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HEALTH EDUCATION THROUGH NON – FORMAL EDUCATION

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ABSTRACT: *The non-availability of health care in the rural area leads to the problems like infant mortality, infectious disease deaths and malnutrition. Rural health can be promoted both at preventive and promotive levels through non-formal education.*

The availability of medical facilities for the Indian rural poor is not within their reach. A villager has to walk miles before he can see a doctor or a health clinic. The infrastructure of sub-centres, primary health centres and rural hospitals built up in the rural areas touches only a fraction of the rural population. The doctors are generally city-oriented and their training is not adequately adapted to the needs of the rural areas, particularly in the field of preventive and promotive health. The involvement of the people in solving their health problems has been almost non-existent.

According to the recent census, we have 1,37,000 doctors, 88,000 nurses, 54,000 auxillary nurses, 32,000 health inspectors, 5,00,000 hospital beds, 5,195 dispensaries. The country has about 50,000 sub-centres, 5,400 primary health centres, 106 medical colleges. The doctor population ratio varies widely from 1 doctor for 8,333 in rural areas and 1 doctor for 1,400 in urban areas. Eighty percent of the doctors and 97% of the hospital beds are for the urban population which account for only 20% of the total Indian population.[1]

The non-availability of medical service in the rural areas leads to other problems like mal-nutrition, infant mortality, sanitation-related disease and common disease deaths.

The people who live in slums, tribal areas and rural areas are affected with malnutrition. Unemployment, illiteracy, lack of safe drinking water and health facilities and unhealthy environment are the reason for the malnutrition. Children, pregnant women and nursing mothers are hit hard by malnutrition. Most of the study shows that the average energy intake is less than the recommended level (1600 calories). The data supplied by the National Institute of Nutrition in Secundrabad, reveals that 65% of children in the age group 1 to 5 from lower income levels suffer from moderate malnutrition, and 18% from severe malnutrition. Sixty million children of this group are badly nourished due to overall calorie deficiency and not just due to protein starvation. Large numbers of children of this group die every year, accounting for 40% of the total deaths in the country. Approximately 1,00,000 children die every month as a result of malnutrition.

According to a UNICEF report on the "State of the worlds children, during 1982 – 83 over 40,000 young children die everyday of malnutrition and infection in the developing

world. Malnutrition is not only today's problem, but it was present in ancient India also with variable incidences. Infant mortality rates vary widely between rural and urban areas, and socio-economic strata. Nearly 60% of infant deaths take place at the neonatal stage. Distribution of incomes, low purchasing power, mal-distribution of essential food commodities, inadequacy of calories of proteins, the availability of medical and public health facilities, lack of knowledge about balanced nutrition, hygiene, lack of safe drinking water and sanitation are the reasons, responsible for high mortality rate. Infant mortality rate was 146 during the fifties, 129 during 1976 and 120 in 1982. When compared to the modern scientific development this infant mortality rate seems still high. Another main reason for the infant mortality rate is that only 0.5% of the children is immunized against measles.

The state, of rural and urban water supply is discouraging, especially in the rural area. Out of the 5.76 lakh villages in the country, about two lakh villages with a population of some 160 million are yet to be provided with potable water supply facilities. The statistics, in fact, does not portray the hardship and inconvenience that is experienced by the poor, particularly the women and children, in areas where water is scarce, inadequate or polluted. Nearly 50% of the urban population are provided with a sewage system, while there is no sanitation system for the rural population of this country. Every year diarrhoea kills 5 million children under five, and malaria kills one million people in Africa.

These killer diseases can be prevented by providing good sanitation and safe drinking water. According to a survey conducted by ICMR, it is estimated that 9 million blind people in the country, and further 45 million persons are reported to be otherwise visually impaired. This is due to malnutrition and other causes. More than 23 crores of people are exposed to the risk of filariasis with 1.4 crores showing manifestation of the disease and 1.8 crores showing traces of filarial parasites in their blood. Even though the treatment is simple for the minor diseases the facilities available for prevention are very inadequate.

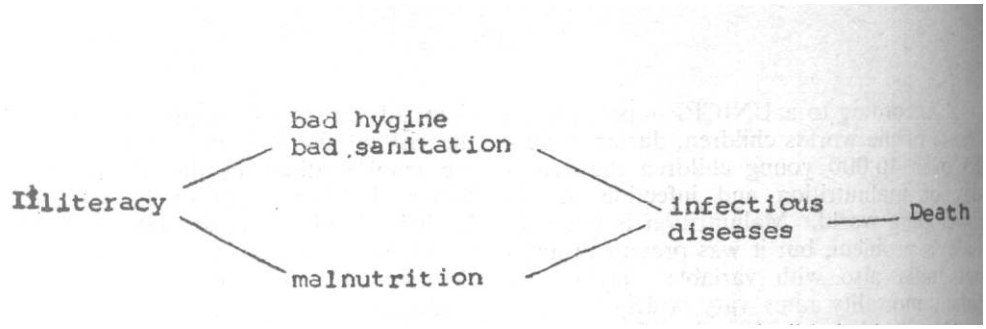
Since, the availability of medical facilities are comparatively less in rural areas, people do not know how to avail of the existing resources around their places. Illiteracy is one of the major causes for the people's ill-health.

The growth of illiteracy is constantly growing in the country; it increased to 140 million in 35 years and the increase is estimated at 6 million per year. The inadequate school facilities and irrelevant educational programme for a big country with vast population keeps away nearly 70% of the nation's children[3]. According to the 1971 census, more than half the people nearly 60% are literate in urban areas, whereas just about one fourth of the rural population 27.89% are literate. Education is out of reach of the poor, especially those working in the villages. The expenditure on education increased from Rs. 153 crores in the first plan to Rs. 1,955 crores in the sixth plan. But the percentage of illiteracy has not varied much.

The system of formal education caters only to a small percentage of the population and it is not relevant to the majority of the people who live in the rural area. In this context a search for an alternative system is essential. Non-Formal education has emerged as an alternative in the recent times. It is the believe that non-formal education enables people to increasingly

control situations that affect their lives. This goal could be achieved through a particularly educational process, which will have a liberating influence on them.

With non-formal education health education can be given equal importance. The animators who are working in non-formal education should be trained to teach the learners about the basic things in health care, such as – to treat minor ailments, use of local medicine, environmental sanitation, preventing contamination of drinking water, use of latrines, malnutrition, personal hygiene, preparation of balanced diet, preparation of low cost nutritive food, preservation of food, child care, care of eyes, ears, teeth and skin etc., immunization, family planning.



Locally available cereals, pulses, fruits and vegetables that are inexpensive should be taken for protecting the people from illness, for maintaining body health and energy. The learners should be taught about the foods that give energy (cereals and grains), food that are body building (milk and pulses), food that protect body from illness (vegetables and millets). The learners should know that the cause of disease is protein and vitamin deficiency. For example anaemia can be cured by taking ragi, drumstick leaves, fishes etc. Vitamin C deficiency diseases especially bleeding gums, and other gum infections are very common. So green leafy vegetables tomatoes, lemons, beans and other Vitamin C rich foods which could circumvent these problems can be taken. The people should be made aware of the common problems in pregnancy such as morning sickness, nausea, swelling of the feet, swelling of veins, low back pain, anaemia, constipation, etc. and how to deal with those problems.

The new born child should be vaccinated. The people should be educated to give plenty of liquid food to treat diarrhoea in children, but unfortunately the rural people have a wrong belief, that liquid food will accelerate the disease. Weaning can be taken as introduction of mixed feeding to the child. Mixed feeding means giving semisolid foods, such as cereals and non-cereals, vegetables and fruits as well as animal foods.

The locally available medicinal plants should be made use for curing diseases as prescribed in Indian system of medicine. For example, the following medicinal plants as given in the list can be used for various diseases[4,5].

Disease	Medicinal Plants
Jaundice	*Phyllanthes niruri,* *Eclipta alba*
Skin infection	*Acalypha indica,* *Enicostemna littorale,* *Cassia alata*
Cough	*Ocimum sanctum,* *Carum capticum,* *Papver sominiferum,* *Amorphophallus campanulatus*
Menstrual disorders	*Mucuna pruriens,* *Sesmum indicum,* *Carum carvi*
Diarrhoea	*Aconitum heterophylum,* *Helicteres isora,* *Aegle marmelos,* *Lapidium sativum*
Fever	*Cedrus deodara,* *Luffa echinata,* *Vitis vinifera,* *Coriandrum sativum,* *Datura metel*

The public should realize the need of the health services organized by the government for their welfare. Each and every individual should become physically, mentally, socially and spiritually sound and balanced; all ill-health should become health. The effective training for the animators and government health services can achieve this in future. "Prevention of death is the fine ideal, but prevention of disease is still finer".

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