

Chapter 7

Health Conditions

The health conditions of the simple households were studied with the help of Household schedule No. II which includes physical condition of the family member, major illness, immunisation and family planning methods etc. The information about the remedial measures for illness was also collected.

1. Physical Conditions

the table no. vii-1 gives information about the physically handicapped, blind, dumb and deaf persons in the simple households. It was found that the extent of physically handicapped, blind, dumb and deaf persons was larger in number (i.e. 21) in the male children population. Almost all the cases of physically handicapped children were the victims of polio. Thirteen male children and eight female children were physically handicapped. We found 7 blind persons (3 male and 4 female) in the sample households. Surprisingly, out of 10 persons, 5 were male children. There were two cases of leprosy in Wadgaonkar and Matang Wasti. Two persons in Thorala Rajwada were mad.

Regarding remedial measures, it was observed that, there was total negligence by the parents of the victimised children. The parents did not give proper treatment at the proper time to improve the physical conditions. They had adopted the wrong, risky religious measures. Very few households knew about homeopathic treatment. Although they had

consulted the doctors, it was too late and in vain.

2. Major Illness During the Reference Period

The major illness of the family members at the time of investigation included fever, headache, etc. We could not get adequate information about the same from all family members. There were six cases of blood pressure and asthma particularly in bigger size zopadpattis. A majority of the sample households complained about the illness due to mosquitos.

3. Immunisation

In spite of adequate facilities for immunisation provided by the Health Department of Solapur Municipal Corporation, private doctors, civil Hospital and even voluntary organisation, our field investigation shows that an intensive house-to-house campaign of immunisation programme has to be launched in slum areas. This is because as shown in has to be launched in slum areas. This because as shows in has to be launched in slum areas. This is because as shown in has to be launched in slum areas. This is because as shown in has to be launched in slum areas. This is because as shown in Table No. VII.1, the major physically handicapped cases were found in the children population, which were the victims of polio.

Table No. VII.2 given information about the immunisation received by the children of below 5 years of age at the time of investigation. The following conclusion can be drawn:

- (i) The total 1,064 sample households had 1,127 children of below 5 years of their age. The measures of immunisation included B.C.G. vaccination, Triple Antigen injection, polio oral vaccine and on the other ailments like whooping cough etc
- (ii) The performance regarding B.C.G. was quite satisfactory
- (iii) Remarkable, only 48.53 per cent of total children had received complete dosage of the triple Antigen injections.
- (iv) The remaining nearly 51% of the children at the total sample level did not receive the immunisation at all. The reasons were the lack of knowledge, total negligence on the part of the head of the family, illiteracy among the mothers, etc.
- (v) The extent of immunisation was very low particularly in the zopadpatties such as Maddi Patil Wasti, Maratha Wasti, MJBB., RMAJ and other slums.
- (vi) Surprisingly, nearly 40 per cent of the cases of children had received incomplete dosage of the triple Antigen injection. This was due to the lack of follow up by the parents, absence of basic common knowledge of the appropriate time of the next dose etc.

(vii) Similarly, hardly 40 per cent of the children had received treatment of the polio and vaccine. The zopadpattis such as MMFHW, RMAJ, MJBB, Bagale Wasti, Hanuman Nagar and Shahir Wasti showed very poor response for the same.

4. The Family Planning

An enquiry was made regarding the present conditions about family planning methods and the awareness about the same.

Although we could get information about family planning measures of vasectomy. The information regarding tubectomy was inadequate. We could not get the information about other family planning measures adopted by the eligible female members. We also tried to identify the eligible couple for vasectomy and tubectomy, but the information given was inadequate.