

EDITORIAL

EMPOWERMENT OF RURAL MASSES IN HEALTH SECTOR

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The health status of 80% population residing in rural areas has not improved to desired goals from the basic health services provided to them. Local people have remained indifferent to them. They should be equal partners in the management of health services operating in their areas. therefore, a process needs to be designed to create conditions to know of economic, social and health problems for the whole community with their active participation and fullest possible reliance upon the communities initiative to solve them.

A community development programme was launched on 2nd Oct. 1952 in first five year plan and was hailed as a programme "of the people, for the people, by the people" to exterminate the triple enemies - poverty illness and ignorance. The community development programmes were envisaged as a multipurpose programme coordinated for agriculture, social welfare, education and health.

It is currently recognized that despite of expansion of the primary health care infra structure upto village level, a comprehensive and effective approach to community health has not been yet achieved. Local community is not sufficiently involved in its own health care, consequently the impact in terms of community health remains small. A comprehensive and integrated approach to community health for population control and response to family welfare planning depends more than any other factor but on an assurance of survival of the children and by creating the right environment for small family norms. All this and change in attitude for the desire of a male child and improvement in low status of women is possible by community itself. Low rate of literacy in women, early marriage of girls are seriously impending the

achievement of population control, socio-economic and health development programme. There is an urgent need of empowering women by at large and particularly in rural areas, if the real results on all socio-economic and health fronts are to be achieved. The automatically will ensure a comprehensive goal achievement for community health and well being.

A proper well planned information, communication and education of masses would lead to acceptance of various health programmes including family welfare planning. We have now for some years talked of health and family planning becoming peoples programme steering away from its official Government sponsored status to involving and mobilising communities to willingly participate in its objectives. In the health sector, interventions options for improving health expanded from an awareness that people and environment should be regarded as agents of diseases.

The ALMA-ATA declaration of 1978 under scored the peoples empowering to become full partners in achieving the goal of health for all.

In 1988 ten years after ALMA-ATA meeting the experts came together with growing realisation that managerial and technocratic approaches alone will not attain the health for all goals. Health must be people centred and people must be empowered in opportunities and responsibilities for action in the interest of their own health. Thus during the last five years the motive of participation as the means of empowering peoples has thus gained wide support. The people have right and duty to participate individually and collectively in planning and implimentation of their health care, which will ensure full participation and ultimate self-reliance with individuals, families and communities assuring more responsibilities for their own health, in now well recognised fact.

To ensure free and enlightened community participation, appropriate way will have to be devised to create literacy and health literacy among people and equip them with knowledge and skill which will enable

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them to take positive action for health and make sound health choices. Health education will play an important role in promoting individual and community self-reliance, and in developing people's ability to become full partners in health promotion. Thus information, communication and health education of the people can thus become the heart of empowerment process.

It certainly seems most appropriate approach to encourage and enable communities to identify their own health problems, select solutions, set targets and translate these into simple and realistic goals, and that they should themselves monitor them. W.H.O. expert committee in 1982 has said that the health services through the Government machinery to reach under served communities needs to be modified and these communities must take full part in the health affairs of their village and to share with the government machinery for health care and prevention. The aim of public empowerment is also to generate public demand of appropriate health services through influential groups in the communities. Thus the professionals and those involved at primary health centres to look after the health of villagers needs to be sensitized to the need and health demands of the people. The Government machinery shall need re-orientation of health system and services. It is very often realised that since independence inspite of health services expansion upto the village level, the actual health services has not reached to the door-steps of beneficiaries. The empowerment strategies must be of social and economical support and should also motivate and mobilise community resources for the health needs of the region. The community should also share the information and experiences within their own helmet and with those living across the village. It is time to consider some of the various fields where the community participation shall pay dividends to improve their own health.

Maternal child health services have been successfully delivered in many non government organisational projects with the active co-operation of the community. A step forward of empowering women shall have long lasting impact to improve the health of mothers and to provide them with viable children. This will have consequently impact on demographic profile of the country.

It will not be out of place to mention that existing

maternal child health services today have not reached to a sizable proportion of women and children.

Nearly 70% or more sicknesses are attributed to sickening environment. This includes improper hygienic and improper ventilated houses and having no system for disposal of dry and wet refuse from the houses. Inspite of 49 years of independence the rural latrines could not be provided due to the lack of community participation. Therefore, community empowerment is essential component if sanitary conditions of families, community and the village is to improve.

Almost 90% of gastrointestinal diseases in rural setup are on account of insanitary water supply. The primary health centres over a period of 40 years neither could inculcate nor could educate community on water disinfection at the source and for consumption in the houses. The community once involved shall automatically learn about safe whole some water. These factors will have definite impact in improving child health.

Almost 95% of our rural community is starved for adequate diet, nutrition and proteins, vitamins and calories. Diet and nutrition are more a subject of awareness of families. The attempts made so far by Government sector has not met with much success. It is our experience after working in rural areas that the families are not aware of adequate diet and nutrition, which can be provided to them within the same economic resources. An education of community within themselves lead to quick and lasting improvement of nutritinal health of villages.

The rural shschools have inadequate health programmes from the time of British rule, and has continued almost on the same pattern till to-day. In order to improve the health status of school children and for appropriate school health services the empowerment of community through parents, guardians and teachers have yielded fruits to detect abnormal health and provide health to its pupil in some of the health projects.

There are number of other health services originating in the functions of primary health centres or as part of national health programmes or local health needs shall provide a positive health only on community part-participation.