

## PREVENTIVE HEALTH CARE PROGRAM

In the project area health of the people is in a precarious condition there is at least one seriously ailing person in one of five families in the area. Poverty means that the ill people cannot access institutionalised health care as it is simply not available: the brunt of this ill health and neglect is borne by the 渡 on earningaged and children.

The families do not have any knowledge in preventive health care or reproductive health, widely the behavior is oriented at tradition or even superstition. Superstition also governs quite a number of the daily decisions and actions in the families, their household and field work. Pregnant women in this area even take less food to deliberately diminish the size of their baby in order to prevent birth problems. There are two reasons. First they are not aware of the consequences and secondly there is no proper birth care that provides them with the confidence that a healthy grown baby can be delivered safely. They fear for their lives and the lives of their baby 痴. A similar need can be considered for the women who suffer from a number of problems they can not solve individually. These are the needs to manage the meager household income properly and distribute it with regard to risks. So far only few informal savings and loans groups are accessible. There is no sensitivity on the waste of the meager resources by irrational spending patterns.

Because of many reasons like poverty, unawareness, negligence, non availability of health services, people from Jalihal area do not pay more attention to their health, secondly they enjoy heroism by doing unsafe acts like driving after heavy drinking, driving vehicles with less/ no brakes, driving fast on unsafe roads etc. As the males are engaged in unsafe professions like driving, digging wells, sugar cane cutting, they often meet with accidents and many times fatal once. The number of widows is also significantly high in the area. One more prominent class is destitute. Many children are malnourished. It affects their health and their results in school. This malnourishment is caused by poverty and especially by lack of awareness.

As the preventive measures are not taken and unless hard physical work is done even at the primary stage of illness the family can 稚 win the bread for the day, villagers do not go to the doctor till they are bed ridden! Especially condition of sick women is worst. Women, they may be in any condition have the responsibility to cook for the family. If they don't 稚 do it due to sickness or any other reasons they are beaten by their husband, in-laws treat them like waste material! Secondly due to the poverty, poor villagers eat low priced food stuff, as there is less nutrition intake family members fall sick very frequently. They can't 稚 afford to take preventive treatment many times curative treatment is also out of their reach. These people have two options while seeking treatment,

1 To approach PHCC which is run by the government.

2 To take treatment from local medical practitioners. (almost all of them are not educated in medicine)

However this government set-up has lots of limitations.

There are a few unqualified, untrained practitioners in the area. They provide treatment for illnesses like fever, cough etc. They carry a few medicines, which they give to the patients. If the disease is not cured, they ask the patient to go to the cities and get the treatment with some private practitioners.

Before starting this project YPS staff visited those organizations which are implementing health programs. We studied all the aspects of the program implemented by these organizations. We did incorporate those activities, suggestions which made our program more effective. We learnt their mistakes, difficulties and hurdles faced by those organizations so as to avoid falling in the same pit!



Through this project we have met following Objectives :

- 1 Established women centered preventive health mechanism in the villages.
- 2 Trained more than 16000 individuals in health and hygiene.
- 3 Provided trainings to midwives and health care providers.
- 4 Provided basic medical facilities to the people living in the area.
- 5 Made available regular services of expert medical practitioners to the people living in Jalihal area.
- 6 Identified area specific diseases and prepared programme to address the same.
- 7 Establish linkages with government/ private practitioners to carryout surgeries.
- 8 Provided free medical services to the members of poor families.