RURAL HEALTH AND HYGIENE

Dear students, someone has very correctly remarked “Health is wealth”. Health is not mainly an issue of doctors, diseases, medicines, hospitals and social services, it’s an issue of social justice.

INTRODUCTION

So, let me introduce to you the word ‘health’. Health had been declared a fundamental right. This implies that both the state and Central governments have a responsibility for the health of their people, besides individual people also have to bear this responsibility.

So, today we will focus our attention to several points regarding health in rural India. This will include rural hygiene, sanitation and health. When we discuss the present situation in rural India and regarding this matter and then we will discuss few groups of people and finally try to find out some solutions and work done by private organizations, governments etc. in this regard to implement the outcome.

NEW CONCEPTS FOR HEALTH

Health is fundamental human right. It does not mean expenditure on medical care only. It is integral part of human development. It is essential for quality of life. It involves individual, state, national and international responsibility.

Health is a worldwide social goal.

There are two types of Indian population:

Rural Society: people who live in villages and india is a land of villages. There are 6,38,000 villages. Out of every 1,000 people 742 live in villages according to 2001 census. The average population of Indian village is 100-550 families. They are self sufficient units for most of the routine requirements of its people and depend primarily on agriculture.

Urban Society: towns and cities comprise the urban society, relatively large, dense and represent the way of living of man in modern age. They tend to depend less on agriculture.

So our discussion today will be restricted basically to rural health, hygiene and sanitation.

Rural health depends on many factors. The living conditions and the standards are not fit for healthy living. Diseases which occur are studied in relation to many factors

HYGIENE
The word hygiene is derived from the Greek mythology which means the goddess of health.

Hygiene can be divided in two parts:

- personal, and
- environmental

**Personal Hygiene**

The level of personal cleanliness is very poor in rural Indian public and, therefore, is the root cause for their ill health. There is lack of bathing, using clean clothes, washing hands, care of nails, feet, teeth and hair. Spitting everywhere, coughing and sneezing without putting any cloth over face & nose.

All these habits predispose people of rural area to many health hazards. They do not have proper habits for toilets. They don’t know that if in the open fields, if defecation takes place, it contaminates soils and therefore it becomes the cause of spread of many diseases causing agents and so the person becomes ill.

**Environmental hygiene**

- This includes domestic and community driven environmental hygiene.
- In rural India people have lack of knowledge about the benefits of living in fresh air, good light, proper ventilation, hygienic cooking and storage of food, hygienic disposal of waste material.
- They do not understand the importance of avoiding rats, pets and insects in order to remain healthy. Living together with cattle in unhygienic conditions, improper disposal of sludge and sewer with muddy houses, improper drainage system with stagnant water here and there predisposes breeding of mosquitoes and flies and many disease causative agents.

**CONCEPTS OF EPIDEMIOLOGICAL TRIAD**

Now, let us consider the Epidemiological Triad. This is:

Unhygienic atmosphere, which produces disease causing agents and once they get proper conditions, they affect the host and produces diseases and these again pollute the atmosphere. So this becomes a Triad, one is the unhygienic atmosphere, the other is production of disease causing agents and third one is the host.

Now let us consider the Food Habits of these people:
These people are malnourished, malnourishment means improper nutrition. Malnutrition is basic problem in rural India. The Causes being:-

1. Inability to afford due to less income.
2. Illiteracy: having no knowledge about balanced diet and their nutritional value.
3. Faulty food habits.
4. Eating stale & un-hygienically kept food.
5. Male members of family eating first. Woman eat left over food resulting in malnourishment.
6. Children get unbalanced diet resulting into protein deficiency causing various diseases.
7. Sharing common utensils while eating.
8. Dining in an unhygienic place that too infested with flies, rodents and arthropods.

**CULTURAL FACTORS AND SOCIAL BELIEFS**

Rural people believe that certain diseases like Small Pox (*BARI MATA*) and Chicken pox (*chhoti mata*) are a result of wrath from Gods and Goddesses. Diseases such as leprosy and tuberculosis are believed to be the results of past sins. Many educated people in rural & urban areas still believe that children are susceptible to diseases by evil eyes of others. Diseases like hysteria & epilepsy are regarded as intrusion of ghosts into human body whereas we know this is not. This is because there are so many foci in the brain which get electrically simulated and they discharge impulses so that these diseases result.

**Social Customs**

Some of the customs are really bad in India. Some are:

1. Child marriage and early marriage.
2. Will to have male children only.
3. Giving less opportunity to female child.
4. Having more number of children which gives them physical strength, social status and feeling of personal elevation. They believe that those having more number of children have good say and respect in rural society.
5. Sacrificing first born for more no. of children.
6. Windows considered bad omen hence disallowing them to attend social functions.

All these things are there because of lack of education, these results into not having open mind and broad mind to think.

**Occupation**
1. In rural India, the basic occupation is agriculture. Whole family including females and children, depend for income on it.

2. They do not adopt modern methods of agriculture due to lack of knowledge, using traditional ways of harvesting which gives them poor yield and thereby less income.

3. Mostly they have to depend on natural rain water for irrigation of crops which may be a mismatch in terms of requirement in time and amount thus resulting in poor yield.

4. They do not get proper seeds to sow at proper time. Most of them are unaware of any help which is available to them from government in this regard.

5. They have to face natural calamites i.e. floods, draught, fire.

6. Rural people demand on cattle yield e.g. milk and its products. Health of cattle remains a worry.

7. Walking bare foot in fields and villages is common thereby exposing to many parasitic infections.

8. Dusty atmosphere predisposes them to respiratory, skin and gastro-intestinal diseases.

**Rural Population**

Not only rural India but the whole country is facing this problem which further leads to problems in each aspect of development specially education, housing, sanitation, health care and employment.

This is because of lack of education, ineffective planning and rural belief that children are God’s gift. Besides, as has been already said that rural people think and have a strong belief that more number of children provide them physical strength and high status in rural society ensuring more respectable and acceptable personality.

**Education**

The declaration of human rights- 1948 states that ever one has a right to be educated.

Literate means a person who can read and write with understanding in any language. A person who can merely read but can’t write is illiterate.

According to census 2001, the literacy in India was 65.38%. In rural India, people fail to understand the importance of the education of their children. There are no primary and secondary schools.

Female education is looked down. They do not have positive attitude towards the education & overall development of girls. Lack of education is a great hindrance in the path of their progress.

**Rural Sanitation**
This means the environment and surroundings where people live in the Rural Areras. Sanitation in rural India is very poor because of the following factors:

**Mindless disposal of human excreta**

98% of people in rural area use open field for defecation. This practice is because rural population is not aware of the idea of hygienic latrines. They feel that are meant for urban areas where there are no or lesser fields. They are ignorant that feces is infectious and pollute water and soil thereby promoting fly breeding and spread of infections.

**Improper disposal of wastes**

The average villager is not aware that mosquitoes breed in stagnant water. Water is permitted to flow in streets. The solid waste, be it garbage or animal waste is invariably thrown in front of the houses.

Animal excreta (cow dung) is allowed to accumulate in front of the houses to be used as manure and also making cow dung discs used for the fuel purposes.

**Poor water supply**

Mostly from wells, where all of them go to bathe and wash their clothes and utensils. Animals are also washed here and given water to drink. These practices lead to pollution of well water which becomes source of infection. Tanks, ponds and rivers are also used by them in the same way. Some rivers are considered holy. People take dip in that, drink the same water and bottle this water as it is considered sacred.

Epidemics of cholera and gastro-intestinal diseases have occurred due to these habits.

**Dilapidated housing**

They are usually kuccha (made of mud), ill lighted, ill ventilated, damp and small. For reasons of security no windows are provided and if at all it is merely a small hole like window.

Absence of a kitchen, latrine, bathroom and proper drainage are the unique characteristics of an average rural house. Most of the times, cattle and human beings live together under one roof. For cleaning these houses they paint them with mud and cow dung.

All these things promote the multiplication of mosquitoes, flies, rodents and arthropods e.g. cockroaches etc. Rat infestation causes plague, a dreadful disease.

**Over crowding**
More number of people living together in the same space which is much smaller in area produces overcrowding. This result in restricting movements, difficulty injh rest and sleep, disturbance in personal privacy, maintenance of personal and environmental hygiene, increased chances of infectious diseases.

In rural India there are three major groups of people who really need attention for the improvement of their health:

1. Family patients belonging to obstetrics and gynecological group.
2. New born babies and children
3. Geriatric Patients (Old age people)

OBSTETRICS AND GYNECOLOGICAL GROUP

Women of child bearing age i.e. 15-45 come under this group. In rural India consideration and facility in this regard is very less, causes being:

- Lack of knowledge
- Lack of facilities
- Beliefs in myths
- Lack of money
- Mismanagement
- And above all negative attitude

Women do not spare their problems out of shyness and keep on hiding them lifelong and suffer silently.

- Obstetrics is a preventive medicine and provides care throughout pregnancy for the future mother and her baby - Antenatal Care
- Care of mother and baby during the process of child birth – Intra Natal Care
- Care of mother and the new born after delivery - Post Natal Care

ANTENATAL CARE

The objectives of antenatal care are:

- Promote, protect and maintain the health of would be mothers during pregnancy.
- Detect high risk mothers having problems themselves or to the foetus e.g. high blood pressure, heart disease, diabetes, severe anemia which is very common, multiple pregnancy (twins), previous caesarean section, previous still birth, elderly primi, ante partum hemorrhage and so on.
- Reduce maternal and infant mortality rate.
Teach mothers of new born babies about breast feeding, vaccination, personal hygiene.

**Antenatal advices**

During the antenatal period, we examine the patient; we select the cases and give them advices.

- **Diet** - Pregnancy and breast feeding requires extra energy so expectant mothers must get considerable extra calories from her diet.
- Child survival is correlated to birth weight so she has to take extra carbohydrate, proteins, fats, minerals, iron and calcium in her diet. Rural; Indian food is poor in all these respects.
- Family members do not have positive attitudes towards expecting mother’s diet.
- Family members must be counseled and importance of balanced diet rich in proteins, calcium, minerals must be emphasized by way of regular, personal contacts by social workers in rural areas.

During the antenatal period, we tell the importance of Personal hygiene to the patients and this includes

- Personal cleanliness, daily bath
- Care of nail, teeth, hair & clothes
- Care of bowel - Constipation and loose motions both are avoided.
- Exercises and light household work allowed but over exertion to be avoided.

**General Instructions:**

- Rest & sleep should be adequate – recommended duration is 10 hrs/day (8 hrs. night & 2 hrs. day)
- Smoking – In rural India ladies also smoke. It should be avoided to prevent low birth weight babies.
- Contact should be avoided during initial 3 months and last 2 months of pregnancy.
- Use of drug that are not essential to be avoided.
- Exposure to x-rays and eclipses to be avoided.
- Knowledge regarding warning signs e.g. bleeding, leaking P/V, loss or decreased fetal movement, headache, blurring of vision, swelling of feet.
- Patients must be made to learn the art of child care
Special Care

Low socio-economic group of rural women are mostly anemic before pregnancy so they need special care for intake of iron, folic acid, vitamins and proteins.

HIV I infection: Advised for therapeutic termination.

Intra-natal Care: Child birth is a normal physiological process but complications may arise.

Care must be taken for:

Asepsis: To prevent infection by promoting hygiene, sanitation, clean hands, cut finger, nails, clean utensils, clean surface and instruments for delivery.

Tetanus: Must be avoided

Domiciliary Care – If home conditions are hygienic, satisfactory delivery may be conducted by female health workers or trained ‘dais’

Advantages –

Fearless delivery in familiar atmosphere

Avoidance of cross infections

Mothers can look after her other children including attending to house hold affairs.

Disadvantages

- Less medical and nursing supervision.
- Mothers may have less rest and resume her domestic duties too soon.
- Since 74% population lives in rural area, most of the deliveries take place at home with the help of female health worker. She should be adequately trained and be able to recognize the danger signs during child birth and seek immediate help in transferring the mother to nearest primary health center or hospital.
- Institutional Care- Difficult and abnormal cases with high risk need the services of a doctor.
- Post Natal Care- Care of mother and the new born after delivery.
- Special care of baby in normal and abnormal conditions comes under pediatrics.
Care Of Mother: Aims

- To prevent complications of post natal period in the form of hemorrhage, shock, sepsis and sometimes thrombophlebitis.
- To check adequacy of breast milk.
- To provide basic health education to mother and family members.
- To store optimum health of mother.
- To care for psychological problems as she feels incapable of holding the responsibility of the new born.
- To provide family planning services.

Care of Baby:

Breast Feeding:

A great asset in India is that an average Indian mother, although poor in nutritional status, has a remarkable ability to breast feed her infants for a prolonged period.

She should breast feed baby upto 10 months of age which is sufficient for the baby’s good health and it protects her from various diseases.

Weaning should be started at the age of 4 months with fruit juices, cooked dal, mashed vegetables and animal milk.
Health of Aged – Geriatrics

Aging is a natural process. It is said old ager is an incurable disease but one has to promote it, protect it and extend it.

Health problems of aged:

Senility, cataract, glaucoma, deafness, bony changes like osteoarthritis leading to decreased mobility, failure of special senses, change in memory and mental outlook, cancer, accident, respiratory illness and so on.

Psychological problems:-

Impaired memory, dependency, Social Adjustments, depression.

Much care is given to old people in Western countries by societies and government but in India is mostly due to emotional bonding between the aged and their children.

HEALTH CARE DELIVERY – IN RURAL INDIA

Health Problems –

- Communicable diseases
- Nutritional problems
- Environmental sanitation.
• Population
• Medical care
• Health Education

Communicable diseases:-
Malaria, Tuberculosis, Diarrhea, ARD acute respiratory diseases recent being swine flu, Leprosy, Filaria, AIDS, Hepatitis- B, Helminthis infections.

Nutritional problems:-
Protein energy malnutrition, nutritional anemia, low birth weight.

Iodine Deficiency Disorders:-
Hypothyroidism, Nutritional Blindness.

Environmental sanitation:-
Purification of water
Provision of sanitary latrines

Purification of water:-
It is of great importance to provide good health to rural people
Purification of water on small scale, Domestic Boiling
Chemical dis-infection by bleaching powder, chlorine tablets, Iodine

Filtration

Health Education:-
Health education is indispensable in achieving good health in rural India. It must include;

Human Biology – Care of body, how to keep fit, need for exercise, sleep and rest. The effects of tobacco, smoking bidi and other drug or alcohol intake.

Nutritional – Rural people to choose optimum balanced diet, promote good dietary habits, regularity in meals, misconceptions about weaning, ignorance about diet for pregnant and lactating mother, breast feeding, proper diet for aged and growing children.

Prevention of accidents – at home, workplace, proper safety measures to be used.
Use of health services - Being provided by government through various health programs, schemes and NGOs.

**Individual approach** –

Personal contact – personal home visits

Medical care

Delivery of health care in rural India needs:

Health manpower.
- Professional
- Auxiliary

Money and materials

Time

Health manpower

There are programs for training local ‘dais’ in terms of sterilizations.

Worker should be local resident

Acceptable to all sections of rural area

Should be able to read and write

They are given training and on completion and on completion are given few medicines to treat simple ailments, provide first aid measures to mother and child health, family planning and sanitation Problem cases sent to nearest primary health center.

**Anganwadi worker**-

One anganwadi worker /1000 population.

Caring of pregnant, nursing mothers and children upto 6 year.

Sub center level – Peripheral outpost of existing health delivery system; one for 5000 population.

**Primary Health Center (PHC)**- Basic health unit in rural care.
Primary health center and sub center are the proper places to provide health services in rural India.

Money and Health:- Scarcity of money affects health system in rural India since it is always short it must be put to best of effective use with an eye to maximum output. Since death rate due to measles, cough, TB, Tetanus, malnutrition is more so it is better to spend more money for this project.

Time:- Administrative delays in sanctioning health projects means loss of time so proper use of man working hours should be made.

**PROGRAMMES FOR RURAL HEALTH DEVELOPMENT**

- Rural community development programme
- I.C.D.S (Integrated Child Development Services)
- Integrated rural development Programme
- Janani Suraksha Yojna (J.S.Y.)
  - Under this program institutional deliveries are promoted.
  - Patients and health promoters are given awards.

Now to sum up, health, hygiene and sanitation, in rural India all are inter-related. We have discussed rural hygiene, sanitation, their living conditions, their social customs and beliefs, their different problems and age group people as well as pediatric groups and we discussed various rural health programs etc. So we must take care to provide socially and economically productive life in rural India, the help of government, private organizations, NGOS, PPP that means Private Public Participation and with the help of all these things we can provide better health services to our rural people.