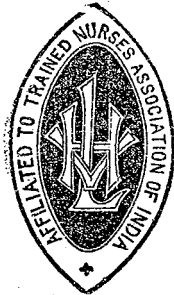


HEALTH VISITORS SECTION

Public Health Problems In Rural Areas



This year I had the privilege of supervising for three weeks the rural training of the students of the Lady Reading Health School at Najafgarh Health Unit.

The aim of the rural training is to enable the students to get an adequate first-hand knowledge of village life, and the existing facilities in the villages, and thus equip them to deal with their problems when they are posted as Health Visitors.

Najafgarh is a village in Delhi Province, 18 miles away from Delhi City. The Health Unit is divided into four divisions comprising of 72 villages in all—20 villages in Palam, 20 in Chowala, 20 in Dassa and 12 in Najafgarh. In each village there is one main centre and one sub-centre. There is a lady health visitor, two midwives, and one trained dai in each centre. A midwife is in charge of each sub-centre and the health visitor goes there and conducts clinics once in a week.

We camped in Najafgarh rest house; and Dinpur, a village two miles away from the Health Unit was chosen for intensive work. We made a complete survey of the whole village and studied in all possible details the way of living, water supply, housing conditions, chief sources of income, cottage industries, social customs, economic conditions, etc. The exceedingly high rate of disease and death among mothers and children were found to be due mainly to the following three reasons :—

1. Lack of education.
2. Lack of nutritious food.
3. Lack of healthy environments; and superstitious beliefs.

(1) Lack of Education.

Many diseases and deficiency conditions are caused by lack of knowledge. Education is unheard of in many families. There are very few men who have had some sort of school education and women are totally illiterate. By providing adequate number of schools and other facilities for education, tremendous improvement can be made. Adult education centres are very essential.

(2) Lack of Nutritious Food.

This is very often a serious problem, because people cannot afford to buy the right food nor do they know what food is the best or how it should be prepared. Often the food is exposed to flies and dust, and children fed on such food are liable to get waterborne diseases. No special care is taken regarding children's food. A small child is given ordinary diet consisting of hard *chappaties*, *dal* etc., which he cannot digest. A lot of good can be done by educating the people about the value of food and by demonstration of cooking.

(3) Lack of healthy environments and superstitious beliefs.

Their living conditions are far from satisfactory, most of them having no idea about cleanliness. The rooms, in most cases, are ill ventilated and dark. Besides, so many people sleep in one room and often there is a buffalo as well. Unless the houses are reconstructed and separate places are provided for the buffalo, living conditions cannot be improved.

Superstitious beliefs are directly responsible for much of the sickness and death among mothers and children. For instance, a new born baby is neither bathed nor clothed for a period of ten

days; infants are bathed only once in a month. During the post-natal period both the mother and baby are supposed to be naked and remain confined in a small dark stuffy room. They believe certain days are unlucky to go out and on such days if a child gets sick an ignorant mother refuses to go out and seek medical aid with the result the child gets worse and in some cases dies.

They believe that small pox is caused by the wrath of the goddess and the patient with small pox is kept in a dark ill-ventilated room and no one is allowed to enter the house. All such superstitious beliefs can be dispelled by proper guidance.

The chief source of income of the population is from agriculture; very few are employed in the army and a few as school teachers. Cottage industries are very few, common amongst them being spinning, weaving and poultry keeping which add little to their income. It is of the utmost necessity to train these people in some cottage industries so that the women folk also can earn something and supplement their husbands' income.

The students were doing more of public health nursing as we found from experience that they appreciated and welcomed treatment rather than advice. Every day many babies were bathed and mothers taught how to give baths and every morning one hour was devoted for treating minor ailments. The commonest diseases found among ante-natal mothers are anaemia, pyorrhea and such other caused by deficiency conditions. 90 out of 100 children suffer from sore eyes; conjunctivitis and malnutrition are very common. All these diseases can be prevented by proper care, cleanliness and dietary measures among the rural mass.

No problem can be solved without experiment. The infant and maternal mortality and morbidity can be reduced to a great extent by having adequate Public Health Services. Ignorance and apathy are the principal obstacles to better health and well-being in the individual, the family and the community. Tremendous improvement can be made

by having adequate Public Health Workers and by providing proper transport and other facilities to the workers. The health visitor who is in charge of 20 villages cannot be expected to do intensive work and often she is not provided with transport facilities. She has to walk three or four miles in the hot sun which is really hard.

In staffing the rural areas it is very essential that the aptitude and the interest of the person should be considered. If the adolescent is to continue to develop harmoniously, his or her occupation must be one to which he or she is physically, temperamentally and intellectually suited. A person who is not interested in rural areas will never be able to contribute efficiently; she will often be a failure. There must be also facilities for recreations for the workers.

Adequate ante-natal care and facilities for safe deliveries are very necessary for reducing infant and maternal mortality rate. The younger generation can be taught the value of health by giving health lectures in schools once or twice a week. Magic lantern lectures should be given as often as possible. Health dramas should be taught by the teachers and health visitors. Compulsory vaccination should be carried out in schools and health centres. Mothercraft lectures should be given in schools for younger girls as they are the would-be mothers. Above all it is very important that people should be taught how to keep their houses cleaner, how to protect the water supply from contamination, and how to dispose of excreta and sputum. Examples and practical demonstrations will be more valuable than mere teaching; "Prevention is better than cure".

The maintenance of health and prevention of disease depend in a large measure on the way people live, the way people make use of the material resources and social medical services. 80 per cent of the population of India live in rural areas and it is there that the very great need exists.

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