UNIT 1 CONCEPTS OF COMMUNITY HEALTH

Structure
1.0 Introduction
1.1 Objectives
1.2 Public Health in India and its Evolution
1.3 Concepts of Health and Illness
   1.3.2 Dimensions of Health
   1.3.3 Determinants of Health
1.4 Concept of Causation of Disease
1.5 Natural History of Disease
1.6 Levels of Prevention
   1.6.1 Primary Prevention
   1.6.2 Secondary Prevention
   1.6.3 Tertiary Prevention
1.7 Roles and Responsibilities of Mid Level Healthcare Providers (MLHP)
1.8 Let Us Sum up
1.9 Model Answers
1.10 References

1.0 INTRODUCTION

Health is a dynamic concept, which every human being desires to achieve. While health refers to positive end of spectrum; illness, sickness and disease symbolise the negative side of the spectrum. In order to protect, promote, and restore the health of individuals and populations, an integrated discipline of public health or community health came into existence. Public health has evolved in India since independence and we have achieved success in terms of improvement of various morbidity and mortality indicators. However, a lot needs to be achieved and mid level health care providers (MLHP) can play an important role in this regard. In this unit we shall discuss about basic concepts of health and disease with brief description about role of MLHP.

1.1 OBJECTIVES

After completing this unit, you should be able to:
- define health and differentiate between illness, sickness and disease;
- describe various dimensions of health and enumerate determinants of health;
- draw epidemiological triad with the help of example;
- describe the natural history of disease; and
- enumerate and apply the levels of disease prevention in control of diseases.
1.1 PUBLIC HEALTH IN INDIA AND ITS EVOLUTION

‘Public Health’ is defined as organised community efforts aimed at prevention of disease and promotion of health. In other words, it is the science and art of preventing disease, prolonging life and promoting health and efficiency through organised community efforts. The organised community efforts that promote health and prolong life are:

- control of communicable infection,
- improved environment – access to safe water and sanitation,
- personal hygiene improvement through education,
- organisation of medical and nursing services for the early diagnosis and preventive treatment of disease,
- development of the social machinery to ensure everyone a standard of living adequate for the maintenance of health.

Public health incorporates the inter-disciplinary approaches of epidemiology, biostatistics and health services. Environmental health, community health, behavioural health and occupational health are other important subfields.

Public health in India dates back to ancient times. Excavations in the Indus valley (Harappa culture) show evidence of planned cities, with drainage and practices of environmental sanitation. Ayurveda and Siddha systems of medicine came into existence in 1400 B.C. Medical education was introduced in the ancient universities of Taxila and Nalanda during the post-vedic period. The Greek system of medicine known as Unani was introduced by Muslims when they entered India around 1000 A.D. Another phase in evolution of public health came when British empire conquered India by middle of 18th century. Many legislative measures for disease control and prevention were taken during this time. Quarantine act (1825), the Births and Deaths Registration Act (1873), Vaccination act (1880), Factories act (1881), Local self-government act (1885), Epidemic disease act (1897), and the Madras Public Health Act (1939) were promulgated and passed.

Just before independence, Bhore committee was constituted in 1943 to survey the existing health conditions and organisations. The committee recommended integration of preventive and curative services at all levels and also emphasised the social orientation of medical practice. The report formed the basis of health planning in India. The constitution of India came into force in 1950 and first five-year plan began with allocated budget for launch of national health programme. The community development programme was launched in 1952 with the aim of overall development of rural areas. The National Malaria Control programme was started in first five-year plan. Important public health institutes like Central Health Education Bureau (CHEB) in Delhi and the Central Leprosy Teaching and Training Institute in Chennai were also started during this time.

India has evolved a lot since the time of independence. Over the past six and half decades public health infrastructure and services have expanded, particularly after the inception of National Rural Health Mission (NRHM) in 2005. The progress has been further accelerated with combining of rural and urban components as National Health Mission in 2013 and launch of RMNCH+A strategy (Reproductive Maternal Neonatal Child Health plus Adolescence) that stress on provision of continuum of care through every phase of life.
1.2 CONCEPTS OF HEALTH AND ILLNESS

Health means differently to different people. While some feel health is freedom from any disease, others consider it harmonious working of all organs of the body.

World Health Organization (WHO) defines health as “state of complete physical, mental and social well-being and not merely an absence of disease or infirmity”.

What constitutes the disease, requires careful distinction from related but distinct concepts like illness, sickness and disease:

‘Illness’ refers to the subjective sense of feeling unwell; it does not define a specific pathology, but refers to a person’s subjective experience of it, such as discomfort, tiredness, or general malaise.

‘Sickness’ refers to socially and culturally held conceptions of health conditions (e.g., the dread of cancer or the stigma of mental illness), which in turn influence how the patient reacts.

‘Disease’ refers to physiological or psychological dysfunction. In other words, disease implies a focus on pathological processes that may or may not produce symptoms and that result in a patient’s illness. For example, a patient complains of easy fatigueability—his illness as he experiences it. He consults a doctor about it because he believes that he might have a sickness. The doctor might attribute the patient’s symptoms to Anaemia—which is a physiological dysfunction.

Health is not a static state. It keeps on fluctuating across the spectrum. It ranges from complete well-being to uneasiness, disease, disability and death. Four levels in broadened spectrum of health and illness have been defined as shown in Fig. 1.1(A). They are as follows:

1) Mortality—prevention of health,
2) Serious morbidity— the prevention and control of conditions that produce disability or chronic illness,
3) Minor morbidity— the handling of lesser illnesses (in terms of death and disability), environmental conditions that create inconveniences and nuisances, and
4) Positive health— the attainment of a full sense of personal vigour and mental well-being, as well as constructive relationships with others in an environment that promotes longevity and happiness.

Fig. 1.1(A): Spectrum of health

Spectrum of health can also be expressed from positive health till death as shown in Fig. 1.1(B).
1.3 DIMENSIONS OF HEALTH

Health encompasses a broader concept than the three components described in WHO definition of health. Pursuit of optimal health includes physical, emotional, intellectual, spiritual, occupational, financial, social, and environmental dimensions as shown in Fig. 1.2.

![Fig. 1.2: Dimensions of health](image)

Let us now go through each dimension of health briefly:

Physical health refers to the state of the body its compositions, development, functions, and maintenance. It is exhibited by individual’s optimum physical abilities of all his body parts being intact and working in coordination. It can be attained by eating well, exercising, avoiding harmful habits (such as smoking), getting enough sleep, recognising the signs of disease, getting regular physical exams, and taking steps to prevent injury.

Emotional health is a complex dimension of health. Our ability to accept and cope with our own and others feelings is defined as emotional well-being. Emotions contribute to almost all aspects of our life, at times, even setting course of actions. An emotionally healthy person has (1) a well adjusting mind-set, (2) does not get agitated easily, (3) has freedom from internal conflicts, (4) looks for his personal identity, (5) has a strong self esteem, (6) knows his limitations and capabilities, (7) is not carried away by unnecessary emotions, and (8) is able to cope up well with the situations of stress and anxiety.

Intellectual health encompasses cognitive ability to develop skills and knowledge to enhance one’s life. Intellectual health encourages creative, stimulating mental activities. It helps to stimulate our creativity and improve our decision-making ability.

Spiritual health is not included in the definition of health. But it is practiced by most of the people throughout the world for self-realisation and peace of mind. Spiritual health refers to our personal beliefs and values. It is attained by seeking one’s values, rights, and responsibilities, ethics, and code of living (may or may not be part of formal religion) and it is the capacity to love, have compassion for others, forgiveness, joy, and fulfilment.

Occupational health recognises personal satisfaction and enrichment in one’s life through work. The choice of profession, job satisfaction, career ambitions, and personal performance are all important components of occupational wellness.
Financial health focuses on one’s attitude toward money and a commitment to setting goals for future needs, developing good money habits and effectively using tools to manage financial resources. In order to be financially healthy, one does not need to be wealthy; however, one must sensibly manage money. While financial well-being is not often considered when discussing health, it can be a significant source of stress which can have major effects on the other dimensions.

Social Health encourages contributing to one’s environment and community. It emphasises the interdependence between others and nature. It deals with having a supportive social network, contributing to society, and valuing cultural diversity. It can also be defined as the “quantity and quality of an individual’s interpersonal ties and extent of his involvement with the community”. How well a person mixes and interacts with others in family, society, community and world and considers him as a part of these, is witnessed as social dimension of his health.

Environmental Health is learning and contributing to the health of the planet and a sustainable lifestyle. The key to human health largely lies in his external environment. Much of human being’s ill health can be traced to adverse environmental factors such as water pollution, soil pollution, air pollution, poor housing conditions, presence of animal reservoirs and insect vectors of diseases. Thus, it is pertinent to control all the factors that exert deleterious effect on the health.

Check Your Progress 1

1. Define Health according to WHO.
   ................................................................................................................
   ................................................................................................................

2. Draw the Health SEPTrum.
   ................................................................................................................
   ................................................................................................................

3. Enumerate any 3 dimensions of health.
   ................................................................................................................
   ................................................................................................................

1.3.2 Determinants of Health

Health of an individual is a complex subject influenced by a variety of factors which may lead to either a healthy outcome to promote health or an unhealthy outcome to have deleterious effects on health. Since these factors are largely responsible to determine health of a person, they are termed the determinants of health. The main determinants of health are:

1) **Age**: There is close relationship of diseased status with age. While some diseases are common in younger age group, chronic diseases such as hypertension, diabetes, osteoarthritis are predominant in older age groups. Age is also an important factor in determining the prognosis of diseases.
2) **Gender:** Women are considered to be biologically stronger than men. Consequently, the life expectancy of women is relatively more than men. Further, some diseases differ according to the gender. While oral cancers are more common among men, breast cancer and cervical cancer affect a large number of women. Similarly, inguinal hernias have gender predisposition towards males. Due to the gender differences in pattern of a distribution of a particular disease, you as a Midlevel Health Provider (MLHP) should keep in mind while dealing with gender.

3) **Genetics:** The traits transferred from parents during conception as genetic configuration are permanent and remain unaltered till the end of life. His physique, intelligence, temperament and response to diseases agents usually resembles in many respects to either of his parents or grandparents. Many diseases in humans like chromosomal anomalies, errors of metabolism, mental retardation, diabetes etc. are known to be of genetic origin.

4) **Race, ethnicity:** Members of non-white racial and ethnic groups tend to experience more ill health and disease than their white counterparts.

5) **Literacy status:** Literacy and education status of the people also have an indirect impact on health as these are interrelated with occupation, economic and hygiene standards. People with good educational background have an understanding to practice better ways and means of living improving their health standard.

6) **Nutrition:** Diet has been scientifically and extensively linked to disease. The relation between high fat diet and coronary heart disease is well established. Similarly, under-nutrition predisposes the person to multitude of infections. Thus, the health of a community depends both on the adequate availability of safe food and the intelligent consumption of it.

7) **Environment:** A person is fully dependent on external environment for his body needs in day to day life, but its adverse conditions are responsible for a very large number of health related problems and diseases. All the diseases caused by physical and biological agents are the result of adverse conditions of the external environment. Internal environment of a person is comprised of his own anatomical body parts and physiological activities which comes under internal medicine.

8) **Socio-economic status:** Economic status of the country, community and of an average individual has an impact on the purchasing power and thus affects the living standard of a person. Daily needs of nutrition, education, housing, clothing and standard of life are all dependent on per capita income. Further, access to health services, are also largely dependent upon the income. Certain diseases such as lifestyle disorders have been found to be associated among the group belonging to higher socio-economic status while infectious diseases such as tuberculosis, leprosy are considered to be diseases of poor.

9) **Socio-cultural conditions:** Culture is a learned behaviour which has been socially acquired. A person learns and develops the qualities to interact with others in the society in his early developmental stage. On interaction with a person, one can easily think of the culture and a society which he belongs to. These are all behavioural traits displayed by him during interaction. Development of such qualities is mostly by learning from prevailing behavioural and socio-cultural conditions in the society. The health behaviour of person is also influenced by his socio-cultural environment.
10) **Health care system/services:** Care of people provided through effective system of medical and health care services creates a positive influence on health of the people. Infant mortality rate, maternal mortality rate and expectation of life at birth are affected by the kind of health services available in the state or country.

11) **Other factors:** The development of newer technologies of information and communication offer tremendous opportunities in providing an easy and instant access to medical information. Other determinants include adoption of policies in the economic and social fields that would assist in raising the standards of living and hence indirectly affecting the health.

<table>
<thead>
<tr>
<th>Check Your Progress 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) List 5 determinants of health.</td>
</tr>
<tr>
<td>................................................................................................................</td>
</tr>
<tr>
<td>................................................................................................................</td>
</tr>
<tr>
<td>ii) What do you understand by socio-economic determinants of health?</td>
</tr>
<tr>
<td>................................................................................................................</td>
</tr>
<tr>
<td>................................................................................................................</td>
</tr>
<tr>
<td>iii) How literacy status affects health?</td>
</tr>
<tr>
<td>................................................................................................................</td>
</tr>
<tr>
<td>................................................................................................................</td>
</tr>
</tbody>
</table>

## 1.4 CONCEPT OF CAUSATION OF DISEASE

Let us now read concept of causation of disease.

Since disease has always been a constant accompaniment of human, right from the pre-historic times onwards, he has been trying to find out the causes of disease. The various theories prevalent in different civilisations were:

- **Supernatural causes** like being possessed by evil spirits, wrath of gods, punishment for evil deeds during previous births etc. cause diseases.

- **Contagion theory:** Diseases are spread through “bad air” or to various forms of close contacts with diseased person.

- **Germ theory:** In 19th century, bacteria was discovered as a cause of human disease by Robert Koch and Louis Pasteur. It was believed that every human disease to a specific microbe or “germ”, to the extent that the germ theory of the human disease emphasised that each and every human disease has to be caused by a microbe or germ, which is specific for that disease and one must be able to isolate the microbe from the diseased human being. This was the central philosophy of the famous Koch’s postulates, formulated by Robert Koch (now also known as Henle-Koch postulates).

However, with turn of the century, it was being realised that germ theory could not fully explain the causation of disease. It was being considered that there were other factors that played the role in accentuation or attenuating the effect of “germ” or “agent” in causation of disease. This formed the basis for **Epidemiological Triad theory**.
Epidemiological Triad Theory

Complex interactions among people, their characteristics and the environment influence health. It, thus, involves a state of interaction between self and environment. This theory, known as Epidemiological triad theory hypothesizes that there are 3 important determinants of state of health or disease in human being namely: agent factors-related to various characteristics of the “agents” which cause the disease; host factors which relate to various characteristics of human being like age, gender, ethnicity etc.; environmental factors which describe the various characteristics of the environment in which human being is living. As per the theory, as long as a state of fine balance or equilibrium is maintained between the various agent, host and environmental factors, the person stays in a state of health. On the other hand, the moment this fine balance is disturbed due to change in any one or more of the agent, host and environment related factors, a departure from the state of health occurs as shown in Fig. 1.3 (A,B,C).
Difficulties come up when an attempt is made to explain the causation of non-communicable diseases like Ischemic Heart Disease (IHD) or road accidents on the basis of epidemiological triad. For example, no single agent can be ascribed for road accidents, there is complex interaction of numerous causative factors such as lack of driving experience, intake of alcohol while driving, not wearing of seat belts, poor implementation of legislation. Therefore, for explaining the causation of non-communicable diseases in particular, theory of web of causation was postulated. Various factors related the disease, are like an interacting web of spider. Each factor has its own relative importance in causing the final departure from the state of health, as well as interacts with others, modifying the effect of each other.

1.5 NATURAL HISTORY OF DISEASE

Complete course of a disease from the time a human host is exposed to the disease agent in an environment to its final outcome is termed the natural history of disease. Let us take an example of a common disease like hepatitis A. After the infecting organism enters our body by way of food or drinks, there is an incubation period of about 28 days, after which we have clinical manifestations in the form of fever, malaise, anorexia, nausea and abdominal discomfort, followed by dark urine and jaundice. Most of the individuals recover by the third week, though variable feeling of weakness may persist for a longer time. However, some patients may develop complications in the third week in the form of relapsing hepatitis, cholestatic hepatitis and fulminant hepatitis.

It is known that hepatitis A is caused by a virus belonging to picornavirus family. Some may not be infected due to their immune status (previous exposure to infection or already received immunisation against hepatitis A). Therefore, another factor to be considered in development of human diseases is, besides the organism (agent), the human being himself too. Now, there is yet another factor which needs to be considered also. There should be water or food which should be contaminated with the faeces of a patient of hepatitis A. Hence, the third thing, besides the microbial organism and the human being, which determines the disease, is the “environment”. Despite the presence of these three factors, some may get the disease or may not get the disease. We would therefore agree that the mere presence of agent, host and environment is not enough to cause the disease. As long as the agent, host and environment are in a state of equilibrium disease will not be initiated; the process of human disease would be initiated only if there is an appropriate interaction and a loss in equilibrium, between the agent, host and environment. For example, if we become malnourished due to an attack of severe measles or take on to heavy alcoholism, or become poor and hence forced to consume contaminated food or water, or are exposed to a very heavy dose of infection (for example, drinking raw water in a flood like situation), we would become “susceptible” to developing hepatitis. As shown in the Fig. 1.4, natural history of disease has two phases: pre-pathogenesis (i.e., the process in the environment) and pathogenesis (i.e., the process in man). The pre-pathogenesis period refers to period before the onset of disease in man. The causative agent of disease, has not yet entered man, but the factors (i.e. environmental factors) that are favourable for its interaction with the human host are already existent in the environment. However it must be remembered that mere presence of agent, host and environmental factors in this phase is not sufficient to start the disease. What is required is an INTERACTION between these factors. (Fig 1.5).
**Fig. 1.4: Natural history of disease and level of prevention**

Pathogenesis phase: This phase begins with the entry of the disease “agent” in the susceptible human host. In case of infectious diseases, the disease agent multiplies and induces physiological changes. The disease progresses through period of incubation to early and late pathogenesis. The final outcome may vary between recovery, disability or death depending upon the interventions undertaken. In chronic diseases, the early pathogenesis phase is referred to as pre-symptomatic phase as there is no manifestation of disease. The clinical stage begins when recognisable signs or symptoms appear and by this time, the disease is already advanced to late pathogenesis phase.

**Fig. 1.5: Interaction of Agent, Host and Environment**

**1.6 LEVELS OF PREVENTION**

Prevention and control of diseases is an important concept in preventive medicine. Knowledge about natural history of a disease helps in applying the preventive principles in its prevention and control. It further helps in reducing the burden and morbidity or mortality arising out of the disease occurrence. In general, there are three major levels of prevention, depending on the phase of the natural history.
of the disease. Before these three levels of prevention, primodial prevention is applied when action is taken to remove even risk factors to develop for example school children are educated not to smoke as smoking is risk factor for many disease.

1.6.1 Primary Prevention

All measures of prevention that are undertaken before the onset of the disease, so that the disease never occurs. Primary prevention involves:

- **Health promotion**: All steps undertaken to improve the level of general health and well-being so that conditions for initiation of disease process are prevented is defined as health promotion. e.g. Cessation of smoking, personal hygiene, attempts to remove hazards, such as insect-breeding sites or polluted waters, by environmental control would also promote health.

- **Specific protection**: These include measures to prevent the initiation of specific diseases or a group of diseases. e.g. Vaccination, food fortification (e.g. iodine fortification of salt).

1.6.2 Secondary Prevention

It is defined as “action which halts the progress of a disease at its incipient stage and prevents complications.”

The specific interventions are: early diagnosis (e.g. screening tests, and case finding) and adequate treatment.

1.6.3 Tertiary Prevention

It is defined as “all the measures available to reduce or limit impairments and disabilities, and to promote the patients’ adjustment to irremediable conditions.”

- **Disability limitation**: The prevention of complications of a disease before irreversible changes set in would limit disability. For example, careful attention to skin care daily, particularly of the feet of a diabetic patient, would prevent the development of ulcers and subsequent gangrene of the feet. Careful avoidance of injury from cuts, burns, and scalds to the part of the body with sensory loss, particularly the hands and feet, of leprosy patients could also avoid the loss of fingers and toes consequent to injury. Disease turns into a handicap as follows:

  - **Disease**: This is a pathological process and it’s manifestations which indicate a departure from the state of perfect health.
  
  - **Impairment**: This is the actual loss or damage of a part of body anatomy or an aberration of the physiological functions that occurs consequent to a disease.
  
  - **Disability**: This is defined as the inability to carry out certain functions or activities which are otherwise expected for that age / sex, as a result of the impairment.
  
  - **Handicap**: This is the final disadvantage in life which occurs consequent to an impairment or disability, which limits the fulfilment of the role a person is required to play in life.
  
- Rehabilitation: When a defect or disability has already occurred, tertiary prevention can be instituted to restore as much functions as is possible. For
example, residual paralysis from poliomyelitis can be overcome by the use of callipers or other devices. Individuals with mild refractive errors can have these corrected with lenses, while the partially deaf can be rehabilitated with hearing aids. Rehabilitation is undertaken at four dimensions:

- **Medical rehabilitation:** This is done through medical / surgical procedures to restore the anatomy, anatomical functions and physiological functions to as near normal as possible.
- **Vocational rehabilitation:** This includes steps involving training and education so as to enable the person to earn a livelihood.
- **Social rehabilitation:** This involves steps for restoration of the family and social relationships.
- **Emotional and Psychological rehabilitation:** This involves steps to restore the confidence and personal dignity.

### Check Your Progress 3

1) Explain state of Health.

2) Explain State of occurrence of Disease

3) Incubations of Hepatitis A is

4) List Clinical manifestations of Hepatitis A.

### 1.7 ROLES AND RESPONSIBILITIES OF MID LEVEL HEALTHCARE PROVIDERS (MLHP)

A mid level healthcare provider is defined as a health provider

a) Who is trained, authorised and regulated to work autonomously

b) Who receives pre-service training at higher education institution for atleast a total of 2–3 years and

c) Whose scope of practice includes (but is not restricted to) being able to diagnose, manage and treat illness, disease and impairments (including perform surgery, where appropriately trained), as well as engage in preventive and promotive care.

Trained and competent human resources (CHR) are essential for an effective health care delivery system. There is a pressing need to strengthen health sub centres to provide Comprehensive Primary Care including for NCDs. Global evidence suggests that suitably trained (3–4 years duration) service providers
can provide considerable primary care. As one of the measures to increase the availability of such appropriately qualified HR, especially in rural and remote areas, on 13th November 2013, the Cabinet approved the introduction of a 3\&1/2 year Bachelor of Science in Community Health (BSc CH) Course in India. However, the uptake for this course has been slow and if some Universities were to start the course, the first batch of professionals will be available for recruitment only by the end of the fourth year. On the other hand, qualified Ayurveda doctors and B.Sc./GNM qualified nurses are available in the system, who could be trained in public health & primary care through suitably designed ‘Bridge Programmes in Community Health’. Such qualified human resource may function as Mid Level Health Care Providers and called ‘Community Health Officers (CHOs)’ and posted at health Sub Centres; which could be developed as ‘Health & Wellness Centres’.

The BSc (CH) Curriculum is the benchmark for developing this bridge course and these MLHPs will be primarily deployed at Health & Wellness Centres (or Sub Centres). You would possess the necessary knowledge and competencies to deliver comprehensive primary care services and implement public health programmes.

**Job Responsibilities:** The trained MLHPs would broadly be expected to carry out public health functions, ambulatory care, management and leadership at the Health & Wellness Centres (H&WCs). You would be expected to:

a) Implement National Programmes

b) Administration and management at Health and Wellness Centres (or Sub-centres)

c) Health education and encourage awareness about Family Planning, Maternal and Child Health, and Non-Communicable Diseases

d) Preventive, promotive and curative care

e) Identification of Danger Signs and Referral after pre-referral stabilisation

f) Implement Biomedical waste disposal guidelines and Infection Control policies

g) Supervision of health workers for Maternal and Child Health, Family Planning and Nutrition related services.

In other words, MLHP are those health cadres often, but not always, linked to traditional health professions, who have received less training and have a more restricted scope of practice than professionals. In India, MLHP have been regarded as “auxillaries” and have been bestowed with following worker’s responsibilities:

1) Health Worker (Female):

a) Maternal and child health: Register and provide care to pregnant women, ensure that each women comes for at least 4 antenatal visits, get basic laboratory investigations done for her, refer women with ‘high risk’ pregnancy, make atleast 2 postnatal visits, assess the growth and development of infant and provide immunisation.

b) Family planning: Maintaining eligible couple register, motivate couples for family planning services, distribute conventional and oral
contraceptives to the couples, motivate couples who have completed family for permanent methods of sterilisation, organise health education for the same.

c) Medical termination of pregnancy: Identify women requiring medical termination of pregnancy and refer them to approved institutions, educate women about harmful effects of septic abortion and acquaint them about safe abortion services in the community.

d) Nutrition: Identify cases of malnutrition and refer them to primary care facility, distribute iron folic acid to women and children, work in collaboration with anganwadi workers, provide vitamin A supplementation to all children below 6 years.

e) Immunisation: Immunise pregnant women with tetanus toxoid and children below 5 years with all vaccines under universal immunisation programme.

f) Implementation of communicable disease control programme in her area

g) Recording of vital events

h) Treatment of minor ailments: Treat minor ailments and provide first aid in case of emergencies and disasters.

i) Maintaining all records of her health facility pertaining to MCH services, immunisation and family planning.

j) Coordination with other team members like ASHA (Accredited Social Health Activist) and anganwadi workers, medical officer, etc.

2) Health Worker (Male):

a) Record keeping

b) National health programmes:

i) National vector borne disease control programme: Active surveillance, collect blood smears, assist in spraying operations, assist in administration of radical treatment, provide health education.

ii) National leprosy elimination programme: Identify cases and refer to health facility with doctor, maintain records of patients and ensure they are taking treatment, health education.

iii) Revised national tuberculosis control programme: Identify cases and refer to health facility with doctor, maintain records of patients and ensure they are taking treatment, health education.

iv) Assisting health worker female (HW-F) in MCH, immunisation and family planning services.

v) Ensure environmental sanitation.

vi) Rest of the functions same as HW (F).

1.8 LET US SUM UP

In this unit we have discussed various aspects of health.

Health is defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
Health is not static. It ranges from complete well-being to uneasiness, disease, disability and death.

Pursuit of optimal health includes physical, emotional, intellectual, spiritual, occupational, financial, social, and environmental dimensions.

Health of an individual is a complex subject influenced by a variety of factors known as determinants of health.

Disease is the state where a body is not at ease, means it is not comfortable. Illness refers to the subjective sense of feeling unwell. Sickness refers to socially and culturally held conceptions of health conditions.

Complex interactions among people, their characteristics and the environment influence health.

Complete course of a disease from the time a human host is exposed to the disease agent in an environment to its final outcome is termed the natural history of disease. Concept of interactions between agent, host and environment is also death.

We also planned three major levels of prevention, depending on the phase of the natural history of the disease.

1.9 MODEL ANSWERS

Check Your Progress 1

1) World Health Organization (WHO) defines health as “state of complete physical, mental and social well-being and not merely an absence of disease or infirmity”.

2) Refer Fig. 1.1 A, B

3) Three dimension of health are physical, emotional and intellectual.

Check Your Progress 2

i) Genetics, socio-cultural, environment, gender, nutrition

ii) World Health Organization (WHO) describes social determinants of health as the “conditions in which people are born, grow, live, work and age”.

iii) Literacy and education status of the people also have an indirect impact on health as these are interrelated with occupation, economic and hygiene standards. People with good educational background have an understanding to practice better ways and means of living improving their health standard.

Check Your Progress 3

1) As long as agent, host and environment are in a state of balance with each other the person stays in a state of health.

2) When agent, host and environment are not in fine balance or balance is disturbed due to change in any one or more of the agent, host and environment related factors disease occurs.

3) Incubation period of Hepatitis A is 28 days.

4) Fever, Malaise, anorexia, nausea, abdominal discomfort.
1.10 REFERENCES


