

Concepts of Health and Hygiene: Community Health and Systems of Medicine

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Introduction

Health is a common theme in the elements of culture. In fact all communities have their own concept of health as a part of culture, yet health continues to be a neglected area. However, during the past few decades there has been a reawakening that health is a fundamental human right and a world wide social goal. It is essential to the satisfaction of basic human needs and to an improved quality of life and is to be attained by all. This unit gives an idea about the concept of health and hygiene and it also deals with the role that can be played by social workers in promotion of health and hygiene.

This chapter also throws light on education and changing philosophy of health, the various models for community health-work and identifying the basic health and hygiene problems in India and making appropriate interventions.

Concept of Health and Hygiene

World Health Organization (WHO-1946) defined health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Thus it is a basic human right. Providing conducive condition for achieving normal health is the duty of state and society. In fact, the deepest

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urge of humanity is to be healthy. Health is one of the essentials of life without which nothing can be achieved. The sick and hungry child can not learn and the sick and hungry adult cannot produce. In another words, we can say that health is a condition of equilibrium between physical fitness, mental balance and social adjustment of human being.

Concept of Hygiene

The term 'hygiene' is derived from "hygeia", the goddess of health in Greek mythology. Hygiene has been variously defined, such as hygiene is "the science of health and embraces all factors which contributes to healthful living". According to other definition hygiene is "the science of preventing disease and promoting health". Thus the aim of hygiene is not only to preserve health but also to improve it.

An individual may be called a healthy person if he/she is physically fit, mentally sound and socially well adjusted. Any change in either components i.e., physical, mental or social may result in discomfort or disease. It may also be regarded as the disease that is an interruption in the state of equilibrium of all the three components of health. This concept may easily be understood through a triangle of 60 degree each with the physical, mental and social arms. Any variation in either angle or contraction/elongation in any one of the arms will produce imbalance (State of illness) in any individual and on the other hand exact degree and equal arms are the sign of totally healthy person. Let us examine the physical, mental or social aspects of health.

Physical Health

Crew (1965) observed that the sign of physical health in an individual constitutes a good complexion, a clean skin, bright eyes, lustrous hair with a body

well clothed with firm flesh neither too thin nor too fat, a sweet breath, a good appetite, sound sleep, regular activity of bowels and bladder and smooth, easy coordinated movements. All the organs of the body are unexceptional in size and function normally. All the special senses are intact. The resting pulse rate, blood pressure and tolerance etc. are all within the range of 'normality' in the context of the individual's age and sex. In the young and growing individual, there is a steady gain in weight and in the mature this weight remains more or less than the individual's weight at 25.

On the basis of above signs the basic health needs include a hygienic and balance diet, pure water, a good habitat, neighbourhood and community with basic sanitation, suitable clothes, well regulated life-style, exercise and personal hygiene. A periodic health check up is also very essential for good health.

Mental Health

The old saying "healthy mind in a healthy body" confirms the inter-relationship between mental and physical health. Poor mental health affects physical health and vice-versa. According to WHO Technical Report (1964), the psychological factors are considered to play a major role in disorders such as hypertension, peptic ulcer and asthma. A mentally healthy person is free from internal conflicts and external mal-adjustments. He is not swayed by emotions; and has good self-control.

As such mental health primarily needs physical health. The other important needs are a good home, a good neighbourhood, a good community and job satisfaction. The psychologists are of the opinion that the dissatisfaction of instinctual and basic life needs leads to insanity.

Social Health

The social health of the people in a community is determined and judged on the basis of their personal and social characteristics. One who plays one's roles, according to one's status and is apt in establishing and maintaining harmonious relationship in family and community and on job is considered socially a healthy person. On the contrary, when he fails to perform these roles, neglects social relations, indulges in bad habits and gets involved in homicide, suicide, crime, gambling, drinking etc., he is considered abnormal.

Therefore, family and social welfare services are important. Social health needs to deal with the problems connected with social existence of individuals. But these needs are seldom integrated with health services which is a great weakness of health care delivery system in most societies. Some of the determinants of health are—heredity, environment, life-style, socio-economic conditions, health and family welfare services together with other factors such as food, agriculture, education, industry, social development, social welfare, etc.

Definitions of Health

Webster's Dictionary, defines health as "The condition of being sound in body mind or spirit specially freedom from physical disease and pain". Oxford dictionary states health as the state of being free from illness or injury and a person's mental or physical condition. Whereas, according to WHO-1946, "Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity".

Thus to achieve the optimum health condition there is a need of not only caring for the sick, but also prevention of illness, and promotion and maintenance of health. Health promotion and maintenance enables

individuals, families and communities to develop their full health potential. Its scope goes beyond the prevention and treatment of disease. It encompasses cultivation of healthy habits and lifestyles and other social, economic, environmental and personal factors conducive to health. Health maintenance does not depend solely on individual behaviour; the family and community also have a major role in influencing individual choices and actions. From the care of the sick, social work is moving towards prevention and promotion of health of individual and community.

Evolution of the Concept of Health and Hygiene

All communities have a concept of health as part of their culture. However, during the past few decades there has been a reawakening that health is a fundamental human right and a world-wide social goal; that it is essential to the satisfaction of basic human needs and to an improved quality of life and that it is to be attained by all people. In 1977, the 30th World-Health Assembly decided that the main social target of Government and WHO in the coming decades should be “the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.” Health, while being an end in itself has also become a major instrument of overall socio-economic development in the creation of new social order. A brief account of the changing concepts of health is given below:

1) Bio-medical Concept

Traditionally health has been viewed as an “absence of disease”. This concept was known as the bio-medical concept of health which dominated medical thought during 20th Century. The medical profession

viewed the human body as a machine and disease as a consequence of the breakdown of the machine and one of the doctors' tasks as repair of the machine. Thus health in this narrow view became the ultimate goal of medicine.

The criticism that is leveled against the bio-medical concept is that it has minimized the role of the environmental, social, psychological and cultural determinants of health. The bio-medical model, despite its spectacular success in treating disease was found inadequate to solve some of the major health problems of man-kind such as, malnutrition, chronic diseases, accidents, drug abuse, mental-illness, environmental pollution, population explosion etc.

2) Ecological Concept

Deficiencies in the bio-medical concept gave rise to other concepts. The ecologist put forward an attractive hypothesis which viewed health as a dynamic equilibrium between individual and his environment and disease as a maladjustment of human organism to environment. Ecologists Dubos said, "Health implies the relative absence of pain and discomfort and a continuous adaptation and adjustment to the environment to ensure optimum functions". Human ecological and cultural adaptations determine not only the occurrence of diseases but also the availability of food and the population composition. The ecological concept also captures imperfect man and imperfect environment. History testifies that improvement in human adaptation to natural environments can lead to greater modern delivery services.

3) Psycho-Social Concept

Contemporary development in social science reveals that health is not only a bio-medical phenomenon, but one which is influenced by social, psychological, cultural, economic and political factors of the people

concerned. These factors must be taken into consideration while defining and measuring health. Thus health is both a biological and social phenomenon.

4) Holistic Concept

The holistic model is a synthesis of the all above concepts. It recognizes the strength of social, economic, political and environmental influences on health. It has been variously described as a multidimensional process involving the well-being of a person in the context of his environment. This view corresponds to the traditional view that health implies sound mind in a sound body and a sound family in sound environment. The holistic approach implies that all sectors viz. agriculture, animal husbandry, food, industry, education, housing, public work, communications etc. have a great effect on health.

Changing Philosophy in the Field of Health and Health Care Services

Changing Philosophy

The period following 1500 AD was marked by political, industrial, religious and medical revolutions. Political revolutions demanding individual's right took place in France and America. The industrial revolution in the West brought great benefits leading to an improvement in the standard of living. Along with this the concept of health and hygiene also evolved.

Revival of Medicine

For many historians the revival of medicine encompasses the period from 1453-1600 AD. It was an age of individual scientific endeavour. The period during 17th and 18th centuries were full of even more exciting discoveries e.g. Harvey's discovery of circulation of blood (1628).

Sanitary Awakening

Another historic milestone in the evolution of medicine is the “great sanitary awakening” which took place in England in the mid-nineteenth century and gradually spread to other countries. The industrial revolution of 18th century sparked of numerous problems such as creation of slums, overcrowding with all its ill-effects, accumulation of filth in cities and towns, high sickness and death rate especially among women and children, industrial and social problems etc. causing deteriorated health of the people. Anti crusade “the great sanitary awakening” led to the enactment of Public Health Act of 1848 in England. A new thinking began to take shape i.e. the state has a direct responsibility for the health of people.

Rise of Public Health

Around 1840 the above events led to the concretization of Public health concepts in England. While Public health made rapid strides in the western world, its progress has been slow in the developing countries such as India, where the main health problems continued to be those faced by western world 100 years ago. The establishment of the WHO providing a Health charter for all people provided a great fillip to the public health movements in these countries. There are three components of modern health concept which include curative aspect, preventive aspect and social medicine.

Changing Concept in Public Health

When we took into the history of public health, we identify the following four distinct phases:

- a) Disease control (1880-1920)
- b) Health promotional (1920-1960)

- c) Social Engineering (1960-1980)
- d) Health for all (1981-2000)

Changing Philosophy in the Field of Health and Health Care Services: (Indian Perspective)

Health Services in India began in the middle of the 18th century. Earlier there was the concept of individual cure. The development of health services in India began only in 1921. The Govt. of India accorded power to the then provincial Govt. (now state Govt.) for providing medical care and thus health departments came into existence. It was only after the independence, the health services began to develop on the basis of health needs of the country. The guidelines for organising the health services in the country were based on the following reports.

1. The Bhole Committee-1943
2. The Mudaliar Committee-1962
3. The Chaddha Committee-1963
4. The Mukherji Committee-1965
5. The Mukherji Committee-1966
6. Jungal Walla Committee-1967
7. Kartar Singh Committee-1973
8. Srivastava Committee-1975
9. Rural health Scheme-1977
10. Health for All by 2000 AD—Report of the working group-1981

New Philosophy of Health

In recent years we have acquired a new philosophy of health which may be stated as below:

- Health is a fundamental human right.
- Health is intersectoral.
- Health is an integral part of development.
- Health is central to the concept and quality of life.
- Health involves individual, state and international responsibility.
- Health and its maintenance is major social investment.
- Health is a world-wide social goal.

Health Care Services

There is broad agreement on the issue that health services should be comprehensive, accessible and acceptable which should provide scope for community participation and be available at a cost that community and country can afford. The purpose of health care services is to contribute to the improvement of the health condition of the population and wider the scope of health services so that it includes ever changing national, state and local health problems. In India the health care services is represented by the five major sectors or agencies applying distinct health technology and having difference sources of funds for operation. A brief classification of these sectors is given below. However, it may be noted that there could be sectoral overlapping i.e. indigenous system can be found in public as well as private sector and so on.

1) Public Sector

a) Primary Health Care:

- Primary health care 10,000-20,000 population
- Sub Centre Village Level

- 5000 population Village Health Guide,
(Male and Female),
Trained *Dais* and
Integrated Child
Development Services.
- b) Hospitals/Health Centres:
- Community Health Centre — 1,00,000
population
 - Rural Hospital
 - District Hospital/Health Centre
 - Specialist Hospital
 - Teaching Hospital.
- c) Health Insurance Schemes:
- Employees State Insurance
 - Central Govt. Health scheme
- d) Other Agencies
- Defence Services
 - Railways
- 2) Private Sector**
- Private Hospitals, Polyclinics (Nursing
Homes and
 - General Practitioners Dispensaries)
- 3) Indigenous System of Medicine**
- Ayurveda and Siddha
 - Unani and Tibbiya
 - Homeopathy
 - Unregistered Practitioners.

4) Voluntary Health Agencies

- Indian Red Cross Society
- Family Planning Association of India
- The All India Blind Relief Society
- Tuberculosis Association of India etc.

5) National Health Programmes

- National Malaria Eradication Programme
- National Tuberculosis Programme
- National Family Welfare Programme
- Expanded Programme on Immunization
- National Filarial Eradication Programme
- National Programme for Control of Blindness
- National AIDS Control Programme etc.

Health Care Delivery System and its Structure in India

In India health being state subject, the states are autonomous in matter of the delivery of health care services to the people. Each state, therefore, is free with regard to formation, planning, guiding, assisting, evaluating and coordinating health care services. However, the central govt. also owns certain responsibilities. The health system in India has three main levels i.e., Central, State and Peripheral.

Health System Infrastructure in India

NATIONAL LEVEL

Ministry of Health and Family Welfare

STATE and UNION TERRITORY

Ministry of Health and Family Welfare

DISTRICT HEALTH ORGANISATION

ALL SPECIALISTS

CMO, DMO'S/ DMEO/DHE/PHN and OTHERS

SUB-DISTRICT/TALUKA HOSPITALS

SOME SPECIALIST

Community Health Centre

ALL SPECIALISTS

PRIMARY HEALTH CENTRES

AT BLOCK LEVEL

MO/BEE/H. ASSISTANT

(Male & Female Health Worker)

SUB CENTRES-

HEALTH WORKER (M)

HEALTH WORKER (F)

HEALTH GUIDE

DAI/TBA

PEOPLE (1 BILLION - YEAR-2000)

Health Work in Community and a Brief Description of the System of Medicine

The disease and death are as old as man. Every society develops its own measures to cope with these miseries which form an essential part of health culture in that society. Health Culture, according to Polgar (1963) is of two types, "the popular health culture and the professional health culture". The measures which the members of a community take to alleviate their suffering are known as popular health culture, whereas the professional health culture is developed and practiced by medical experts. The popular health culture develops through a process and on the basis of personal experience which pass through one generation to the other. It consists of the body health rules, folk saying and family prescription (Gharelu-Nuskhas). Since it develops in local condition it differs from culture to culture.

Ayurveda

Ayurveda as a professional health systems of medicine developed in India in the ancient times. The services were delivered by individual practitioners only till king Ashoka established a hospital system in 3rd Century B.C. Ayurveda by definition implies the knowledge of life or by which life may be prolonged.

Ayurvedic practitioners used to give self made herbal indigenous medicine for treatment. A great emphasis was laid on prevention of disease by regulating the diet and life-style of people. Ayurveda is practised throughout India but the siddha system is practised in the Janul-speaking areas of south India.

Hygiene was given an important place in ancient Indian medicine. The laws of Manu also contained a code of personal hygiene. Archeological excavation at Mohenjodaro and Harappa in the Indus valley

uncovered cities of two thousand year old which revealed rather advance knowledge of sanitation, water supply and engineering.

Unani-Tibb

Unani system of medicine owes its origin to Greece. Among the founders of this school of medicine were Hippocrates and Glen who laid the foundation of scientific medical research in the west. Unani medicine got enriched from its interaction with the traditional medicines of Egypt, Syria, Iraq, Persia, India, China and other Middle East and Far East countries. Unani Medicine had its hey-day in India during the medieval period. The British rule, withdrew governmental patronage and Unani Medicine suffered a setback. Since the system enjoyed faith among the masses it continues to be practiced.

The development of Unani Medicine as well as other Indian systems of medicine gained considerable momentum after independence. In 1969 the government established a Central Council for Research in Indian Medicine and Homeopathy (CCRIMH) to develop scientific research in different branches of Indian systems of medicine viz. Unani Medicine, Ayurveda, Siddha, Yoga, Naturopathy and Homeopathy. The research activities in these systems continued under the aegis of the CCRIMH till 1978 when it was split up into four separate research Councils, one each for Unani Medicine, Ayurveda and Siddha, Yoga and Naturopathy and Homeopathy. Further, the Government set up, by an Act of Parliament—Indian Medicine Central Council Act 1970, the Central Council of Indian Medicine (CCIM).

At present the Unani system of medicine, with its own recognized practitioners, hospitals and educational and research institutions, forms an integral part of the national health care system.

Siddha

The ancient Siddha system of medicine flourished in South India. The word Siddha comes from the word Siddhi which means an object to attain perfection or heavenly bliss. Siddha science considers nature and man as essentially one. According to Siddha medical science, the Universe originally consisted of atoms which contributed to the five basic elements, viz., earth, water, fire, air and sky corresponding to the five senses of the human body. They were considered to be the fundamentals of all the corporeal things in the world.

Homeopathy

Homeopathy, a system of medicine propounded by Samuel Hahnemann, (1755-1843) came to India sometimes in the mid 18th century. This system could not get wide popularity in those times. Homeopathy is an alternative method of treatment, based on the nature's Law of Cure, namely '*Like Cures Like*'. It is a revolutionary natural medical science. The medicines are prepared from natural substances to precise standards and work by stimulating the body's own healing power. But today many people utilize the services as they believe that homeopathic drugs carry no side effects and are cheaper and easily administrable.

Modern Medicine and Public Health

During the early period of British rule in India, which was still dominated by Indian systems, the western system of medicine could not get wide publicity. The British had introduced modern medicine (allopathic system in India) systematically in the later half of the eighteenth century.

The need to provide public health services was felt only when there was an outbreak of plague, cholera

and small-pox. During those days there was widespread prevalence of malaria, tuberculosis, leprosy, small-pox, cholera, gastro-intestinal infection and infestations and filarasis. A considerable change occurred in the health needs of the society due to vast changes in the socio-economic scene of the country. The demand for medical aids was also caused by man's attitude towards life and needs.

The first organised step to meet the demand for public health was taken by the then British Government through the appointment of a Royal Commission in 1859. The commission was entrusted the task of investigating the cause of extremely unsatisfactory health condition in India.

Health Work in Community

Health has been declared a fundamental human right. It implies that the state has a responsibility for the health of its people. Since health is influenced by a number of factors such as adequate food, housing, basic sanitation, healthy life-style, protection against environmental hazard and communicable diseases, the frontiers of health extended beyond the narrow limits of medical care. Community participation is now recognized as a major component in the approach to the whole system of health care.

Levels of Health Care

i) Primary Level Care: It is the first level of contact of individuals, the family and community with the national health system, where primary health care (essential health care) is provided. As a level of care, it is close to the people where most of their health problems can be dealt with and resolved. In Indian context primary health care is provided by the complex of primary health centre and their sub-centres through Multipurpose Health Worker, Village Health Guides and Trained

Dais. Primary health care system has been recognized as the most effective health care delivery system.

- ii) Secondary Level Care:** At this level more complex problems are dealt with. In India, this kind of care is generally provided in community Health Centres and district hospital which also serve as the first referral level.
- iii) Tertiary Level Care:** The tertiary level is a more specialised level than secondary care level and requires specific facilities and attention of high regional or central level institution e.g. Medical College Hospital, All India Institutes, Specialized Hospitals, etc.

Various Models of Community Health Work

The term community health work has emerged during the past few decades; community treatment or community health work is the sum of steps decided upon to meet the health needs. The community takes into account resources available and the wishes of the people as revealed by community diagnosis. A number of community health models have been developed. They include the following :

1) Medical Model

Most health education in the past has relied on knowledge transfer to achieve behaviour change. Originally health education developed at the community level along the lines of the bio-medical views of health and disease. The assumption was that people would act on the information supplied by health professionals to improve their health condition. In this model social, cultural and psychological factors were thought to be of little or no importance. The medical model failed to bridge the gap between

knowledge and behaviour.

2) Motivation Model

When people did not act upon the information they received, health education started emphasising “motivation” as the main force to translate health information into the desired health action. But the adoption of a new behaviour or idea is not a simple act. It is a process consisting of several stages through which an individual is likely to pass. In this regard, sociologists have described 3 stages in the process of change in behaviour.

1. Awareness Interest
2. Motivation Evaluation, Decision making
3. Action Adoption or acceptance

3) Social Intervention Model

Soon it was realized that the public health problems are so complex that the traditional motivation approach is insufficient to achieve behavioural change. Adoption of small family norm, cleanliness, raising the age of marriage, immunization, safe drinking water etc. were areas where progress was dismal. The motivation model ignored the fact that in a number of situations, it is not the individual who needs to be changed but the “social environment” which shapes the behaviour of individual or the community.

In sum, a coherent strategy needs to be developed involving all the ways of changing behaviour. A combination of approaches using all methods to change life - style is required for which appropriate use of medical care and other non-medical inputs will be necessary.

Identifying Basic Health and Hygiene Problems and Making Appropriate Intervention

The etiology of ill health lies in the malfunctioning of the social system in terms of poverty, ignorance, population explosion, unemployment, old age, unhygienic living conditions, bad housing, poor nutrition and incompatible dietary habits, poor quality of drinking water and sanitary facilities etc. Thus, we can say that ill health is only a symptom of social disequilibrium and not a phenomenon independent of social affairs of man. Generally health is misunderstood with treatment which is not necessarily a precondition of good health but it involves prevention, education, rehabilitation and a number of other interventions in terms of social services which ensures the vitality of human health.

The main causes of health and hygiene problems in India may be enumerated as below:

1) Environmental Causes

- lack of safe drinking water
- lack of basic sanitation
- crowded, unsanitary living conditions
- pollution of water, food, soil and air

2) Social Economic Causes

- poverty
- illiteracy
- ignorance
- prejudicial customs, traditions, beliefs and cultural pattern
- inadequate nutrition
- lack of personal hygiene
- rapid population growth

3) Others

- uneven development of health care services and social care
- inadequate primary health care

Identifying Basic Health and Hygiene Problems

An assessment of the health status and health problem is the first requisite for any planned effort to develop health care services. This is also known as Community Diagnosis. The analysis of data relating to health situation and health problems comprises:

- Morbidity and Mortality statistics
- Demographic conditions of the population
- Environmental conditions which have a bearing on health
- Socio-economic factors which have a direct effect on health
- Cultural background, attitudes, beliefs and practices which effect health
- Medical and health services available
- Other services available

A number of committees have been constituted to look into health problems. In the light of the reports submitted by the committees, National Policies have also been formulated. Let us look into the brief summary.

Bhore Committee (1946): The government of India appointed this committee in 1943 to survey the then existing health conditions and health organisations in the country and to make recommendation for further improvement. The report published in 1946 recommended a primary health unit for a population of 20,000, a secondary unit for a population of 6,00,000

and a district headquarter for a population of three million as long-term programme. The committee in its short-term programme recommended a primary unit for a population of 40,000, a secondary unit for a population of one and a half million (and a district headquarters organisation for a population of three million).

Mudaliar Committee (1962): The committee was appointed by the Ministry of Health to undertake a review of the developments since the publication of the health survey and development committee report in 1946, and to formulate further health programme for the third and subsequent five year plan periods.

The Mudaliar Committee found the quality of services provided by the primary health centres inadequate and stressed the need to strengthen the existing primary health centres before new centres are created. It also stressed the need to strengthen sub divisional and district hospitals so that these could effectively function as referred centres.

Jungalwala Committee (1967): The committee on "Integration of Health Services" was appointed in 1964 under the chairmanship of Dr. M. Jungalwala to examine the various problems including those of service conditions. It recommended integration of organisations and personal in the field of health from the highest to the lowest level in the service.

Shrivastava Group Report (1975): The most significant policy changes followed the report of this group on Medical Education and Support Manpower. Its recommendations included a nation-wide network of efficient and effective services suitable for our conditions be created, steps be taken to create bands of para professionals or semi-professional health workers from the community itself to provide protective, preventive and creative services, needed by the

community and there be two cadres of health workers and health assistants between the community and the primary health centres.

Ramalingaswami Committee Report (1981): It is also called ICSSR-ICMR report. The committee noted that in the last thirty years the capacity for change and progress was wrongly equated in India with our capacity to reproduce the western type of institutions, service and values. It suggested that health cannot be achieved through a linear expansion of the existing system and even by tinkering with it through minor reforms. It laid exclusive emphasis on allopathic system and recommended for the community health centre and allopath or para professionals as support manpower to sustain the allopathic system.

The National Health Policy (1983): The initiatives taken under this policy were: A phased time bound programme for setting up a well dispersed network of comprehensive primary health care services linked with extension and health education, designed in the context of the ground reality that elementary health problems can be resolved by the people themselves; intermediation through 'Health Volunteer' having appropriate knowledge, simple skills and requisite technologies; an integrated net work of evenly spread speciality and super-speciality services; encouragement of such facilities through private investment for patients who can pay so that the draw on the governments facilities is limited to those entitled to free use.

National Health Policy 2002: It acknowledges globalization as a concern with a critical view of TRIPS and its impact. It recommends for the doubling of Central Government expenditure and suggests to increase health expenditure by all concerned in general. It suggests increased proportions of expenditure on primary health care. It also envisages regulations of the private health care sector.

An analysis of the health situation in the light of the above facts will bring out the health problems and health and hygiene needs of the community. These problems can be ranked according to priority or urgency for allocation of resources.

Major Causes of Morbidity and Mortality

The major causes of morbidity and mortality of India may be conveniently grouped under the following heads –

Communicable Diseases: Malaria, Tuberculosis, Diarrhoea, Leprosy, Filarial, AIDS etc.

Nutritional Problems: Protein-energy malnutrition, nutritional anemia, low birth weight, xerophthalmia (nutritional blindness), iodine deficiency disorder.

Environmental Sanitation: The most difficult problem to tackle in this country is perhaps the environmental sanitation problem. The great sanitary awakening which took place on England in 1840's is yet to be born in India.

Medical Care Problems: India has a national policy; it does not have a national health service. The existing hospital based disease oriented health care model has provided health benefits mainly to the urban elite.

Population Problem: The population problem is one of the biggest problem faced by the country, with its inevitable consequences on all aspects of development, especially employment, education, housing, health care, sanitation and environment.

Modes of Intervention: "Intervention" can be defined as any attempt to intervene or interrupt the usual sequence in the development of disease in man. This may be in the form of treatment, education, help or social support. Generally there are five methods

of intervention:

- 1) **Health Promotion:** Health promotion is the process of enabling people to increase control over and to improve health. The well known intervention in this area are:
 - i) health education,
 - ii) environmental modification,
 - iii) nutritional intervention,
 - iv) Life-style and behavioural changes.
- 2) **Specific Protection:** Through this intervention we take some special measure to avoid disease altogether. The following are some of the currently available intervention aimed at specific protection (a) immunization, (b) specific nutrients, (c) protection against accidents, (d) control of specific hazards in the general environment e.g. air pollution, noise pollution.
- 3) **Early Diagnosis and Treatment:** Early detection and treatment are the main interventions of disease control. The earlier a disease is diagnosed and treated the better it is from the point of view of prognosis and preventing the occurrence of further case or any long-term disability. For effective and lasting results, proper supervision, follow-up are essential.
- 4) **Disability Limitation:** When a patient report late in the pathogenesis phase, the mode of intervention is to prevent or halt the transition of the disease from impairment to handicap.
- 5) **Rehabilitation:** Rehabilitation has been defined as the “combined and coordinated use of medical, social, educational and vocational measures for training and retraining the individuals to the

highest possible levels of functional ability". It includes all measures aimed at reducing the impact of disability and handicapping conditions and enabling the disabled and handicapped to achieve social integration. Such as, establishing schools for the blind, reconstructive surgery in leprosy etc.

It is recognized that intervention at earlier stage is feasible, results oriented and less demanding of scarce resources.

Social Work Implications

Being a professional social worker we can use the various methods of social work in prevention and promotion of health. Social workers also play very important role in social intervention and rehabilitation. At individual level use, can use social case work whereas social group work can be used for groups and community organisation.

Social Casework

By using the various techniques i.e. – personal contact, home visits, personal letters, etc. we can prevent the disease like– drug-addiction, Cancer, TB, AIDS. Apart from prevention, casework can be used for support to patient while undergoing treatment and follow-up.

Group Work

Group teaching is an effective way of educating the community. We can use certain group work techniques i.e. lectures, demonstration, discussion methods, group discussion, panel discussion, symposium, workshop conferences, seminars, role play, etc. to communicate to the people about health and hygiene, their life-style, environmental problem etc. To create awareness among the community for prevention of disease and promotion of health, the social workers play very important role by educating the community

against the various problems related to health through awareness programmes.

Conclusion

In this chapter we first discussed the meaning and concept of health and hygiene. We saw that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It is a basic human right. Health and hygiene are the essentials of life without which nothing can be achieved. We also examined the evolution of the various concepts of health like, bio-medical concept, ecological concept, psycho-social concept and holistic concept.

In the category of indigenous system of health evolved in India, we have discussed Ayurveda, Unani-Tibbiya and Homeopathy. We also studied the three levels of promotion of health at primary level, secondary level and tertiary level.

We considered the changing philosophy in the field of health i.e. revival of medicine, sanitary awakening, rise of public health. Besides, the unit also dealt with the changes in the concept on health in Indian perspective. It covered the period from Bhore-Committee-1943 to Health for All by 2000. With regard to models of community health we have examined medical model, motivation model, and social intervention model.

We have attempted to identify the basic health and hygienic problems in India. We have also analysed various models of intervention such as health promotion, specific protection, early diagnosis and treatment, disability limitation, rehabilitation.

References

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