How the Rural Community Looks at Infant Deaths

The rural communities have started realizing that the number of infants'/toddlers' deaths has been reduced as compared to earlier years. This is due to advancement of health services and immunization on a large scale. Health education too has played its part, says YASH PAUL OBEROI, Health Education Officer, Rural Health Training Centre, Najafgarh, who conducted a study on this subject recently.

CHILD *is the father of man.* The quality, character and health of the child depend on the mother who bears it. Thus child care and child health are intimately associated with maternal care and mother health. The hands that rock the cradle rule the earth. Thus, maternity and child welfare have formed the integral part of the health services.

Infant mortality, in almost all regions of the world, has shown a decline recently. Nevertheless, mortality in the developing countries is still very high. The underlying causes in countries with high mortality rates are poverty, mal-and under-nutrition, apathy, fear, ignorance, poor hygiene, lack of medical facilities. It can be appreciated that all these causes are amenable to preventive measures. It depends on the provision of adequate maternity and child welfare services. We must seek to aggregate our resources and combine our efforts.

Care of the child while at school is an important facet of the comprehensive health services of any welfare state. A satisfactory standard of the health status of a country depends, to a large extent, on the care taken of the health of the children, particularly when they are in the institution.

Hence, in the interest of the child community, we must seek to aggregate our resources and combine our efforts to enable them to contribute fully to the national progress.

The present study concentrates on rural women's perception of infant and toddlers' mortality.

Methodology

Collection of information was based on an interview-questions schedule which embodied seven questions, identification data.

The questionnaire schedule was pre-tested in the Out-Patient Departments of the Primary Health Centre, Najafgarh, before finalising. It was, afterwards, administered to 150 respondents. The interviews were conducted in the field.

Selection of respondents was made on an incidental basis. Respondents included in the scope of the study were adult women of different age groups.

The villages were selected considering logistics of transport facilities.

The Data

The data were collected by administering the questionnaire schedule to 150 respondents. The results are as under :

TABLE I

IDENTIFICATION

(A) Age structure (in years)	*No. of Respondents*	*Percentage of Respondents*
15-19	7	4.5
20-24	34	23
25-29	38	25
30-34	11	7.5
35-39	7	4.3
40-44	9	
45 and above	44	29.7
	150	100

(B) Educational Status/ Education	*No. of Respondents*	*Perecntage of Respondents*
Nil	95	63.5
Primary	18	12
Middle	15	11
Matric and above	20	13.5
	150	100

(C) Family structures Family	*No. of Respondents*	*Percentage of Respondents*
Joint	102	68
Single	48	32
	150	100

(D) Caste Structure Caste	*No. of Respondents*	*Percentage of Respondents*
Jat	57	38
Ahir	62	41.5
Others	31	20.5
	150	100

TABLE II
(Common diseases)

Question

What are the common diseases among children in your village ?

(a) Smallpox, (b) Diphtherea, (c) Tetanus, (d) Malnutrition, (e) Gastro-enteritis, (f) Pneumonia, (g) Typhoid, (h) Whooping Cough, (i) Malaria (j) Common Cold (k) Others.

Small Pox/Diphtheria/Tetanus Malaria/Malnutrition/and Whooping Cough	All
67.5%	32.5%

Comments :

As is evident 67.5% of the respondents were having knowledge of some of the important diseases, viz, Small Pox, Diphtheria, Tetanus, Malaria, Malnutrition and Whooping Cough. 32.5% of the respondents mentioned all the diseases prevalent in the child community. Hence, it appears that the community is quite conscious of the common diseases of the children.

TABLE III
(Reasons for Causation of Diseases)

Question :

In your opinion what are the reasons for causation of these diseases ?

a)
b)
c)
d)

Lack of Care Bad Hygiene and Dirty Surroundings	*Evil Eye*	*Do Not Know*
90%	8%	2%

Comments :

90% of the respondents were of the opinion that the diseases are caused due to lack of care and bad hygiene including dirty surroundings. A negligible percentage considered "Evil Eye" responsible for the causation of the diseases. Hence it is observed that the community is quite aware of the relationship between disease and environment. This awareness, it seems, may be due to widespread health education among the people.

TABLE IV
(Opinion Regarding Infants/Toddlers' Death)

Question :

What is the general opinion about the infants' and toddlers' deaths in your village ?

Communicable Diseases	*God's Will*	*Do Not Know*
77%	16.5%	6.5%

As is evident, 77% of the respondents had mentioned that infants/toddlers, nowadays, die mostly due to communicable diseases such as Cholera, Typhoid, Malaria and diarrhoea. 16.5% of the respondents observed that "God" is responsible for infants/toddlers' mortality. Only a meagre percentage of the respondents had shown irrational attitude in this sphere whereas a majority refused it altogether, as it appears.

TABLE V
(Less Infants/Toddlers Die)

Question :

Do you believe that these days less infants/toddlers die than during earlier days.

Yes	*No.*	*Yes*	*No.*
63%	31%	*If yes, pl. state reasons*	

(a) People are more health conscious (b) Availability of better health services; (c) More education; (d) Any other.

Comments :

63% of the respondents had observed that less number of children die nowadays because of the facts that : The community has become more health conscious due to widespread health education and, secondly, the availability of better health services as compared to earlier days. 37% did not appreciate the views expressed above but no specific reasons were stated in support of their observation. On the whole, it appears that the rate is declining and the community realises it fully well.

TABLE VI
(Recent Deaths)

Question :

Have there been deaths of infants/toddlers recently ?

(i) in your family ?

(ii) in your neighbourhood ?

Yes/No

If yes, please state cause of death if known.

Yes.	*No.*
22%	78%

Comments :

22% respondents could mention diarrhoea, fever, prolonged illness, etc., as the cause of recent deaths in their area, among child population. This gives an indication of people's consciousness to the diseases and their fatality.

TABLE VII

Question :

Do you believe that deaths occurring in children can be prevented ?

Yes/No

If yes, how ?
If no, why ?

Yes	*No.*
79%	21%

Comments

79% of the respondents were of the opinion that deaths among infants/toddlers can be prevented by way or providing better health services and raising their nutritional status. They also observed that community has an equal major responsibility in this sphere. 21% observed that health Education is important. It will make people more health conscious and responsible to health.

TABLE VIII

(Immunization Protects Child)

Question :

In your opinion, does immunization protect child ?

Yes	*No.*
94%	6%

Comments :

94% of the respondents believed that immunization did grant protection to the child against diseases. This reveals tremendous health consciousness in the community. 6% perhaps do not recognise the efficiency of immunization.

Conclusions :

The rural communities have started realising that numbers of infants/toddlers' deaths have been reduced in comparison to the earlier days. This is due to the advancement of health services. The immunizations are granting protection to the child community against communicable diseases. They consider their participation in the health programme for the community essential and fruit bearing. But efforts are definitely to be made on the part of the Health Workers for involving the community for the success of the programme.

The community appreciates the role of immunization in the prevention of diseases. A little effort is called for on the part of the Health Workers in popularising it.

The community has also observed some thick relationship between the disease and the environment. Role of motivation is highly desirable in affecting a behaviour change in them. The success of the programme considerably depends on the acceptance of the programme by the community. People are prapared to accept our services and hence the delivery system has to be streamlined to be effective and produce favourable results. Health education can also render immense help in the strategy.