortality and morbidity.

The pattern of infant deaths rates, as revealed in the study, in different periods of infant's life is given in the diagram-I. Low status of maternal nutrition like deficiencies of iron, iodine, Vitamin-A and others was found the causes of low birth weight.

National Health Policy

India is committed to attain 'Health for All by 2000 AD' through the universal provision of comprehensive primary Health care services and National Health policy of India was promulgated in 1982. Various aspects of Maternal and child Health Services will be discussed.

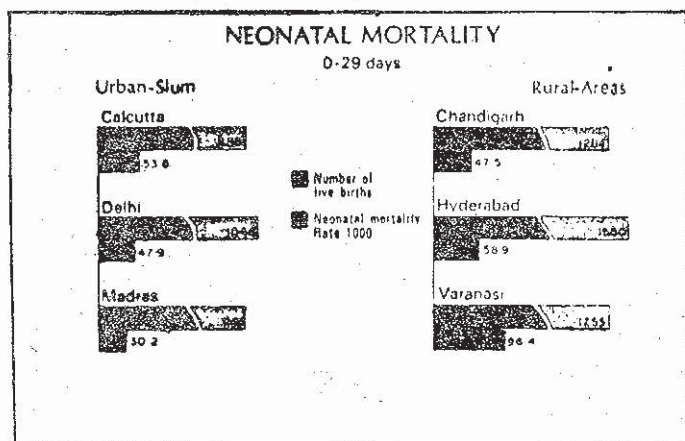
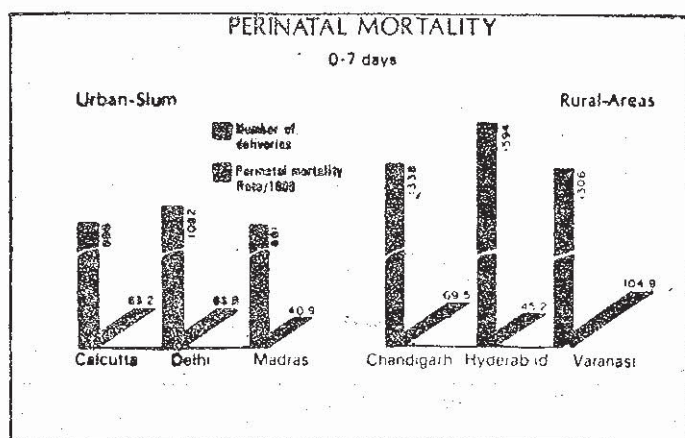
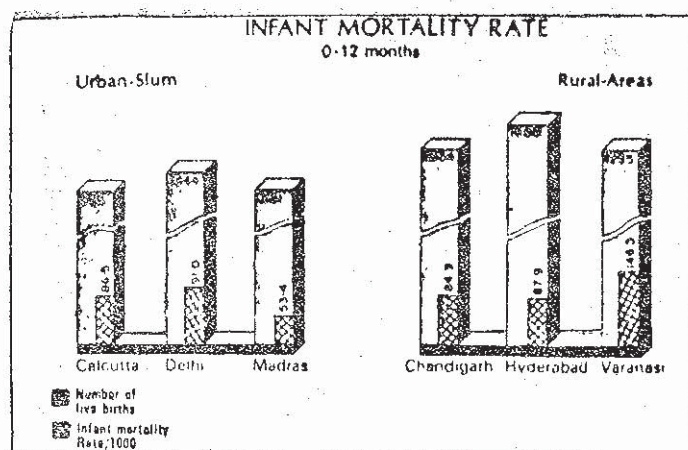


Diagram I

Aspects of Maternal Care :

A. During Pregnancy :

Regular health check up eg. weight, Haemoglobin, Blood pressure, Urine examination, blood and abdominal examination. Adequate nutrition with Iron and Folic Acid Supplementation Specific health protection by immunization. Identification of high risk mother and providing special care. Adequate referral of high risk mothers. Health education.

B. During labour

Skilled assistance by competent trained personnel during child birth. Timely recognition of Complications and expert attention. Refresher training or re-orientation of the Traditional Birth Attendants (TBA).

C. Post Natal Period

Immediate care to the mother and child. Regular check up of the mother and child. Identification of abnormalities and complications Referral. Health Education and general education to be integrated with various aspects, of Women care.

Fertility regularization is another aspect of care of the mother as well as of the child.

Care of Children

Growth monitoring. Prevention and treatment of diarrhoeal Diseases and Acute Respiratory Infection. Breast feeding of infants. Immunization against seven killer diseases. Nutrition Supplementation. Teaching mother about child care.

National Health Programmes on MCH

National Blindness control programme. National Goitre control programme. Integrated child Development Service Scheme. Expanded programme on Immunization.

Utilization of Health Services

India's Health Infrastructure (1985)

Primary Health Centre	11,000 (Working 5,400)
Sub-Centres	83,000 (Working 38,000)
Multipurpose Health Workers	240,000
Trained Birth Attendants	375,000
Medical Practitioners	600,000
Nurses	150,000
Voluntary Health Guide	350,000

A good number of health personnel and Health care centres are present in the community. But it has been observed from community based study conducted by ICMR and supported by UNICEF that about 98 percent of the population in the rural areas and 85 percent in urban areas did not make use of the available maternal and child Health services.

Requirement for Improved MCH

Female education for better utilization of health services and higher health status.

Adequate and appropriate interaction between provider of health care and beneficiaries.

Adequate number and improved role and functioning of Multipurpose health workers.

Adequate training of health guides to enable them to take care of most common problems of maternal and child health and safety. Community involvement.

Providing comprehensive primary health care facilities at the people's doorstep.

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Environment and Food Safety

Mrs. LILY ROY*

Introduction

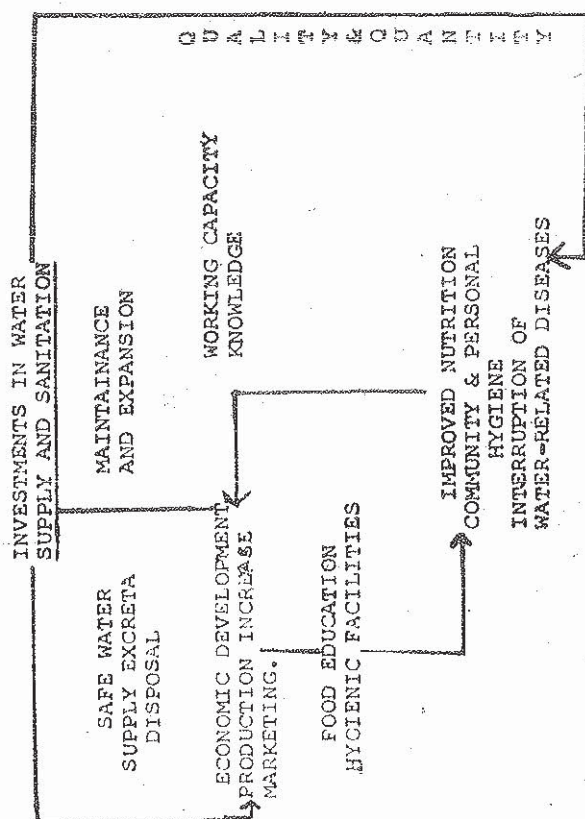
Safe environment is essential for healthy living. India is still lagging far behind many countries in the field of environment. Much of the ill health is due to poor sanitation.

Basic and fundamental needs of individual and community are safe drinking water, basic sanitation, safe food, control of pollution and prevention of harmful health behaviour.

Water and Sanitation

If we consider the total environment, water and sanitation comes first because safe water is a basic need for health. In India alone it is estimated that over 73 millions man days are lost every year as a consequence of water borne diseases. The cost to India in terms of Medical treatment and lost production

Direct and Indirect Effects of Water and Sanitation for Health is Explained in the Chart



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is around 4,000 million rupees annually. Instead of spending to fight the said amount, can be spent for more safe water.

1981-1990 is the international decade for safe drinking water and sanitation. For India, However the achievement of the target poses a formidable problem. At the beginning of the decade i.e. 1981 only 31% of the rural population had access to water. But at the end of the 1985 W.H.O. estimated that 23% of urban populations were without access to safe and adequate water supplies and W.H.O. forecast that a large number of people will be without it in 1990. In 1981, negligible percentage of rural population had latrines and very high percentage of urban population used open defecation.

The target is to provide access to sanitary facilities for disposal of human waste to 25% rural population by 1990.

Statistics indicates that the intestinal group of diseases claims about 5 million lives every year. 50 Million people suffer from these infections. By improved sanitation and safe water supply morbidity and mortality rate can be reduced.

Pollution

As we know there are numerous sources of water and soil pollution. Those are mostly for urbanization and industrialization.

Some of those are :-

- (a) Sewage.
- (b) Industrial and Trade Washes, which contain toxic agents ranging from metal salts and complex synthetic chemicals.
- (c) Agricultural pollutions such as Fertilizers, Pesticides.
- (d) Physical, like Thermal pollutions, Radio active substances, carcasses, dead bodies, etc.

Conclusion

Inspite of Investing money for safe water—

—Prevention of wastage and

—Peoples participation specially once when the problem is solved, may help partially for the problem.

Air

The human has every right to live in fresh and healthy air. Not only man, all forms of life depends on air.

Pollution

Air is mainly polluted by—

- (a) Respiration (man and animal)
- (b) Combustion of coal, gas etc.
- (c) Decomposition of organic matter.
- (d) Trade, Traffic and manufacturing process etc.

Air Pollution

Cities and industrial zones are facing acute shortage of fresh and pure air in many parts of the world. Automobiles are causing serious problems of air pollution in some area, of the cities like Bombay and Calcutta, as many industries are situated in Bombay