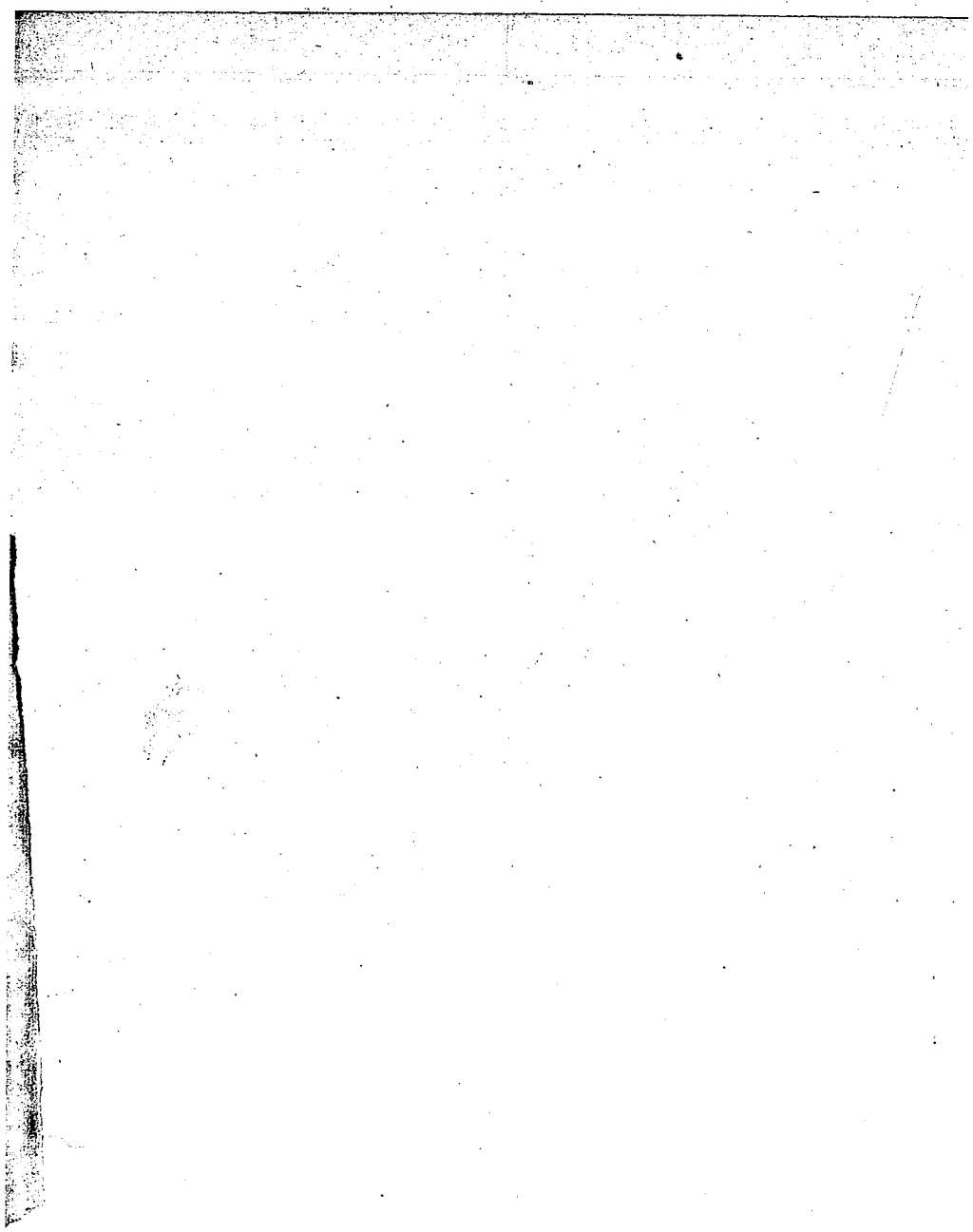

HEALTH AND DEVELOPMENT

A STUDY OF HEALTH CONDITIONS OF
THIRTEEN VILLAGES IN MIRZAPUR
DISTRICT (UTTAR PRADESH)

HANUMAN PRASAD

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PREFACE

Total development of a country is the result of implementation of the various programmes that seek to bring about a change in different fields of activities, social, economic and cultural. With this end in view the integrated development programme has been launched in the country. The implementation of these programmes is governed by various factors. One of them is the prevailing health conditions of the nation. General health of the public has a direct correlation with the efficiency and productivity of the people, while on the other hand, the stage of development of the nation has an important bearing upon the public health. People of a poor country by and large possess substandard health which, in its turn, is an impediment to social and economic progress.

The task of total development of India is being carried on by government as well as voluntary agencies. However, in spite of integrated development efforts the pace of growth of the country is significantly low. The reason for this is two-fold: one, the population growth of the country is neutralising the rate of development of the country; and two, low productivity and inefficiency of the people which may very well be attributed, among other things, to the existence of various diseases, act as an impediment to development. In some regions diseases are found of which socio-economic backwardness is a predominant cause. The backwardness of these regions is due to many factors, but frequently the hilly terrain, want of infrastructure of development, lack of adequate people's participation and self-efforts for progress, and the tribal nature of the population, are the main causes.

The Banwasi Seva Ashram is a pioneering Institution working for the all-round development of the people and full utilisation of resources in the Mirzapur district. An integrated

programme of food production, functional literacy and family health and welfare has been undertaken in the area. The Gandhi Smarak Nidhi of Uttar Pradesh has been the support and sponsor of this Institution. The Sarva Seva Sangh has taken interest and helped in the formulation of programmes and priorities. The Gandhian Institute of Studies is helping the Ashram in studies and surveys leading to scientific evaluation and planned development. The Pathfinders came forward to support the programme of health and family welfare.

This report is the outcome of an empirical study of 13 villages in the district of Mirzapur conducted on behalf of the Regional Planning Wing of the Gandhian Institute of Studies.

This study reveals the fact that the present area is socio-economically backward to a considerable extent. Mostly, people are tribals. Agriculture is the mainstay of the villagers. The most important factors for the agricultural development are yet to be introduced. The important subsidiary occupation of the people is not industry but labour. Even if they are employed, the problem is to make them gainfully employed. Besides, they have no proper sanitary houses to live in. About 50 percent of the people either live in single-room houses or in huts. They sleep for about eight months in the house. But there is no ventilation provision in the houses. Villagers have many sources of drinking water, such as pucca wells, kachha wells, tanks and reservoirs and nallas and rivers, but clean water supply is a problem. Their agriculture is backward; cultivation depends on nature. They cannot produce sufficient grains even to meet their daily requirements. Other constituents of food, like fruits, vegetables, eggs, fish and meat are rarely available to these tribals. As a result, villagers are suffering from various types of diseases some of which are very serious. Malaria and smallpox are still causing a good number of deaths every year. The population is also increasing day by day. Those tribals are skeptical about the family planning schemes. This report points out in clear terms the importance of health education as a preventive to the growth of disease and for promotion of rural health.

In a brief study as this there can be no finality in conclusions nor any claim for complete investigation. What this study proposes to do is to open up thinking on the problems of health and development. It might serve as a bench mark survey for proposed action.

Gandhian Institute of Studies
Varanasi

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The author is conscious of the kind co-operation of the villagers for completion of this work.

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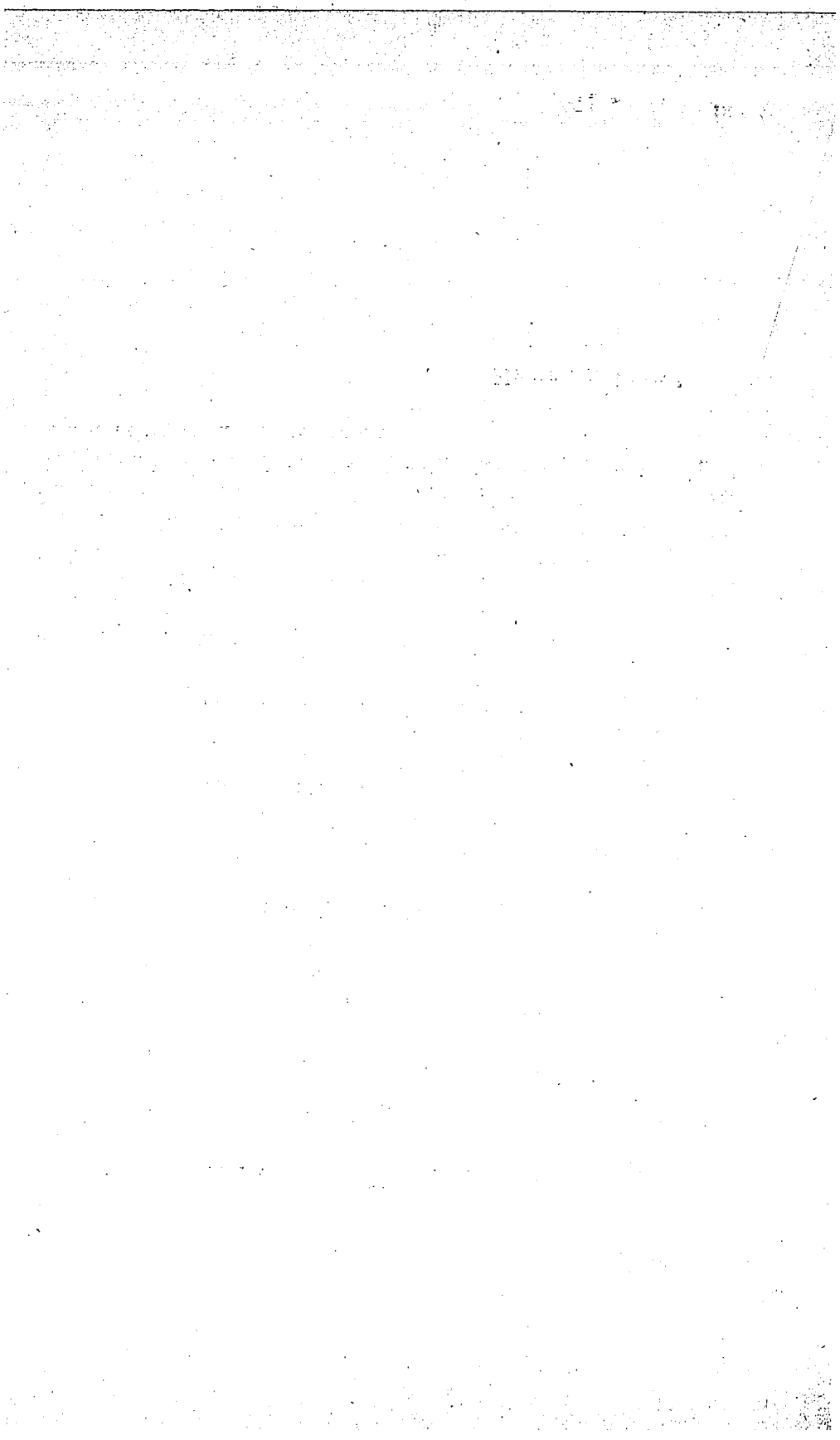
Hanuman Prasad



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Chapter I

INTRODUCTION

There has been considerable expansion of health services in India as a result of her three five year plans. Numerous new hospitals, dispensaries, health units and child welfare centres have been opened in the last two decades, and special projects were undertaken for water supply, sanitation and prevention of communicable diseases. To ensure the proper implementation of these projects, training facilities were also expanded. As a consequence, average expectation of life at birth improved by about ten years over the last decade, death rate went down and the average life span went up.

One result of the expansion in health services is improvement in the health of the people which in turn means increased productivity and efficiency of the national manpower. However, another result which follows at the same time is the growth of population. Population increase is a variable which at present presents an obstacle to the achievement of a higher rate of economic development of the country. Thus, population planning has become an urgent problem, for which end, family welfare has to be rigorously considered. This cannot be in isolation; for planning presupposes better health and sanitation, improved education and employment opportunity.

Now, whatever progress this country has made is not equitably shared by every part of the nation. There are certain regions and people that have been benefitted more by the national development plans. On the other hand, there are certain other parts which have benefited less and they need greater attention of agencies of development.

Uttar Pradesh has lagged behind in economic development

compared to many other states of India. Mirzapur district is a particularly backward area of Uttar Pradesh and the southern hilly part of the district is predominantly inhabited by tribal people who are economically poor and frequently have not even the minimum facilities necessary for human existence. The extent of availability of such amenities may be gauged from the fact that there are still many villages where even drinking water is not provided.

During the last two years Agrindus, the training institute which is located in the Banwasi Seva Ashram, has started concentrating on developing programmes of agricultural training of different durations suited to the needs of different farmers. Believing that it is only by training a large percentage of people, young or old, in a variety of skills designed to improve their existing methods and patterns of production, Agrindus organises training courses for farmer families, conducts workshop camps, runs its own demonstration farm and has extension activity built into the whole programme. This extension activity includes production and distribution of improved seeds or fertilizers, introducing new patterns of crop cultivation or adopting new methods of irrigation that are suited to the area.

While the focus is on agricultural development the overall emphasis is on a comprehensive plan which includes area planning and operates simultaneously in the fields of development of agriculture, introduction of new industrial activity, educating youth in better skills on the one hand and on the other, the art of working together. Emphasis is also laid on the need to develop a programme of functional literacy and to initiate community discussions on healthy living, balanced family and the development of the whole community rather than merely select individuals. It is the hope of Agrindus that by attacking the problem of poverty, disease, illiteracy and unemployment at the same time in an inter-related way and activising community consciousness and cohesion, the road to community development will be open.

INTRODUCTION

The Literacy House from Lucknow extended its hands in a programme of functional literacy in selected villages in this area. With activity going on in these villages, it was only desirable that such activity was related to education, so as to ensure more efficiency and intelligent performance. Schooling is very disorganised in the area; so in the literacy classes there is usually a competition between the aged and the young to learn. Selected village workers are given short intensive courses and sent back to their villages for the literacy extension programme. In course of time they become the focal point for not only literacy but also agriculture extension and health activity.

The third major component of the programme is health. Its chief objective is to arouse health consciousness amongst the villagers, and at the same time to provide know-how about health, nutrition and sanitation. To facilitate this type of programme the institution would be conducting short health training camps for the youth. The idea is to train one or two people from about 100 villages in different aspects of health and also provide them instruction about first aid, the care and nursing of patients. These youth would be taught to recognise and treat simple and minor ailments. These trained people would become an important link between the staff of the health programme and the villagers. These workers would be in a better position to take villagers into confidence and make them participate in the programme and thus make it a success. At the same time these very workers would facilitate the work of the doctors in that area. They would treat minor ailments and explain doctors' instructions to the villagers, follow the treatment and report cases back to the doctor.

Having in mind this long term view of development and the important role of health in it, the Ashram has also set up a rural health unit. The objective of this unit is to provide a nucleus for health promotion in the region. To enable the successful functioning of this programme a health survey was conducted to know the health problems in detail.

The Regional Planning Wing of the Gandhian Institute of Studies, Varanasi, was consequently requested to conduct a health study in some villages around Govindpur.

The Purpose of the Study

The present study was launched to explore the facts about different variables which have direct or indirect impact on the rural health situation. So we settled upon the objectives of finding out :

(i) the socio-economic background of the villages under study;

(ii) the housing conditions;

(iii) the particulars of the various sources of drinking water in the villages;

(iv) the main constituents of their diet and the number of families in the villages who can afford a balanced diet;

(v) the various types of diseases prevalent in the region and their incidence on the population, that is, the number of people who become victims of these diseases and the percentage of death;

(vi) the usual methods of treatment which the people adopt or depend upon; the various agencies which are helping them in respect of the improvement of their health and sanitary conditions; and the way they consider to tackle the problem; and

(vii) the awareness of the people of the problem of population and the need to plan family welfare.

Delimitations of the Study

With these objectives in view, thirteen villages were selected for the purpose of the present study. We are aware that a larger area should have been selected for the study

because a small area creates difficulties for generalization and theorization. However, we confined ourselves to only thirteen villages, not only for want of resources but also because the villages we have selected are a sample universe from two community development blocks under our present study. The inference drawn from the study of these villages may not be applicable to other parts of Mirzapur district, it being a very heterogeneous district from many points of view, but they are representative of a particular area under study. Our observation may also hold good for adjoining regions such as Naugarh block in Varanasi district in Uttar Pradesh and Surguja district in Madhya Pradesh.

Chapter II

METHOD

Sampling Design

The sample in the present survey, as we said earlier, included thirteen villages. The criteria for selection of the villages were: (1) approachability; (2) present area of operation of the Ashram dispensary; (3) location with respect to local towns while being in the interior forest area; and finally, (4) villages from two community development blocks, namely, Muirpur and Duddhi.

All the households living in these thirteen villages were studied. In each village, the total households were divided in groups either on the basis of locality, or nearness, or on caste. This was done for the reason that such a group of families has closer socio-economic relationship and also knows more obvious facts about each other. Secondly, heads of these families could easily be called at one place for group interview.

It may be asked why all the families were not studied individually, after the manner of a census survey or by choosing a representative number of informants on the basis of the sample. This could not be done because the type of information needed for this study could reliably be gathered only from the strata we decided upon. There were many people who did not know vital information about themselves. For example, there are families who could not tell exactly the area of the land they were cultivating. This is by and large true of all the weaker sections of the Indian rural people, but even more true of tribals, with whom we were dealing in our sample.

Many such difficulties were overcome with the help of the group because in a group we found at least one man who was

intelligent enough to tell us some facts about others and to correct our information. The adoption of group technique was thus more informative and it also saved much time and money.

Instrument

For the purpose of collecting information we used the following instruments of study :

(i) A schedule for the collection of general information about each village was prepared. This may be called the 'village schedule.'

(ii) Another schedule was adopted which may be named the 'household schedule.' It was designed to collect information required to meet the objectives of the study.

Procedure of Investigation

One village schedule was filled up for each village. Information in this schedule was collected from the official records as well as from knowledgeable persons of the village. For official information, Tehsil and Block records were consulted; while other facts were collected by asking the heads of panchayats, village teachers, lekhpals, etc.

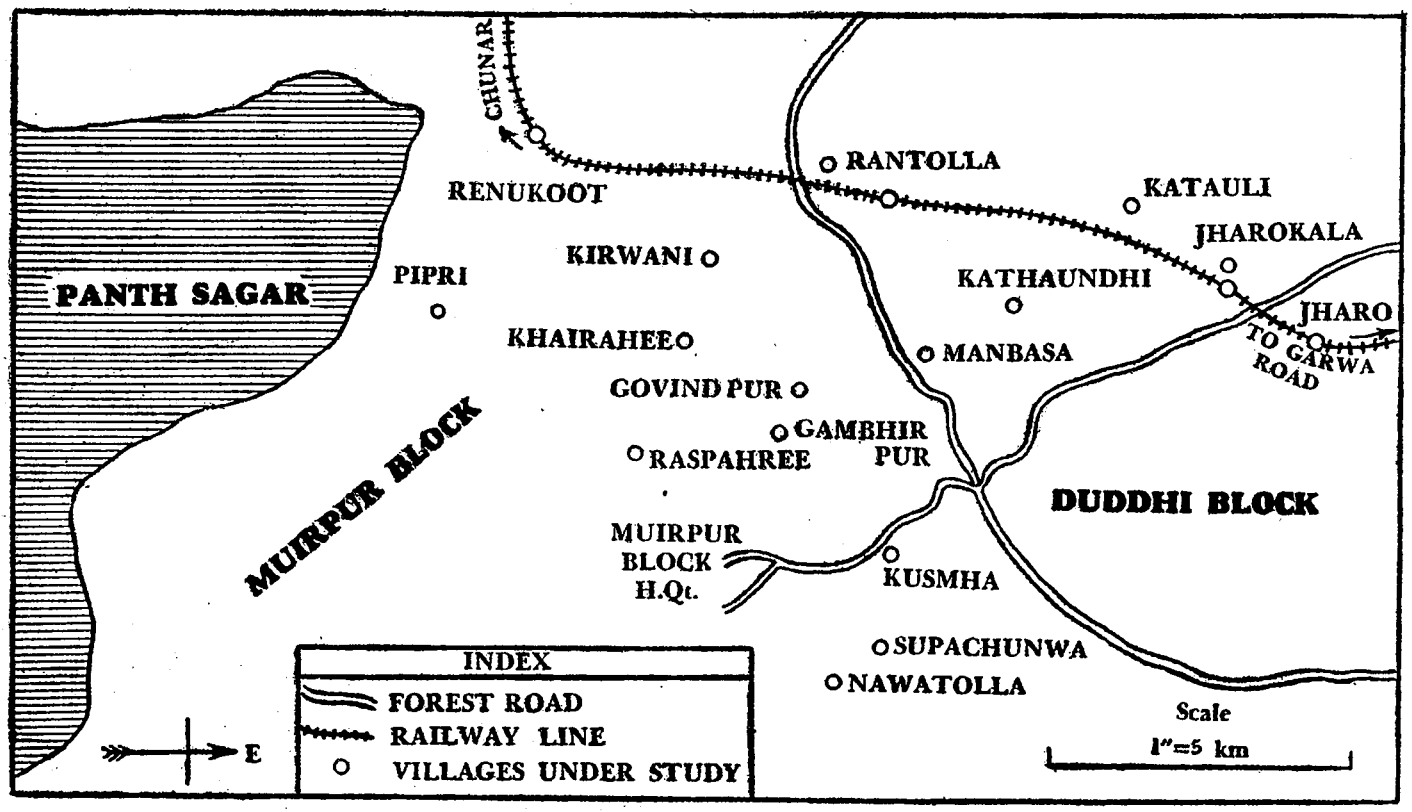
The household schedules for each group were filled up by a group of investigators. The general procedure they adopted was to collect the information familywise and then consolidate it for entry in the schedule.

Before starting the interview, personal contacts were made and rapport was sought to be established. Sufficient probings were made for each question in the schedule and the respondents were encouraged during the course of interview to express their feelings by such complimenting and appreciative remarks such as : "What you have said is really very illuminat-

ing. You have a unique approach to the problem" etc. These appreciations proved very helpful particularly with regard to questions on family planning.

Method of Treatment of Data

The information collected from the field has been treated in a scientific way. Although proper supervision was exercised in the field, sufficient time was devoted to the scrutiny of data thereafter. Data were then posted on the basic data charts from which various contents and cross tables were prepared. Simple methods of statistical analysis have been adopted here because this study is basically a fact-finding survey and is not intended for a research thesis.



A sketch of Muirpur and Duddhi blocks of the district of Mirzapur, showing location of villages under study.

Chapter III

BACKGROUND

The villages under study are situated in the Duddhi sub-district (Tehsil) of Mirzapur district in Uttar Pradesh. The adjoining borders to the east are Bihar and to the south Madhya Pradesh. This is a hilly and forest region, though the forests are not very dense, and the hills are no more than 1,000 ft. above sea level. They form part of the Vindhyachal ranges which are leading towards Madhya Pradesh hills.

This area is about 150 kilometres away from the district headquarters, and means of transportation and communication are meagre. Forest roads which connect the villages are of poor standards. There is a railway line from Garhwa Road to Chunar. Pipri at Renukoot is the main bus junction wherefrom buses ply to Dudhi, Mirzapur, Varanasi and Allahabad towns. This is about 10 kilometres from the Govindpur Ashram.

The region has great potentialities of industrial and agricultural development. With the construction of Rihand Dam Hydro-Electric Project in this area many new industries are being established.

There are a large number of natural water channels or nallas some of which have a perennial water supply. There are also some small rivers, among which Renu river is important.

The soil in this region is sandy and red laterite. The layer of earth is not very deep; a few feet below is hard rock. Land seems to be of poor fertility, but can be bountiful if water is available. The latter is rather scarce.

There are three seasons, namely, summer, monsoon and winter. The months of May and June are intolerably hot, and the winter is no less rigorous. Drought in summer and frosts

in winter often damage the crops. The average rainfall is recorded from 35 to 50 inches, but it is never regular. Drought is frequent and a perpetual dread to the area.

There is still the dread of malaria and smallpox in the area. And there is a great scarcity of clean drinking water in these villages.

Villages under Study

The villages in this area are situated where some cultivable land is available with some source of water supply. They are socio-economically very backward. Agriculture is their mainstay but it is too traditional and undeveloped to provide them sufficient food even for their needs.

The villages are inhabited by two types of people. Those who originally belong to this area are mostly tribals hardly influenced by modernization. There are others who have been displaced from the valley, which was inundated by the Rihand Dam lake. They have been rehabilitated in these villages within the last fifteen years. These immigrants have characteristics quite distinct from the original inhabitants. They are non-tribals, more industrious, intelligent and conscious and as a result they have better socio-economic conditions.

These two different strands in the population have their different entity; they have not become a compact unit of the village. The habitation pattern of the villages and the way they have come up is also partly responsible for this situation. There are very few villages which are situated as one cluster of houses. The villages have a tribal character, they are situated as a group of homestead farms or hamlets separated from each other by a hill or a nalla. And because they are located amidst forests, each household has independently to manage its entire requirement of life. For instance, every household or a group of them have to find their own source of drinking water. If they cannot afford a pucca well, they have to depend upon some pond or water channel.

The villages under study have hardly any road link, but somehow a jeep could reach most of the villages.

The location of the villages in terms of distance from Govindpur Ashram is given in Table I below :—

TABLE 1—*Villages under Study*

Sl. No.	Name of the village	Total No. of families	Distance from Govindpur Ashram (in Km.)
1.	Raspahree	243	5
2.	Kusmha	62	2
3.	Khairahee	104	3
4.	Supachunwa	152	11
5.	Govindpur	4	1
6.	Rantolla	30	4
7.	Gambhirpur	39	1
8.	Kataundhi	129	8
9.	Jharokala	74	8
10.	Katauli	125	7
11.	Kirwani	51	5
12.	Nawatolla	42	8
13.	Manbasa	62	5
	Total	1117	

In all 1,117 households have been studied which constitute the entire families residing in these villages at the time of survey. These villages are of different sizes but every village is a revenue village in the records of the State Government. These villages have developed various types of socio-economic relationships with the Ashram. Patients from all these villages come for treatment in the Ashram dispensary.

People and Population

These villages are inhabited by people of various castes. They are Gond, Harijan, Panika, Kharwar, village artisans and

Brahmins; majority among them are tribals, who comprise about 73 percent of the village population. Gond is the dominant caste in this region.

The population breakdown in these villages is shown in Table 2.

TABLE 2—*Population*

Serial No	Name of the village	Population Adults Women	Men	Children	Total Population
1.	Raspahree	361	350	557	1268
2.	Kusmha	82	81	186	349
3.	Khairahee	161	181	276	618
4.	Supachunwa	250	183	350	783
5.	Govindpur	8	11	8	27
6.	Rantolla	53	59	76	188
7.	Gambhirpur	58	59	120	237
8.	Kataundhi	175	200	255	630
9.	Jharokala	300	305	370	975
10.	Katauli	350	345	405	1100
11.	Kirwani	94	106	142	342
12.	Nawatolla	76	54	80	210
13.	Manbasa	104	103	192	399
	Total	2072	2037	3017	7126
	Percentage	29·08	28·58	42·34	100·00

The average size of family in these villages is six persons, though it differs from village to village, and the range is from 5 to 13 members in different villages. The village Jharokala among the villages under study has a maximum size of the family of thirteen persons. This is indicative of the fact that there are some villages which are facing considerable pressure of population growth.

Children comprise 42.34 percent of the total population, while among the adults, men and women form 28.58 and 29.08 percent of the population respectively. This means that adult females are greater in number than the adult males. This may be one reason for a higher rate of population growth.

A significant point emerging from above, which may require confirmation from a larger survey, is the apparent social fact that sexual morality is less rigid and there are more nonmarital liaisons than are permitted by traditional Hindu mores. An additional reason for this state of affairs may be that the tribals are generally more liberal in regard to sexual relations. From the point of view of the planner, this situation creates some difficulty in launching programmes of family welfare. The people are very poor, they have no source of recreation other than attachment with women. Folk dances are a part of their culture. Drink and dance together tend to loosen the so-called morality round sex.

Means of Livelihood

In the villages under study men and women both work together. The number of landless families in these villages is not very large. Most people have some land to cultivate. They regard agriculture as their main source of income even if some other source provides them higher income. Agricultural holding also by and large determines the economic and social status of a family in the village.

Land holding-wise division of all the families under study is given in the Table 3 below :—

TABLE 3—*Distribution of households according to land-holding*

Sl. No.	Holding strata (in bigha)	Number of households	Percentage
1.	30 and above	17	1·52
2.	20 – 30	53	4·74
3.	10 – 20	223	19·97
4.	5 – 10	296	26·50
5.	3 – 5	226	20·23
6.	0 – 3	223	19·97
7.	Landless	79	7·07
	Total	1117	100·00

It is obvious from the above figures that only a few households have land holding of about 20 acres, while a majority has only 5 to 10 standard bighas of land. About 67 percent of the households have less than 7 bighas of land.

A significant finding which must be mentioned here is that as many as 95% of the families are not self-sufficient even in respect of foodgrains. They have to adopt some other means of livelihood in order to meet their essential needs. This will be apparent from occupational distribution given in table 4.

The main occupation of 67 percent of the people is agriculture followed by 28 percent mainly depending on manual labour. The cottage and village industries exist in a rudimentary state barely to meet the requirements of some of the basic products like earthen pots, shoes, etc., and they cannot provide enough income to an individual. Therefore, no more than two percent have a village-based industry as their main source of income. The imbalance between agriculture and industry is thus obvious and a balanced development of both is important for the growth of the region.

If we examine the households engaged in subsidiary occupations, it becomes apparent that labour occupies a more significant role in the life of these people, while agriculture occupies a secondary role. By and large we could conclude that those who take to labour as their main occupation took agriculture as their subsidiary occupation and vice versa.

TABLE 4—*Occupation-wise distribution of the families in the villages*

No. of Households

Sl. No.	Name of the village	Main						Subsidiary					
		Agriculture & animal husbandry	Industrial Labour	Labour	Services	Artisans	Others	Agriculure & animal husbandry	Industrial Labour	Labour	Services	Artisans	Others
1.	Raspahree	168	13	58	2	1	1	49	14	97	1	5	55
2.	Kusmha ..	37	—	22	2	1	—	28	1	24	2	—	4
3.	Khairahee ..	67	1	31	3	—	2	31	1	45	8	—	12
4.	Supachunwa	80	—	72	—	—	—	105	—	32	1	—	—
5.	Govindpur	—	—	4	—	—	—	4	—	—	—	—	—
6.	Rantolla ..	18	—	9	—	—	3	10	—	7	1	—	10
7.	Gambhirpur	21	3	14	1	—	—	13	4	17	—	—	2
8.	Kataundhi ..	100	—	29	—	—	—	50	29	50	—	—	—
9.	Jharokala ..	49	7	17	—	1	—	30	10	28	3	2	1
10.	Katauli ..	100	—	24	1	—	—	24	—	100	1	—	—
11.	Kirwani ..	49	—	—	—	—	2	—	3	45	3	—	—
12.	Nawatolla ..	18	—	20	4	—	—	13	—	22	7	—	—
13.	Manbasa ..	41	1	20	—	—	—	19	3	39	1	—	—
	Total ..	748	25	320	13	3	8	376	65	506	28	7	84

Chapter IV

MEANING OF HEALTH

There are various variables which may be regarded as basic conditions for health. These variables determine the level of health, either of an individual or of a community or nation. We may commonly say that these variables are : fresh air, that is, such residential places or houses where fresh air is available; clean and wholesome drinking water; balanced food or diet which could provide all those nutrients that are necessary to maintain good health; and lastly, the most important variable, viz., human knowledge or education which saves one from doing things which have a negative impact on health. We tried to explore all these determinants in the villages under study.

Now, we may ask what one understands by health. Ordinarily, that man is considered healthy who eats well and moves about, and does not go to a doctor. But many people would not agree with this definition of health because there are many diseased persons who eat well and easily move about.

It has been said that only that man could be called healthy who has a sound mind in a sound body. To quote Gandhiji, "That man alone is perfectly healthy whose body is well formed, whose teeth as well as eyes and ears are in good condition, whose nose is free from dirty matter, whose skin exudes perspiration freely and without any bad smell, whose mouth is also free from bad smells, whose hands and legs perform their duty properly, who is neither too fat nor thin and whose mind and senses are constantly under his control."[1]

Further he says, "He is a healthy man whose body is free from all diseases, and who carries on his normal activities

1. Health Guide, page 17.

without fatigue. Such a man should be able with ease to walk ten to twelve miles a day, and perform ordinary physical labour without getting tired. He can digest ordinary simple food. His mind and his senses are in a state of harmony and poise."[2]

Jawahar Lal Nehru also takes a similar approach to health. He says, "The pursuit of health or the raising of the health standards of the nation does not mean merely the curing of disease, but much more so the prevention of it. Thus, while hospitals and the like are necessary, what counts most is the public health approach as well as health education."

"I am sure," he continues, "that the very first condition in raising the standard of health of the nation is to supply adequate food, properly balanced. Poverty and health do not go together. Therefore, it is really more important for the health of the individual as well as of the community, that there should be adequate nutrition. To this, I should like to add that food habits should be encouraged which would ensure a balanced diet. Unfortunately, we in India suffer most of all from inadequate nutrition, and even those who can afford to have what food they like, have seldom a balanced diet. Then, there is a necessity of a pure water supply, which is still lacking in a great part of our rural areas, though some progress has been made."[3]

Medical scientists can define health better but these definitions serve best for our purposes. Therefore, any health education or programme may adopt the above definition for its realisation and achievement.

2. Ibid., page 21.
3. G. Borkar, Health in Independent India, Preface by J. L. Nehru.