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# Swasth Hind

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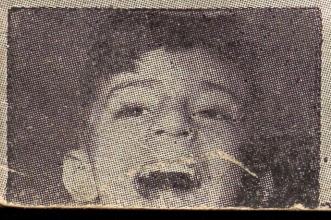

# Swasth Hind

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The opinions expressed by the contributors are not necessarily those of the Government of India.

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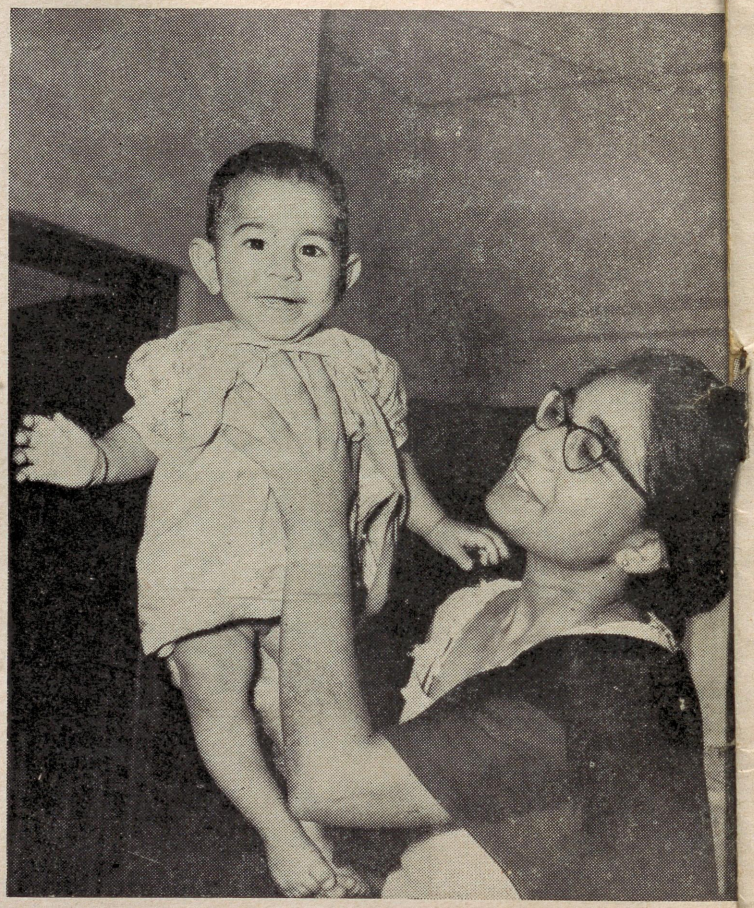


Children the world over are passing through mental and emotional stress due to increasing industrialization, urbanization and the changing family pattern. Today, than ever before, they need greater understanding, proper education and affection to adjust to these changes and equip themselves to enter the future society with confidence. We owe to them a peaceful, prosperous and free world so that they may discharge their duty towards the formation of a better society. Proper care and education of children will be a great contribution to achieve the goal. This issue of *Swasth Hind* is devoted to the theme of the Children's Day this year—Child under stress in a changing world.

## *MESSAGE*

I am glad that Children's Day is being observed this year as usual. The theme is appropriately "The child under stress in a changing world."

The world we live in today is subject to constant stress. There are many theatres of conflict and war. Aggression from Pakistan continues in spite of ceasefire. We may well be on the threshold of a global war.

Old values are slowly yielding place to new. The winds of change affect as much the young as the old. The socio-economic vicissitudes of the times have affected our cultural norms. The new generation often looks back in anger and frustration at the old values and cultural patterns.

Children are always the worst sufferers in times of such change. Their minds are like the '*tabula rasa*' of the philosophers, registering each stress and strain with an agonizing impact and their reactions are unpredictable. They are pulled in opposite directions. No wonder there is so much juvenile delinquency, anti-social behaviour and crime today among the youth in many countries.

What is our duty by our children in these troubled times? Parents, teachers, the state and the society at large must give the answer, and give it quickly enough.

The widespread disruption of joint family life and disappearance of the social security that it represented, needs a close look from all those concerned with the care of the child. In this industrial age, growth of slums, crowded tenements and lack of play-grounds and open space are common everywhere so that the child cannot work out his aggressions on the play-field. The resulting unhygienic conditions further accentuate the tensions and promote unhealthy parent-child relationships. The parents must give a thought to the new surroundings of their children in which traditional inhibitions have largely disappeared. They should try to understand and appreciate the point of view of the young, while continuing to provide them with necessary guidance tempered with firmness and love. A better liaison between parents and teachers might bring about better emotional rapprochement and help solve many difficult psychological problems of the teenager.

Know your child and half the battle is won. Some parents make unreasonable demands on the child's time because of lack of proper understanding. It was Madame Maria Montessori, the liberator of the child, who gave the clarion call to all nations of the world: "Set the children free." It is time everyone of us needed her advice. Or, neglect it at our own peril. But this freedom should not mean disappearance of the necessary firm and consistent lead which parents and teachers must provide to the children with due affection and understanding, so that the children can feel secure and develop their potentialities without the necessity of burning their fingers and learning things the hard way.

I wish the Children's Day celebrations all success and hope they will be fruitfully observed all over the country.

Sushila Nayar

(Sushila Nayar)
Union Minister of Health

# Children in a Changing World

DR SINDHU PHADKE


RAPID changes make heavy demand on the adaptive mechanism of individuals in a society. Children, because of their dependence on adults, and lack of experience in coping with the challenge of new situations are probably the most vulnerable of the disorganizing effects of change. India is undergoing a period of phenomenal change at present. To the extent to which the nature and extent of change is understood and anticipated, the possibility of controlling and preventing the resultant harmful effects can be increased. There is no need to remain helpless observers of the consequences of change for children, but initiate rational and intelligent action to deal with these.

Change is a self-perpetuating element and change in one system will inevitably set in motion changes in a large number of other systems. Thus, the advent of industrialization and urbanization in India have led to changes in the distribution of population, the family, division of labour, social values, attitudes, etc., which in turn have been affecting children in many ways.

**Consequences of Urbanization**

One of the direct results of industrialization has been the psychological pull in the direction of cities and the tremendous influx of population from rural areas to cities and towns. In 1921, the rural-urban ratio was 88.6 : 11.4 whereas in 1961 it stood at 82 : 18. An aspect causing some concern is the tendency of large urban concentrations in a few metropolitan areas causing acute problem of housing

and over-crowding. These facts provide the back-drop for a number of related problems affecting children.

The advent of industrialization has led to a weakening of traditional institutions of the joint family, caste and the cohesive rural community without substituting alternative social mechanisms to take their place. There is a growing trend towards weakening of the joint family and nuclear (small) family becoming more prevalent. The absence of grand-parents, uncles, aunts and other near relatives places a heavier reliance on the parents in terms of responsibility for child-rearing. In

**Living conditions in slums are not conducive to the proper mental, physical and spiritual growth of children**

case of inability of parents to provide care for their children due to death, prolonged illness or personality disturbances, the children become easily susceptible to neglect.

**Lack of Day Care for Children**

During the last decade, the number of women employed outside the home has been increasing. A great deal of this increase is accounted for by women working in manufacturing industries. Women have always participated in family occupations of farming and cottage crafts. This type of employment did not pose any serious problems of child care since mothers did not have to leave their children when they worked. Even at present rural mothers often take their children along with them to the fields in case no older adult can look after them at home. It is the employment of mothers in urban areas away from their homes which creates problems of child care. A variety of factors tend to stimulate increase in the number of working women. Apart from the economic necessity to supplement family income, the desire to improve the standard of living and the opening of new careers have also boosted employment of women. Furthermore, a new awareness that a career enables a woman to discharge her social responsibility and utilize her talents in a manner which promotes a feeling of self-fulfilment also reinforces this trend.

Unfortunately, the facilities to provide day care of children have not kept pace with this increase in number of working women. Apart from some creches and nurseries provided by industry and under private auspices and informal arrangements with neighbours, there are no organized community-wide day-care facilities. Thus many children have to be left without adequate care and supervision while mothers are away. For non-school-going children the situation is serious enough. But even for school-going children it poses some hazards. A child who must return daily to a home where none of the parents can welcome him and provide the much-needed affection gradually develops a resentment and even withdrawal from parents and is inevitably compelled to seek companionship away from home. Truancy and anti-social behaviour are the easy consequences.

**Inadequate Recreational Facilities**

The growth of slums, sub-standard and crowded housing conditions and lack of open spaces are the common characteristics of a number of cities. Apart from the physically damaging effects of unhygienic living conditions they accentuate the usual tensions in parent-child relationships due to the constantly close proximity with each other. The much-needed escape and respite from each other is lacking. The pent-up energies and emotional strains cannot be provided a healthy outlet in adequate recreational facilities. In spite of some efforts to develop play parks for children and some stray instances of recreation centres, it must be conceded that a preponderant majority of Indian children must rely on their devices since organized recreational facilities are

lacking. The plight of non-school-going children is even more pathetic since they are deprived of even the modicum of recreation provided by schools. The sight of a group of dishevelled looking children playing pranks on passers-by or public vehicles, or worse still, clusters of children deeply absorbed in gambling around street corners, are menacing forebodings of the dangers that lie ahead.

The schools should normally be expected to meet a number of needs arising out of inadequacies of family living. But here again, serious drawbacks confront us. While the Constitution and every successive Five Year Plan have aimed at providing schools for all children under 14 years, there is an acute shortage of schools putting heavy pressure on admission. Furthermore, the lack of adequately qualified teachers, school buildings and necessary equipment have deteriorated the quality of instruction. The problem of wastage and stagnation in our schools is immense.

If the school cannot offer a sufficiently attractive instruction for children, they start losing their interest in studies. Failure to meet the demand of academic performance can often lead to truancy from school and home and make them more vulnerable to delinquent activities in an effort to seek gratification of their basic needs of acceptance and belonging.

**Changing Values**

Perhaps less obvious but far more profound aspect of the rapid social changes today is the impact of values on the child which are mutually inconsistent and even contradictory. Parents who were brought up in the context of traditional values are expected to rear their children according to modern values. The earlier emphasis on obedience, discipline and conformity in the upbringing of children must give place to enterprise, initiative and individuality. The conflict between the conditioning of parents and their efforts to substitute newer values sometimes leads to vacillating and inconsistent handling of children. As a result children experience considerable confusion and find it difficult to decide what is expected of them by parents.

One source of tension stems from unequal rates of change between various social systems. In a perio d of rapid change, these differences are hightened. As a result children are often pulled in opposite directions. While conformity and deference to the elders are values desired by the family, the peer-group may put a premium on defiance of adults and assertion of independence. The family may uphold traditional values related to segregation of castes whereas the system of modern education demands of children acceptance of equalitarian values and a repudiation of caste distinctions.

Another aspect of our complex society relates to mutually inconsistent values within the same social system. Thus, cooperation and consensus are pictured as attitudes essential to social development in India. At the same time, forces of competition hit a child in every walk of life—starting from admission to school

(*Continued on page 316*)

**Facilities for recreation help harmonious development of children**

# CHANGING INDIAN FAMILY —IMPACT ON CHILDREN

DR B.D. BHATIA

ONE of the most important variables in our society which functions as a determinant or, more precisely, as a set of determinants of behaviour and attitudes of children is the family. "The family provides a matrix of response patterns in terms of which all future responses will be judged." It constitutes the first world of the child. Not only does it make the first physical and mental contribution to his life, but by continuous, intimate, numerous and varied associations, it becomes a major source of education and behaviour determination. According to Bossard, the home or the family transmits and interprets the culture to the child and it evaluates what it transmits. The result of this selective and evaluative process on the part of the family is the formation of the child's sense of values, in regard to both personal pursuits and social behaviour. It is within the bosom of the family that judgements are formed, conflicts of culture are resolved, choices are made or at least influenced. Thus the family operates as a vital factor in the personality development of the child.

**Forces of Change**

We live in a world of change due to various forces such as industrialization, urbanization, democratization and acculturation. The economic and social revolution is affecting the pattern of our life in various directions. One institution that has been affected most is the family. Traditional culture, the ideas, conceptions and beliefs on which our family life was organized, have been disintegrated to such an extent that many new stresses and conflicts, demanding a variety of adjustments from its members, have been caused. These are going to have a strong psychological impact on the growth and personality development of our children and on their mental health status.

**Breaking-up of Joint Family**

The orthodox Hindu family is a joint family, consisting of two or more brothers, with their wives, children and grand children, and parents on the male side, living in various parts of a common housing establishment. There are a few spinsters or bachelors in the family. Marriage for everybody is a social duty for having a son or sons who will be a means of salvation for the parent. The marriage has to take place within the caste group. There are provisions to ensure that the disrupting effects of personal liking and personal choice do not disturb marriage arrangements. Authority over all members of the household is vested in the oldest male member. Next to the oldest male member is the oldest female member. The pattern on the whole is authoritarian. The elders have to be obeyed, rules and social norms have to be respected.

The main training of the child is through taboos enforced by religious and social sanctions. Grand children are often fondled and over-indulged in by grandparents. Though the infant is the primary concern of the mother, says Shri Khatri, fondling and affection is often shown by older female sibs and other female members of the household such as aunts. Thus a growing child becomes the object of socialization of the entire household. The mother is usually not allowed to demonstrate affection for her child before elders. Thus shifts in identification figures and discontinuity in mother-child relationship and a large number of internalized objects, do create peculiar problems of personality

**Creative hobbies for the creative personality**

development, *i.e.*, "confusion" and "uncertainty" of affection at the receiving end.

Due to various forces—economic, social and ideological—such traditional joint families are breaking-up giving rise to the emergent nuclear families. In the latter, husband and wife have greater responsibilities towards the care of children and the household activities. This keeps them nervously busy and causes a lot of strain, if both of them are working or if they have a large family to look after. This strain tells on their relationship with children who are scolded, criticized or blamed for no fault sometimes. Children also show reactive aggression, and a state of mental confusion or withdrawing behaviour follows.

**Emergent Nuclear Families**

The traditional mother-child relationship is likely to be changed in a number of ways in the emergent nuclear family. The father in the latter, plays a vital role in the household. He gets increasingly involved in the affectional care of the child. Thus there will be a change in the internalized image of the father-figure for the child born in such a family. This situation is replete with many possibilities of conflicts, tensions and relationships. Dependence on the mother will be reduced and that might cause concern in her.

In the emergent nuclear family, the husband-wife relationship is likely to be more intimate, with the domination of the eldest male and female members, being absent. As such, the infant may be considered a rival for mother's affection by the father and the former may regard the father as a rival for mother's affection. This might intensify the Oedipal struggle and cause a variety of poblems connected with it, *i.e.*, hostility against father-figure, stubborness and temper-tantrums. This hostility may even be transferred to teachers and all other authority or father-figures when the child grows up.

Another trend is the greater emphasis on scheduled feeding, early weaning and more rigid and systematic toilet training. It is possible to assume, and this assumption is borne out by our experience at the Child Guidance Clinic and by various studies conducted by mental hygienists, that the child subjected to these restrictive experiences may develop mistrust, negative self-image, and a conception that the world is bad.

The traditional joint family gives differential treatment to girls in favour of boys, from birth till marriage and also in the family of her in-laws. This creates in her negative self-image, distrust of males, high level of frustration-tolerance and acceptance of her subservient position. The emergent nuclear family is characterized "by equalitarian trends brought

about by social change towards more education, more personal mobility, greater freedom to mix with members of the opposite sex at adolescent age and equal treatment of boys and girls." This is likely to create positive self-image, low level of frustration-tolerance, trust in the opposite sex and rejection of her subservient position. These, in turn, may create more inter-personal and intra-personality conflicts in pre-adolescent and adolescent girls in regard to relationships with parents, authority figures and male sibs, if the idea of equality has not gone yet among the parents and male siblings.

**Employment of Women**

Women, these days, are increasingly taking up jobs which keep them away from their households for varying periods of day. This would decrease their involvement in domestic duties. The household work would be distributed differently. This may be resented by the elder or younger sisters and the brothers' wives and sometimes even by the mother. The family situation in that case is pregnant with tensions; conflicts may ensue because of the negative attitude of some of the family members to their gainful employment. These conflicts will add to the tensions of the family and these will, in turn, affect the child's personality development adversely. This particularly happens in a family where still the old cultural mores operate as far as the employment of women is concerned.

Again, married working girl's conception of the female role may not agree with her husband's conception of the female role. "The traditional expectation on the part of the husband that he is superior, that he is the final authority in important decision-making situations may not be overtly accepted by the earning wife though in her unconscious she may want to be dominated by her husband." This may generate conflicts and cause quarrels which produce in the child a sense of insecurity and non-belongingness. He may overcome feelings of insecurity by developing all sorts of behaviour disturbances and deviations.

The psychological implications of the working mother in regard to the child's personality are an interesting study. It is true that the effets are likely to be different in different family situations depending on the type of the family, the age of children at which the mother starts working, hours of work and hours of school-going children, the economic status of the family whether the parents are emotionally stable or unstable and whether suitable arrangements are available of other family members or servants playing nurturant role of mother surrogate. On the whole, it has been found out that a mother's working may affect the quality and effectiveness of behaviour training a child receives. In the case of very young children, separation from the mother, in the absence of a suitable mother surrogate, may be deeply disturbing. It may have long-range adverse effects on the child's inter-personal relationships and even on his cognitive capacities. It is also alleged that the prolonged care of another mothering figure, in the absence of the mother, is likely to disturb the sameness and continuity of maternal experience which the child usually gets in case of non-working mother. In the words of Erikson, the disturbance in the sameness and continuity of maternal experience is likely to shake the basis of what he calls "basic trust," security system of the child to some extent.

The care of the child by two stable mother-figures may lead to the internalization of two persons. "Perception of the personality characteristics of those persons—their congruence and lack of it—is likely to create difficulties in the process of identification." It is also likely that a young child may treat the absence of the mother during working hours as his rejection, as punishment for his being bad. This may lead to the child's desire to punish himself. Many young children develop "anorexia nervosa" and psychogenic vomiting under these conditions.

**Urbanization and Consequences**

Urbanization in the form of shift of population from rural to urban areas, is the direct result of rapid industrialization, specially in our big cities. One problem that has followed urbanization is the acute housing shortage in big cities. "Family life has a physical setting, a material structure within which the family functions; and the character of this structure affects in many ways the nature of the functioning process." For a normal family life, we need adequate housing for each family. "Just as the family is the matrix out of which develop the personalities of its members, so must housing be conceived as the means of providing facilities adequate for the family to function in these respects." But the tragic reality is that many families, specially those which have shifted to the urban areas, from their rural homes,

live in over-crowded one-room house, where children cannot have their own life, where privacy is unknown, where crowding imperils health and prevents comfort, where activity must be subdued because of the immediate presence of others. All these limitations produce various types of tensions. Another aspect of the housing problem is the outside appearance of these tenements or rooms. This violates all sense of aesthetics and healthy surroundings. To the adolescents, preoccupied with desires for social recognition and prestige, the shabby appearance of the home flaunts their identification to all who have eyes to see. Many of them adopt a home-avoidance technique, a key to many of their behavioural problems.

Connected with these problems of housing is that of residential mobility implying changes in family location or residence under economic pressures. According to Bossard and Boll, residential mobility obviously has great meaning for family life. "A change in residence for a family is like transplanting a tree or plant; for both plant and family it involves a separation from the matrix, a disturbance of the root system and consequently of the functioning of the organism, followed by the problems of adjusting to a new setting." The residential mobility may lead to the following common problems:

(*a*) Maintenance of social participation in the new community;

(*b*) Retention of social status;

(*c*) Re-adjustment of traditional attitudes towards the demands of new cultural situations;

(*d*) Maintenance of family solidarity in the re-adjustment process;

(*e*) A change of school for the child which is apt to precipitate many problems;

(*f*) A change in friendships, social contacts and social acceptance for the child.

Other factors that have affected our family life adversely are the economic pressures in the form of unemployment in the family and the homes with heavy drains upon their financial resources due to many young children. Such homes deny their children many comforts of life and many amenities conducive to their personality development. Besides these, the fact that the number of families which are unstable or broken is increasing in our big towns, cannot be underestimated. Such disrupted families impose a heavy strain on the children and endanger their mental health status. Parents in such families cannot satisfy the fundamental emotional needs of children; they cannot give them ego-building, security-giving satisfaction that are essential for a happy, stress-free life.

**Remedial Measures**

We may mention here some of the remedial measures which the community may adopt to mitigate the severity of these stressful situations for our growing children. There is a need for setting up a large number of child guidance centres, citizens' advice bureaux, family case work units, marriage guidance councils, family life education bureaux, public residential settlements, family welfare centres run by local authorities, soundly based family planning programmes and institutions to take care of people without homes and families without fathers. There is a need for a rational policy of industrialization and urbanization to inspire the planners. More than this, we need to educate our people to develop constructive attitudes towards change and its consequences in an ever-changing world.

The personality of the child guides you. If you start with love, security and discipline and just work from there, the raising will be rewarding, all round and fun.

*John F. Kennedy*

# STUDENT INDISCIPLINE AND MENTAL HEALTH

DR B. KUPPUSWAMY

EVERY behavioural disorder, individual or social, has its roots in the past as well as in the present. Students' indiscipline is not an exception to this.

During the struggle for independence the students were roused to an awareness of the problems of colonialism and imperialism. The freedom movement actively encouraged the student community to participate in the various strikes and *hartals*, and other forms of agitation. However, after independence, the climate was sought to be created whereby the students should once again feel themselves 'committed' to education and devote their whole time to studies. But the temptation to use the students for agitational purposes was always there on the part of some of the political parties. Because a social tradition has been established by the participation of the students in the struggle for national independence, even now the students feel that they are doing something noble by participating in the agitation against the authority, whether it is at the level of the college, or university or the State. Thus the history of the student movement in the last 50 years and more predisposes the students towards group action whenever they are convinced that great ideals like social justice and honour of the country are threatened.

**Frustration Leads to Violence**

Why do the students resort to violence? They not only attack the authority with slogans, but they may indulge in violence against person and property during agitations of various nature. There is a pattern reaction among the students in almost all the cases. Within a few hours the demonstrating group may become a violent mob. What are the roots of such a violent and aggressive behaviour?

The *Bhagwad Gita* says that an individual loses all sense of discrimination when he is frustrated. Modern Psychology has confirmed this by setting up the Frustration-Aggression hypothesis. What are the frustrations in the modern youth?

The tradition during the colonial era was that if a student gets a university degree in arts or science, he may not only get a comfortable job earning some hundreds of rupees but he could also achieve the highest position in the administrative services and thus gain wealth, power and prestige. During the decade of the great depression in 1930's it became clear that mere general academic qualifications do not enable a student to get a good job either in the government or in the private sector and so the State as well as society had to face the tremendous problem of the educated unemployed, particularly those with university degrees. This was one of the reasons which led Gandhiji to develop Basic Education Programme, so that education is not divorced from the ability to be self-dependent. However, the parents or the students have not yet largely realized that general academic qualification does not enable a student to qualify himself for a good job. So the bulk of the students who enroll themselves in the colleges and the universities have an ambivalent attitude towards higher education. They hope that higher education would give them scope for good employment. But they also know from their experience that the bulk of degree holders end up as clerks and school teachers; occupations which have neither wealth nor power, nor any prestige. Thus the college and the university students today do not have a proper goal and are frustrated because they know their qualifications will

not enable them to get a good employment opportunity. But still they feel that they are unable to take up vocational education because they look down upon it; nor are they able to take up to professional education because the requirements of admission to the colleges of engineering and medicine, etc., are very high and sometime beyond their reach.

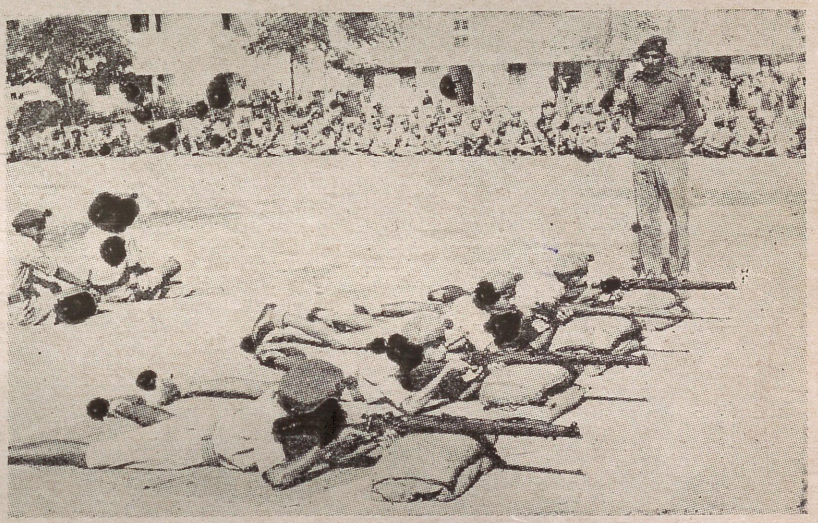
**Sense of Inadequacy**

Yet another aspect which causes frustration in the college youth is their sense of inadequacy to go through the college course. Though they have completed the high school course, their academic training and study habits are not adequate to go through the courses in higher education with profit. This sense of inadequacy makes them feel frustrated and so the bulk of them are eager that the college teacher should 'dictate notes'. Probably they do not have the necessary training to depend upon themselves and make use of the library resources to follow the courses of study. This is due to the big gap that is there between the school requirements and the college requirements. The school requirements are so poor that they have got used to low levels of working and low levels of aspiration. They are encouraged to depend on the teachers. But when they go over to colleges, they expect the college teachers also to give them the same support and when they do not receive it, they become hostile.

There is also another social problem. In the early decades of the present century college students were coming chiefly from middle class homes, where education for its own sake was valued. But today the college enrolments are largely from the lower middle and lower classes of the urban and rural areas. So the modern college youth have to face innumberable social and economic handicaps. Consequently, their sense of inadequacy is much greater. Their parents are not able to understand, much less solve, their problems because of their own economic, social and intellectual poverty. Thus the students who are in trouble can neither appeal to the parents nor to the teachers. As yet there is no organization within the college or the university which can give emotional support to these students. The universities and colleges in the USA when confronted by the same problem a few decades back, set up a new office called the Dean of students. He was relieved considerably from his teaching work and he devoted a good deal of time to meet the students to help them in their social and economic problems. Voluntary agencies, particularly women's organizations, also took up this problem and set up their own office in the campus to help the students.

**Disparity between Home and College**

Yet another social problem is the vast disparity between the home atmosphere and the college atmosphere. The parents are bringing up the children on traditional lines, making them not only obedient but also to conform to the caste rules and regulations. Even the teachers in the secondary schools are largely authoritarian in their outlook. They expect implicit obedience from their pupils. They do not encourage them to freely ask questions, much less discuss problems. The school programme is geared to the lessons rather than to the development of the pupils. At the same time the school also tries to instil in the child a democratic outlook through lessons in civics because the country has adopted democratic constitution. Thus there is a gap between the norms in the home as well as in the actual behaviour of the teacher in the school with democratic norms which stress individuality and freedom of outlook. This gap generates conflict and the adolescent feels frustrated.



**Training for a healthy and virile nation**

Music ! provides release from tension

Finally attention may be drawn to the aspect of the choice of the mate. In some high schools, in many colleges and in all the universities there is co-education. But the general social norm is in favour of arranged marriages within the framework of the caste system. The students in the colleges have this big problem of reconciling the norms set up in the literature which they read and the norms set up by co-education and the proximity of the persons of the other sex on the one hand and the norms of arranged marriages by parents on the other.

Thus we find that there is a good deal of frustration in the students who enroll themselves in the colleges against authority, against society, particularly because of the difficulties with respect to choice of vocation and choice of mate. So whenever an opportunity arises the demonstrating group very soon becomes a violent mob and causes damage to persons and property. Unless these various aspects of the problem are properly studied and adequate steps are taken to solve them the indiscipline among the college youth will increase into alarming proportions.

●

*LET CHILDREN OF THE WORLD COME TOGETHER*

One important problem that children everywhere face is that the world is changing very rapidly. Children must live in world very different from the one their parents knew. Perhaps this need to prepare for change will give children a common ground to understand each other work together. On Children's Day, I can think of no subject of study more valuable for a boy or girl anywhere than getting to know how children live in other countries. If the children do this well it will mean a great deal to future understanding amongst all peoples. —*U. Thant*

# MITIGATING STRESS ON CHILDREN —ROLE OF P.T.A.

Mrs A. Jacob

RECENT years have seen great social, political and economic changes. They had their beginnings in the Industrial Revolution; and since the turn of the century this information has gathered increasing momentum. Scientific and technological advances have solved or have brought nearer solution, several of our material problems, but it is doubtful whether they have contributed much towards the total of human happiness.

The technological revolution has adversely affected several of the long-cherished traditional ideas. For better or for worse, the prevalent intellectual and scientific ferment is bound to have a great impact on our moral and social systems.

**Changing Human Situation**

The two World Wars have not allowed enough time for the gradual assimilation of new ideas into our social fabric. The widespread disruption of family life and the emergence of a generation of angry youth have greatly influenced post-war social and moral trends. Easy means of transport and communications have brought the peoples of the world much closer than ever before. The world has shrunk too fast and many nations have been caught in this turmoil unawares. The colonies of yesterday are now mostly independent sovereign States. In several cases, the transformation has taken place without adequate preparatory ground work. The more advanced, the under-developed, and the backward countries have all become political equals. Political emancipation by the time it reached the younger generation, became primarily a social revolution within the community. The teenagers of today are born and brought up in unsettled surroundings in which traditional restraints have vanished leaving a temporary vacuum.

Through various mass communication media, including the radio, TV, films, stage and press, the younger generation get a multitude of new ideas. Parents who have been brought up differently and who hold different ideas about values and standards find it difficult to reconcile themselves to the modern trends. This clash of ideas on the home-front often strains the relation between the parents and children. Their different upbringing often makes it psychologically difficult to understand and appreciate each other's point of view. The best that parents can do in the circumstances is to accept the situation as it is today, instead of thinking in terms of the good old days. Neither a head on collision nor abject surrender will serve much purpose in dealing with the prevailing juvenile propensities. The youth of today, exposed to world influences of every kind, is not going to fit into straight jacket of the Victorian era. Parents have to accept this basic fact, and with sympathetic understanding can do much to ease stresses and tensions. Thus they can help children evaluate things for themselves and thereby guide them to arrive at the right conclusions. By comparing notes at Parent-Teacher Association meetings reluctant parents are likely to get reconciled in an increasing measure to the situation.

**Social Integration of Children**

The prevailing emphasis on the socialist pattern of society and equality of opportunities have

introduced radical changes in our educational system. Merit, from whatever strata of society it comes, is given increasing recognition and facilities are provided for the deserving areas to pursue their studies at all levels. Higher education is no longer the closed preserve of those who can afford to pay high fees. Merit scholarships take the poor to every branch of education. Naturally, children from varied backgrounds have to study together, meet on recreational grounds and spend hours together away from home and parents. In such institutions, unless some sort of checks are exercised, there is the danger of unequal economic background generating complexes in students. School uniforms, ban on the wearing of jewellery and other ostentations of wealth are some of the means generally adopted to put the lid on the resultant strains and stresses. However, this by itself is a negative approach. If through Parent-Teacher Associations we can promote the social integration of children from different backgrounds, it will be a healthy development. To promote international understanding and good neighbourly relations Western countries are operating student exchange schemes as well as exchange holidays. Cannot our Parent-Teacher Associations work out some such programmes, aimed at the social integration of children attending each school and later on a nation-wide scale ?

Another factor with a direct bearing on the children of today is the lack of companionship with parents resulting from the present-day tempo of living. In many homes it has become an economic necessity for the mother too to take up some job. Where both parents are working the children often find the parents get back home too tired to share with them their juvenile joys. The child feels neglected. Here is something for the Parent-Teacher Associations to take note of. Either on a regional basis, or at the school itself, the Parent-Teacher Associations in cooperation with the school authorities, can organize certain facilities for the children to enjoy their evenings. The Parent-Teacher Association members could take it in turn to be on duty for a couple of hours every evening. Such recreational facilities would help to reduce the strain on parents and children.

Inadequate living accommodation can make it difficult for a child to pay proper attention to his or her studies. This naturally leads to neglect of home work and inadequate preparation of lessons. Slowly the child starts losing ground, and the prospect of having to face an irate teacher in class becomes a strain. At Parent-Teacher Association meetings, ways and means of meeting some of these difficulties could be discussed. The teacher and parents should be able to work out jointly practical solutions to such problems.

**Know Your Child**

Where parents are not educated, they can show a lack of understanding of the demands on a child's time. It is not uncommon for inconsiderate parents to thrust on children too much of the work at home, and thereby deprive them of some of the time which they should be devoting to their studies. On the other hand, children with illiterate parents often tend to develop a superiority complex and refuse to carry their share of the family burden. It is becoming increasingly imperative that we have to learn to manage without servants and it is equally imperative that each member of a family should share the house work. We cannot draw any hard and fast lines allotting duties; but there must be sufficient mutual understanding to adjust things. Where there is no such understanding, resistance leading to rebellion is the natural result.

Parent-Teacher Associations can be of some assistance in such cases. The teacher sees one aspect of the child's behaviour and the parents the other. By comparing notes they should be able to sort out the disturbing elements involved in the child's mental attitude. The teacher could advise the parents to allow the child to get on with his or her studies undisturbed for a couple of hours. Then the child will have the feeling that that time is his or her own and feel relaxed and confident to get on with his or her work without somebody pecking at him or her the whole time.

Punctuality is one of the basic requirements in every child, and no school will put up with habitual late comers. And it is no pleasure for the child either to be late. In some cases parents may be the guilty ones and consequently the children suffer. At Parent-Teacher Association gatherings teachers could discuss with parents the 'problem' children

(*Continued on page 305*)

**Medical check-up of a child in a clinic**

# PREVENTION OF DISEASES AMONG CHILDREN

DR (MISS) E.V. SEBASTIAN

CHILDHOOD is a vulnerable period in one's life. It is during this time the individual is exposed to many risks to his health and well-being. It is a period of growth and development; of stresses and strains. The body mechanism has not developed to the fullest extent the power to fight the adverse external environment. The natural resistance of the body to fight disease is of a low order, with the result, children fall an easy prey to diseases.

Parents very often believe that every child has to go through a whole lot of diseases like measles, chicken-pox, whooping cough, etc., as a matter of course. There is no need for adopting such a resigned attitude as many of these diseases are preventable. On the other hand, the consequences of some of these apparently minor diseases have to be clearly understood to prevent disastrous long-lasting damage. For example, a simple scabies infection, if not properly treated, may damage the kidneys, rhuematic fever may impair the heart; an attack of poliomyelitis may leave the child a cripple for the rest of his life. Hence, the need to take positive steps to spare the children from succumbing to attacks of such diseases cannot be over-stressed.

**Prenatal Protection**

In considering the measures to prevent diseases among children we must protect the health of the expectant mother. During gestation, everything that affects the health of the mother also affects the health of the child. And for long time after its birth the child is directly dependant on his mother for food, care and protection. Therefore, proper attention to the health and nutrition of the expectant mother would be the first step. Periodic medical check-up of the mother to ensure that she is free from all diseases and infections that may be communicated to the foetus should be undertaken. The next positive step would be proper attention to the nutrition of the mother during pregnancy and lactation. The foetus is solely dependant on the mother for its nourishment. It is the established fact that better-fed mothers produce bigger babies than malnourished mothers. A baby with a bigger birth weight naturally has brighter chances of making the necessary adjustment to the external environment, independent of his mother. The first month of a baby's life is the most difficult period in his struggle for survival. Statistics show that nearly half of the deaths of babies under one year of age occur during the first week after birth. So an adequate well-balanced diet for the mother comprising enough proteins, minerals and vitamins is a sound investment to give the baby a real good start in life.

**Nutritional Needs**

Childhood, especially early infancy, is a period of rapid growth. An infant, during the first six months of its growth, requires more than twice as many calories per kg. body weight as does an adult doing heavy work. But nature has so designed it, that the nutritional needs of the baby are met fully by the mother's breast milk during this period. The baby does very well on mother's milk for the first six months but from then on, the quantity of breast milk becomes insufficient to ensure normal feeding of the infant. Supplementary feeding with soft solids containing proteins, iron and vitamins becomes necessary. Otherwise the child becomes malnourished and a prey to a host of infections and there is a set-back in the pace of growth. As milk protein is in short supply in India mothers have to learn to use locally-available vegetable proteins, the different kinds of pulses, groundnuts, etc., in preparing suitable weaning diets for infants. Great care should be taken in the process of preparations of such diets as lack of proper hygienic care can cause gastrointestinal infections and frequent diarrhoea which will make the situation worse. This situation is brought largely by ignorance, and prejudices, regarding infant feeding practices. The infants and toddlers have to be judiciously fed on suitable diets to meet this energy requirement for their proper growth and development. By about four years of age the child should be able to partake of the normal diet of the family.

**Specific Protections**

At birth the infant may possess a substantial degree of congenital immunity to certain diseases to which the mother herself is immune, *e.g.*, diphtheria, tetanus, poliomyelitis and measles. As this passive immunity is obtained from the mother through the placenta before birth, it is of comparatively short duration and is gradually lost. It may however be of a great value in protecting the infant during the neonatal period before he has had an opportunity of producing immune bodies himself. The infant has to be helped to develop immune bodies against the more prevalent communicable diseases by suitable inoculations.

PROTECTION AGAINST COMMUNICABLE DISEASES

**Tuberculosis**

Children are very susceptible to catch the tuberculosis infection. WHO Expert Committee on Tuberculosis in their report for 1964 have recommended that in countries with a high level of transmission the widest possible coverage with BCG vaccination should be ensured as early in life as possible.

Mass BCG vaccination is being carried out in India mostly among school children and adult population.

BCG vaccination gives the child reasonable protection from acquiring the disease. The level of this protection is believed to go down after about seven years necessitating re-vaccination of the child. The present thinking is that the pretesting with tuberculin is not really necessary for children up to 14 years of age. So direct BCG vaccination is advocated for the new-born infants and children up to 14 years of age and is being practised in some States.

**Smallpox**

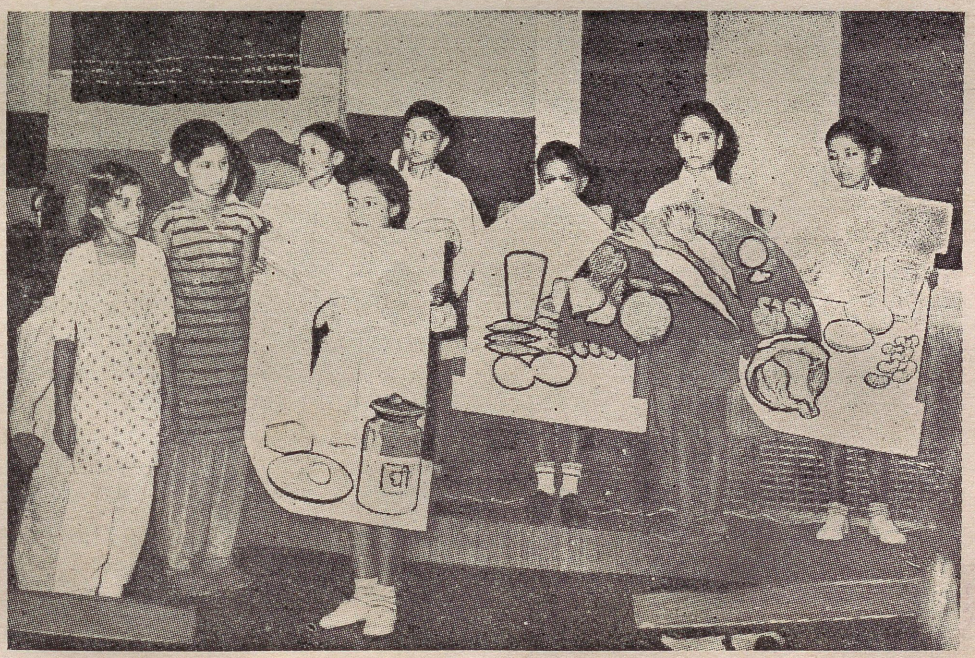
Smallpox can strike people of all age-groups. Vaccination is a sure method to prevent it. Vaccination Acts in force in the various States make it obligatory on the part of guardians/parents to get the new-born infant vaccinated before six months of age. Re-vaccination is advocated every three years. In the face of epidemic re-vaccination may be done every year. It is of utmost importance that the site of vaccination be not cleaned with any disinfectants or covered with dressings ; but allowed to run its natural course without external interference.

**Diphtheria, Whooping Cough, Tetanus**

Whooping cough and diphtheria are diseases of childhood, but tetanus affects all ages. Whooping cough is prevalent among very young children and fatal among infants. The disease generally does not affect children over five years. Diphtheria affects older children also. The symptoms of diphtheria in the early stages is often mistaken for sore throat of tonsillitis and hence may lead to severe and fatal complications through neglect. Tetanus is caused by the tetanus germs entering the body through a cut or injury anywhere on the body. Immunization against all these three diseases are given to infants with a mixed vaccine containing toxoids against the three germs. It is popularly called as Triple Vaccine. To obtain effective level of protection three injections have to be given at an interval of 4-6 weeks. The first dose can be given even at the age of three months so that by about six months of age the infant is protected against all the three diseases. To maintain immunity a booster dose is given when the child is 18 months' old and then again at five years of age just before the child enters school. During the shool-age the protection against diphtheria and tetanus should be kept up by booster doses with the bivalent vaccine at 10 years and 15 years of age.

**Measles**

Measles is considered to be an unimportant disease of childhood and treated lightly. Measles by itself though relatively harmless can lead to severe complications, if neglected, especially in malnourished and tuberculous children. Universal exposure to measles is inevitable. The only reliable protection known is to acquire immunity by having the disease. The main emphasis should be to ensure adequate medical care and home isolation for children suffering from measles and to protect as far as possible the exposure of children under three years of age. Injections of Immune serum globulin prepared out of human serum, if given immediately after a known



**Children need nutritious food for their proper growth. In the picture a group of children show food articles rich in different vitamins at a School Health Education Seminar**

expoure to the infection is believed to confer a passive immunity which lasts for a few weeks. The same serum if given after the middle of the incubation period will not prevent the infection, but will modify it making it less severe. It is considered more advantageous to use the serum to produce a modified mild attack as it is followed by a lasting active immunity which will protect the child against future attacks.

Pilot studies are under way to assess the results of vaccines made from measles virus. We may soon be in the possession of an effective vaccine to protect the child against this widely prevalent disease.

**Poliomyelitis**

Poliomyelitis (Infantile Paralysis) is a disease caused by virus. Very often there is involvement of the nervous system resulting in paralysis of muscle groups leading to physical handicaps in adult life. Mass immunization of children against poliomyelitis is not indicated in this country at present. In individual cases or when there are outbreaks of infections, immunization can be undertaken. Two types of vaccine are available—the Sabine Vaccine which is given by mouth—one course comprising two doses at an interval of 4-8 weeks, and the Salk Vaccine which is given by injection.

**Typhoid and Paratyphoid Fevers**

Children are exposed to typhoid, especially in areas where protected drinking water supply is lacking. Inoculations with TAB vaccine gives protection against the diseases. Two injections at an interval of four weeks is given, the dose being determined by the age and weight of the child. It is not necessary to give inoculation to infants below one year of age. The protection conferred by the injection is short-lived and has to be repeated annually to ensure continued protection against the disease.

**Cholera**

Routine immunization against cholera is not recommended. But in endemic areas and in the face of epidemics, inoculation with anti-cholera vaccine is necessary for all children over one year of age. The vaccine is given in two doses at an interval of 8-10 days, the dosage being determined by the age and body weight of the child. The protection obtained is short-lived and hence the inoculation has to be repeated every year.

**Intestinal Parasitic Infections**

Apart from acute infectious diseases, infestation with intestinal parasites is widely prevalent among the children. Infestation with round-worms is a common cause of malnutrition as the worms use up the nourishment given to the child. These worms cause many serious complications in the very young children. Hookworm infestation is an important cause of anaemia seen in children. These worms virtually drink up the blood and make the child pale and anaemic. Amoebic infection acquired during early childhood may be the cause of chronic ill health in later life. Parasitic infestations are directly related to the degree of personal hygiene, and the level of sanitation in the community. Provision of safe drinking water, use of sanitary latrines and inculcation of good personal cleanliness among the children are the measures to prevent parasitic infestations.

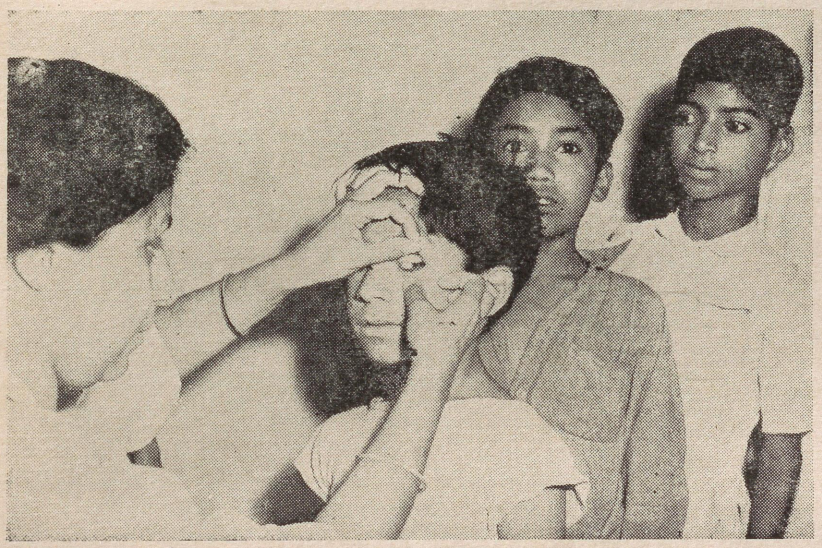
**Emotional Needs**

Alongwith meeting the physical needs of the child his emotional needs have also to be satisfied. A happy family, in which the basic emotional needs of love and security are met is essential for the child's normal health and well-being. While maternal care is the primary need of an infant or young child, the absence of the father or of siblings is likely to prejudice his opportunities for optimum development. At the same time family conflicts may have a harmful affect on the child's psychological balance. Very often emotional upsets are manifested in physical symptoms. Attacks of bronchial asthma, urticaria, enuresis, etc., may be traceable to some emotional trauma.

Medical science has effective tools with which to protect children from the dangers of the adverse environment they live in; but the community unfortunately does not make the full use of these facilities. Ignorance and indifference on the part of parents and community is, to a large measure, responsible for the many ills children are subjected to. Education of the parents and community leaders about sound methods of child care is necessary so that the child may have reasonable chances of growing up into a physically, mentally and socially healthy adult. ●

# EYE CARE OF CHILDREN

DR S.R.K. MALIK



CHILDREN are not only the treasure of their parents but also of the nation. They will develop into the nation's citizens and leaders and hence it is very important that their development should be taken care of at every step of their life. Good sight plays an extremely vital part in the development of all the faculties of the child. It has been rightly said that "eyes are the windows of learning" through which most of our knowledge and skill is acquired.

**Development of Vision and Crossed Eyes**

God has given us two eyes not without purpose. Of course, having two eyes gives the advantage of retaining sight even if one eye is lost or damaged by injury or disease but having two eyes working in unison has another great advantage. It enables one to perceive and judge distances properly which is so important in everyday life. Therefore, all efforts should be made to preserve good vision in both the eyes which must work in unison.

At birth the eyes are not fully developed, and fit to take up normal function. It is a gradual process taking about five years during which period all the finer faculties of vision develop and acquire perfection. The vision develops rapidly after birth. At about three to four weeks' of age the baby starts turning his eyes towards a flash of light or large object. By about five to six weeks he follows the objects with jerky movements of his eyes which becomes stabilized by about three months of age. At about five to six months the child can recognize his parents. Any delay or interruption in the normal development of vision should receive the attention of a specialist.

The tendency of the eyes to wander off the object of attention may be normal up to two to three months but should attract attention if it continues up to four to five months of age.

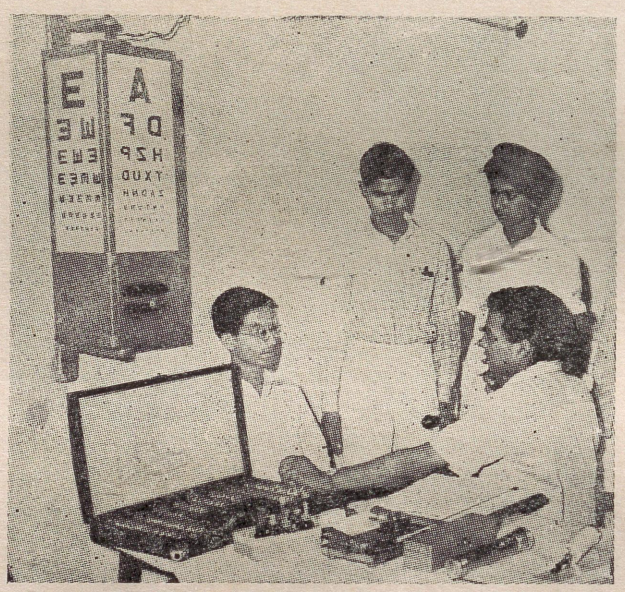
By about two-three years child starts taking much interest in the near object.

It is at this age that the crossed eye may develop which is occasional in the initial stages but becomes constant if not attended to. A qualified eye specialist should be consulted at this stage because the defect

can be rectified by the use of glasses or eye exercises or both. In some instances operation may be necessary which is harmless to life and sight. It must be realized that the squinting eye, if not cared for in the earliest stages, becomes permanently dull and practically useless as far as fine visual work is concerned. Full vision cannot be restored if treated in adult life. Further, the crossed eye has great psychological effect on the growth and development of the personality of the child. Hence, any squint when detected should not be left uncared for and treatment should be started at the earliest for satisfactory results. The belief that the child grows out of squint with age is not correct.

**Nutrition**

The growth of vision takes place with the growth of the child which in itself depends on proper and balanced nourishment. Many diseases occur in




**Early steps should be taken to rectify eye defects among children.**

children due to deficieny of one or several important nutrients in the diet. Xerosis, night blindness and keratomalacia are due to lack of vitamin A. The important nutrients required in the child's diet are vitamins A, D and C and minerals like calcium, etc., which must be adequately supplied. These can be provided by milk, egg, butter, fruits, green leafy vegetables, etc. Deficiencies must be compensated by giving extra supplies in the form of pills, syrups, etc. A balanced diet containing above food constituents is important for health of body and the eye.

**Infection**

Any discharge from the eyes should be taken note of seriously. The eyes of the child are delicate and have poor resistance. It is more often so in infants less than one month of age where two of the most important protective mechanisms of the body are not fully developed, *e.g.*, lack of adenoid tissue and poor secretion of lysozyme. Home-made remedies should be avoided.

Trachoma (*Rohey* or *Kukrey*) usually finds a virgin soil in children and is most active in them. It is the most important cause of blindness in our country. It spreads from the unhygienic habit of using a common towel, handkerchief and pillows, etc., in the home, school or hostels. Flies are also a source of spread of infection of the disease. The habit of applying *kajal* to the eyes of babies and young children is a potent source of spread of the disease to the unaffected members of the family. However, if it is essential to use *kajal*, etc., for cosmetic reasons preparation and application of these must be most hygienic. Use of sterilized vaseline containing sulphacetamide powders as the base for preparing *kajal* and the use of clean glass rod for application may greatly decrease the risk of infection. Parents and children should be educated about the preventive aspects of this disease. They should avoid rubbing of the eyes with their hands which is responsible for spreading the disease to the other eye.

Smallpox is the major cause of blindness in children. Prevention, of course, lies in vaccination every three years. It cannot be over-emphasized that the treatment in smallpox is not contra-indicated and nothing could be more criminal than avoiding treatment of the affected eyes. By treatment we can prevent loss of sight for the rest of the life of a young child.

Other infections which lead to sore eyes can be equally dangerous and specialist care is always desirable.

**Glasses**

There is no substitute for glasses wherever these are required and no exercises or medicines can improve

vision in these cases. So there should be no hesitation in wearing glasses, when prescribed by a qualified specialist, even in very young children. Wearing glasses in itself is no disease nor do the eyes become weaker if glasses are worn early in life.

**Injuries**

Injuries are a very important and major cause of blindness of one or both eyes in children. It goes without saying that the management of eye injuries is a very special one and must receive the care of a qualified and experienced doctor. It must also be realized that injury to the eye howsoever minor it may seem, needs a thorough investigation and management by a specialist. In younger children the common causes of eye injury are usually domestic articles such as a pair of scissors or a needle or a knife left carelessly in the house. Injurious chemicals must be kept carefully at a place which is inaccessible to children. Small kids must not be allowed to go near the fire. Mother should not take the children with them to the kitchen as usually accidents occur due to spurting of hot water, oil or other liquids into the eyes of children. While playing, the common objects causing eye injury are many, the notorious amongst which are arrows and darts, *gulli danda*, crackers and fireworks. Problems of injury, therefore, are mainly preventive in which the most of the responsibility lies with the parents.

Blindness in children is an indication of carelessness on the part of the parents in most of the instances. There are certain causes of blindness that are avoidable and others that could be treated. A regular check-up by a competent specialist every year till the age of 10 and thereafter every three years will lead to early detection and amelioration of many eye diseases. The role of the parents in prevention of blindness in children, therefore, cannot be over-emphasized. ●

MITIGATING STRESS ON CHILDREN—ROLE OF PTA *Continued from page 298*

who need special attention. Such parent-teacher exchange of information often set matters right without much difficulty.

**Inculcating New Values**

Western influence on our rising generation has made deep inroads into their lives. Free mixing with members of the opposite sex has become commonplace these days. Western trends in dress, hair styles, music and recreations are all there. It is very difficult for most of the elders to accept this changed situation. But it is worth remembering that the wind of change need not necessarily be an evil wind, provided our children do not loose their head. Parents must try to understand the forces let loose in recent years, and by winning the confidence of their children make them look beyond the immediate present and to pay some regard to values of an enduring nature. For all types of parents, the Parent-Teacher Association provides a comprehensive forum to discuss problems and to understand the ramifications of modern trends which seem to strain the seams.

Most of the strain on the children of today is a product of the age we live in. The complexities of modern civilization has made life difficult for everybody, including children. Also scientific studies have widened our horizon, and we are able to diagnose and deal with problems much better than before. The traditional even flow of life is gone. Let us make the best of what we are left with. Let us jointly sort out and solve problems—the problems facing our children. The Parent-Teacher Association is the right organization for a comprehensive and realistic assessment of all relevant facts and to devise ways and means of giving a proper direction to the hopes and aspirations of our children. They are, of course, very different from us in their outlook. But that does not mean that they are bad. It will be a very great strain on children if parents are not prepared to accept this basic fact, and Parent-Teacher Associations can do much to eliminate the strain by educating the parents. ●

# MORBIDITY SURVEY OF C.G.H.S. BENEFICIARIES

DR S.C. SEAL

*We publish below the second instalment of the Report which deals with the morbidity conditions of the CGHS Beneficiaries in Delhi. The first instalment of this report appeared in the September-October issue of Swasth Hind. It covered among other things vital statistics and living conditions of the beneficiaries.*

**Morbidities of CGHS Beneficiaries other than Government Employees.**

(*a*) *Annual incidence rates*

Total—272 per 100 persons (Government servants—279 per 100 persons)
Male—274 per 100 persons
Female—270 per 100 persons.

(*b*) *Incidence rates per* 1000 *persons at different diseases or disease groups.*

| | *Other beneficiaries* | *Government servants* |
|---|---|---|
| Respiratory diseases | 538 | 628 |
| Gastro-intestinal tract (diseases of) | 393 | 447 |
| Skin infection | 336 | 277 |
| Fevers | 234 | 158 |
| Accidents and Injuries | 196 | 130 |
| Diseases of ear, nose and throat | 180 | 178 |
| Diseases of eye | 129 | 152 |
| Asthma and other allergic disorders | 105 | 148 |
| Diseases of muscles, joints and bones | 103 | 204 |

(For other diseases the original table on annual incidence rates published in Sept-Oct. 1965 issue of Swasth Hind on page 280 may be consulted.)

Briefly the government servants suffered higher incidence than others in respect of respiratory diseases, diseases of gastro-intestinal tract, diseases of eye, diseases of mouth, teeth and gums, asthma and other allergic disorders, diseases of nervous systems, viral infection, tuberculosis and diseases of kidney and genito-urinary tract.

(*c*) *Sex and Annual incidence rates*

The incidence rates were higher among the females than among males in the following diseases :

Gastro-intestinal diseases except diarrhoea and dysentery
Diseases of muscles, bones and joints
Diseases of mouth, teeth and gum
Allergic disorders other than asthma
Fevers
General debility
Diseases of nervous system
Diseases of heart and circulatory system
Diseases of genito-urinary system
Diseases of endocrine glands, and
Whooping cough

(*d*) *Incidence rate and salary groups*

A progressive rise in the annual incidence rate of total diseases was noted among the beneficiaries other than government employees from the higher to the lower income groups up to the salary group 9, *e.g.*, 40 per 100 in the salary group 2 (Rs 3000-3999) to 292 per 100 in the salary group 9 (Rs 150-245). However, the higher income groups suffered more than the lower income groups in respect of the following diseases:

Diseases of stomach and duodenum, asthma, general debility, disease of heart and arteries, diseases of kidney, viral infections, diabetes and ill-defined diseases.

(*e*) *Non-CGHS services*

The extent of non-CGHS services availed of by the CGHS beneficiaries other than the Government Servants was 12.3 per cent as against 17.0 per cent by the latter. Such services were availed of more by the higher than by the lower salary groups, particularly in respect of the following diseases :

respiratory, diseases of mouth, teeth and gum, fevers, diseases of heart and circulatory system, viral infections, tuberculosis, diabetes, diseases of reproductive system and whooping cough.

**Morbidity Records of total CGHS Beneficiaries**

*(a) Dispensary attendance rates*

7.4 per cent of the beneficiaries were absent all throughout the year. Of those who were present 79.7 per cent attended and 20.3 per cent did not attend the dispensary. The attendance rates in different dispensary areas were as follows :

| *Dispensaries* | *Percentage* |
|---|---|
| Sarojini Nagar | 88.0 |
| Moti Bagh and Tilak Nagar | 86.0 |
| Kasturba Nagar | 84.6 |
| Pandara Road and Kidwai Nagar | 82-83 |
| Karol Bagh | 76.1 |
| Chandni Chowk, Subzi Mandi and Gole Market | 72-74 |

| *Dispensary* | *Maximum attendance by any beneficiary* | |
|---|---|---|
| Sarojini Nagar | 210 | Average attendance per person 9.1 times |
| Gole Market | 156 | |
| Tilak Nagar | 106 | Average attendance per sick person—11.4 times |
| Moti Bagh | 104 | |
| Kidwai Nagar | 100 | Highest—12.5 times in Moti Bagh and lowest 7.2 times in Gole Market. |
| Others | Less than 100 (least 70 in Chandni Chowk | |

*(b) Dispensary attendance and salary groups*

| *Salary group* | *Percentage reported sick* |
|---|---|
| 9 (Rs 150-249) | 82.2 |
| 4 (Rs 1500—1999) | 81.9 |
| 8 (Rs 250-499) | 79.2 |
| 10 (Rs 75-149) | |
| 7 (Rs 500-749) | 75.2 |
| 5 (Rs 1000-1499) | 69.7 |
| 3 (Rs 2000-2999) | 65.9 |
| 6 (Rs 750-999) | 61.8 |
| 2 (Rs 3000-3999) | 46.7 |
| 11&12 Population small Average | 79.7 |

On the whole, the salary groups 7 to 10 had more persons reported sick than the higher salary groups.

The average attendance rate per person increased progressively from 2.0 in the salary group 2 to 20.0 in the salary group 12 except salary groups 3 and 10 in which the attendance rate was 7.2 per person.

*(c) Total sickness*

86.8 per cent of the beneficiaries were sick—79.7 per cent attended the dispensaries and 7.1 per cent either took outside assistance or no medical assistance.

The total sickness rate varied in different dispensaries between 79.4 per cent in Subzi Mandi and 94.4 per cent in Moti Bagh. The proportion of beneficiaries taking outside assistance depended roughly on the availability of private medical aid in this locality.

*(d) Duration of sickness*

| | *Percentage* | | |
|---|---|---|---|
| No sickness | 13.2 | | More than one-third of the persons (34.3 per cent) suffered more than 12 weeks, indicating high prevalence of chronic sickness. It varied between 27.0 per cent in Kasturba Nagar to 41.0 per cent in Tilak Nagar. |
| Up to 7 days | 17.7 | | |
| Up to 4 weeks | 18.0 | | |
| Up to 12 weeks | 16.9 | | |
| Up to 36 weeks | 16.5 | 34.3 | |
| Up to 52 weeks | 17.8 | | |

*(e) Average duration of different diseases*

| | *Diseases* | |
|---|---|---|
| Single attendance | 10 | Though some of the diseases were chronic type, the attendance was sometimes for a short period only. This was due to the fact that after diagnosis either they were referred to the specialists or hospitals or they took recourse to outside assistance. |
| 2 to 7 days' duration | 20 | |
| 8-14 days' duration | 27 | |
| 15-30 days' duration | 42 | |
| 31-60 days' duration | 47 | |
| 61-90 days' duration | 28 | |
| 91-182 days' duration | 53 | |
| 183-365 days' duration | 31 | |

The diseases (268 in number) could be classified into two main groups *viz.* (*i*) with acute onset 40 per cent; (*ii*) chronic or of long duration 60.0 per cent.

The average duration of all diseases was 38 days. The average duration per beneficiary including concurrent diseases was 95 days—males 86 days and females 103 days. This indicates high prevalence of chronic or prolonged sickness.

*(f) Average duration of total sickness per beneficiary in different dispensary areas*

| *Dispensary* | *Days* | |
|---|---|---|
| Tilak Nagar | 117 | These roughly indicate the extent of chronic illnesses present in these areas. |
| Karol Bagh | 116 | |
| Gole Market | 107 | |
| Moti Bagh | 101 | |
| Chandni Chowk | 96 | |
| Subzi Mandi | 92 | |
| Kidwai Nagar | 81 | |
| Pandara Road | | |
| Kasturba Nagar | 79 | |
| Sarojini Nagar | 74 | |

| | *Days* |
|---|---|
| Average duration of total sickness of the Government employees | 79 |
| Average duration of total sickness of other beneficiaries | 100 |
| Average duration of total sickness of all beneficiaries | 95 |

(*g*) *Duration of sickness per family in different salary groups*

| | *Days* |
|---|---|
| Average duration of sickness per family | 475 |
| Least in Kasturba Nagar-Kidwai Nagar group | 296 |
| Maximum in Moti Bagh-Sarojini Nagar group | 582 |

| *Salary Groups* | *Average duration in days per family* |
|---|---|
| 7 (Rs 500-749) | 605 (highest) |
| 8 (Rs 250-499) | 576 |
| 5 (Rs 1000-1499) | 523 |
| 9 (Rs 150-249) | 511 |
| 3 (Rs 2000-2999) | 455 |
| 4 (Rs 1500-1999) | 393 |
| 10 (Rs 75-149) | 340 |
| 2 (Rs 3000-3999) | 296 |
| 11 (Less than Rs 75) | 171 |

Thus the middle income groups 5, 6, 7, 8, and 9 had longer duration of total sickness per family than the higher or lower income groups.

(*h*) *Spells of disease per family and salary groups*

| | |
|---|---|
| Average number of spells | 15 (highest in the three middle salary groups 7, 8 and 9). |

It was progressively less both in the higher and the lower income groups.

| *Dispensary-wise* | *Spells per family* |
|---|---|
| Moti Bagh-Sarojini Nagar | 23 (highest) |
| Karol Bagh-Tilak Nagar | 18 |
| Chandni Chowk-Subzi Mandi) | 13 |
| Pandara Road-Gole Market) | |
| Kasturba Nagar-Kidwai Nagar | 12 (lowest) |

Only 14.6 per cent of these spells were treated by non-CGHS services

(*i*) *Estimated acute and chronic illnesses among CGHS beneficiaries.*

| *Proportion of persons ill during the year* | *Percentage* |
|---|---|
| Acutely ill | 78.5 |
| Chronically ill | 42.5 |
| Both acutely and chronically ill | 33.8 |
| Only acutely ill | 44.7 |
| Only chronically ill | 8.7 |
| Absolute non-CGHS consultation for acute cases | 8.0 |
| Absolute non-CGHS consultation for chronic cases | 10.0 |

(*j*) *Family-wise distribution of acute and chronic illnesses*

| | *Percentage* |
|---|---|
| Families with acute illness | 89.0 |
| Families with chronic illness | 71.7 |
| Number of persons acutely ill per 100 families | 343 |
| Number of persons chronically ill per 100 family | 182 |

About 40 per cent of chronically ill persons took non-CGHS assistance against about 30 per cent of acute ill persons.

(*k*) *Acute illnesses in different salary groups*

Acute illnesses were slightly more prevalent among the lower income groups than among the higher, rising progressively from 80.0 per cent in the salary group 2 to 91.2 per cent in the salary group 9. The number of acutely ill persons per 100 families rose from 200 in the salary group 2 to 389 (maximum) in the salary group 8 and then dropping in the salary groups 9 (358 per 100 families) and 10 (284 per 100 families).

(*l*) *Chronic illnesses in different salary groups*

Chronic illnesses were irregularly distributed. The least 60.0 per cent was in the salary group 2 followed by 72.7 and 75.0 per cent in the salary group 3 and 4, then dropped to 63.0 and 71.3 per cent in the salary group 6 and 7. It reached the maximum 80.7 per cent in the salary group 7 and then declined to 77.0, 76.2 and 61.5 per cent in the salary groups 8, 9 and 10 respectively. The number of persons chronically ill per 100 families was maximum—215 in the salary group 8 and was minimum—128 in the salary group 10.

**(To be Concluded)**

## *HEALTH MINISTER'S MESSAGE ON NATIONAL SOLIDARITY DAY*

October 20th is being observed as the National Solidarity Day again this year. The sense of unity and solidarity which we have experienced in recent weeks in the face of Pakistani aggression has been a source of great encouragement to the fighting forces as well as to the administrators. Gone are the petty differences based on caste, creed, community, language, etc. Our 470 million people are all united in their resolve to protect the freedom, honour and dignity of their Motherland and undergo any hardships it may necessitate with good cheer. I am sure it is this spirit on the part of the mass of our people which has led us to victory against Pakistan and so long as this spirit continues, we shall continue to be victorious, both on the battlefield as well as in the fight against poverty, disease, hunger, unemployment, etc. Let us re-dedicate ourselves on this day to preserve this spirit of unity and oneness which will enable us to face any challenge anywhere with confidence and certainty of success. —*Dr Sushila Nayar*

# Health in Parliament

## LOK SABHA

### Water Supply Position

DR Sushila Nayar, Union Minister for Health, informed the Lok Sabha on 2 September, 1965 that the Government were taking steps to expedite the implementation of water schemes in urban and rural areas by substantially increasing the provision for water supply schemes in the Fourth Five Year Plan, by strengthening the machinery of implementation and by taking necessary steps for securing adequate supply of essential materials required for execution of the schemes.

### Family Planning

Dr Nayar told the House that there were 54 urban and six rural family welfare planning centres in the Union Territory of Delhi run by the following agencies.

| | |
|---|---|
| Central Government Health Service | —12 urban units |
| Delhi Municipal Corporation | —32 urban and 6 rural units |
| New Delhi Municipal Committee | — 4 urban units |
| Voluntary Organizations | — 6 urban units |

There were also 55 sub-centres/contraceptive distribution centres. There were 16 sterilization units in the Union Territory of Delhi run by Government agencies and voluntary organizations. Recently, the Intra-Uterine Contraceptive Device (IUCD) had also been introduced and these services were available in 32 centres.

The Extended Family Planning Programme was being tested in Mehrauli by the Central Family Planning Institute in collaboration with the Delhi Municipal Corporation.

The Family Planning Education and Service activity had been developed for employees at their place of work in six Government offices.

Household fertility survey had been started in the Rural Community Development Block, Mehrauli, with a view to ascertaining the demographic fertility patterns and measuring changes in fertility patterns over a period of time, she said.

Dr Nayar added that 13,522 (8607 males and 4915 females) sterilization operations were conducted since 1956. 3,37,152 persons had been given advice on the use of family planning methods. In addition, 12,13,075 persons were educated in family planning by way of mass meetings, orientation camps and family planning exhibitions. Over 7000 IUCD insertions had been made.

### National Tuberculosis Control Programme

The Health Minister stated in the House that under the National Tuberculosis Control Programme there was no scheme for establishment of sanatoria. The programme provided for the establishment of TB Clinics, TB Demonstration and Training Centres and Isolation beds.

The National TB Control Programme was launched during the Second Five Year Plan period. Sixty TB Clinics and four TB Demonstration and Training Centres were established during the Second Plan period. Provision had been made in the Third Five Year Plan to establish : (*i*) 200 TB Clinics (67 established), (*ii*) five TB Demonstration and Training Centres (eight actually established), and (*iii*) 5,000 Isolation beds (1956 established).

"One hundred and twenty-two teams consisting of 725 medical and para-medical personnel have so far completed their training at the National Tuberculosis Institute, Bangalore. Twenty-one teams consisting of 107 medical and para-medical personnel are at present undergoing training at the Institute," she added.

### Urban Community Development Programme

The Health Minister informed the House on 9 September that a Central Coordinating Committee to guide and implement the Urban Community Development Programme has been notified.

She said that it had been decided to take up 20 pilot projects during the current financial year. State-wise allotments had been worked out and indicated to 10 States and three Union Territories. No annual targets had been fixed. The financial implications had been indicated to the State Governments/Union Territories.

The pattern of financial assistance under the scheme will be as follows :

*Expenditure on staff, accommodation, etc., of the projects*

The Government of India will meet one-half of the expenditure and the other half will be met jointly by the State Government and the participating local body, subject to a ceiling of Rs 47,800 for the first project and Rs 40,000 for subsequent projects which may be undertaken by any State Government.

*Expenditure on Local Programmes*

Fifty per cent of the expenditure on local programmes will be shared equally between the Central Government and the State Governments/participating local bodies, subject to a matching contribution from the people. The total expenditure on this item is estimated at Rs 30,000. This provision is intended for such local schemes as are not covered by the normal departmental budget.

*Expenditure on Training, Research and Evaluation*

The expenditure on training, research and evaluation will be met entirely by the Government of India.

The trainees will be given a stipend of Rs 150 per month during the period of training to meet the cost of boarding and lodging and incidental expenses. They will also be given appropriate T.A. from the place of residence to the place of training and back. However, the salaries of the existing Government or local bodies employees who will be selected for the training will be debited to the projects budgets in the respective States.

*Projects in Union Territories*

The entire expenditure on the pilot projects to be set up in the Union Territories will be borne by the Government of India.

Dr Nayar added that the State Governments had been requested to make their selection of the towns and the areas where the programme was proposed to be implemented.

### Intra-Uterine Contraceptive Device

Dr Nayar stated in Lok Sabha on 9 September, that the State Governments had been advised that efforts may be made to use the intra-uterine contraceptive device in at least 50 per cent of the cases handled by maternity hospitals, post-natal clinics and other institutions as part of the crash programme of family planning.

She added the arrangements had been made to organize tours of mobile teams of doctors and nurses of the State Health Services to introduce the device at the primary health centres.

She said that no specially trained officer had been deputed to each State to organize this programme. But arrangements had been made for training of Medical Officers of the State Governments in six Regional Training Centres to meet the immediate service needs and to train the Trainers for the States. The bulk of the training would however be undertaken by the State Governments themselves.

### Study in Birth Control

Dr Nayar said that a study on fertility and its control had been conducted by the Demography Unit of the Indian Statistical Institute, Calcutta. The main findings of the studies were: (*i*) A general pattern of fertility is that it first rises with the level of living, attains a maximum at the critical level and falls thereafter with further increase in the level of living, (*ii*) Fertility rate has a definite relationship with living standard and ultimately declines with economic growth, (*iii*) Seven sterilizations per thousand population per annum of eligible couples may bring down the birth rate by about 20 per cent in 10 years, but with an increased rate of 14 per thousand, the drop in the birth rate would be about 40 per cent in 10 years.

### Deaths Due to Heart Attack

The Health Minister informed the House that clinical appraisal and research in various drugs and other aspects of heart disease were in progress. The Indian Council of Medical Research (ICMR) were studying the incidence of ischaemic heart disease in urban and rural population.

The Council had also made available funds for investigations on rheumatic heart diseases. The Council during the current financial year, had sanctioned 19 schemes on different aspects of coronary heart diseases involving a total budget of Rs 1,83,780.

Several drugs on treatment and prevention of this disease were being used in the world, but no definite cure was yet available, she added.

## RAJYA SABHA

### T.B. Control Centres

Dr Nayar informed the Rajya Sabha on 8 September, 1965 that the Government have evolved a scheme for setting up of at least one well-equipped TB Control Centre in every district in the country.

The total allocation for all TB schemes, inculding the scheme for the establishment of TB Clinics, included under the National TB Control Programme is Rs 11.82 crores for the Third Plan period. Out of this plan outlay, a sum of Rs six crores, it is estimated has been spent on this project.

The UNICEF is supplying X-ray and Laboratory equipment worth about Rs one lakh for each District TB Clinic established with their assistance. They also supply INH tablets and X-ray films to these clinics for a period of two years.

She said that provision will be made for this programme in the Fourth Five Year Plan.

### Cholera in Kerala State

Dr Nayar told the House that a study team had visited Kerala to investigate into the causes of outbreak of cholera in that State and a preliminary report was submitted by the Study Team in June 1965.

The main recommendations made by the team were :

(*i*) Cholera control measures should be programmed for the next year besides continuing these in the present year as the present epidemic is expected to linger on.

(*ii*) Well-timed mass inoculation should be undertaken with special emphasis on the more vulnerable sections of the population.

(*iii*) More cholera workers should be employed to complete the inoculation programme according to schedule.

(*iv*) Anti-cholera measures should not wait till a case has been declared positive, but these should be undertaken immediately on the occurrence of cases of gastro-enteritis or suspected cholera.

(*v*) The strain reported to have been isolated in its epidemic is 'EL-tor'. In such epidemics cholera inoculation is not the only answer for controlling the epidemic ; proper environmental sanitation is much more important.

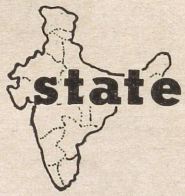
(*vi*) According to epidemiological forecast, cholera epidemic is likely to occur in a virulent form in 1966-67. The need to adopt preventive measures to control cholera is urgent.

She said that steps were being taken by the State Government to implement the aforesaid recommendations. The laboratories attached to the medical colleges were being utilized for bacteriological investigations. By appointing necessary additional staff, the inoculation work in the affected areas was being stepped up.

Proposals for starting a mass inoculation programme covering the entire coastal area were being considered by the State Government.

Dr Nayar added that the report was sent to the State Government on 18 June, 1965, while the epidemic had started in January 1965. Five hundred and ninety-four deaths were reported to have occurred in the State from January 1965 to 20 July, 1965.

# Around the states



## DELHI

### *Gifts for Jawans*

"WHILE it may not lie in our hands to end human suffering completely, much can be done to mitigate it", declared Dr Sushila Nayar, Union Health Minister, while visiting the Delhi branch of the Indian Red Cross on 8 October, 1965. The occasion was the presentation of gifts for Jawans, valued at over Rs 5,500 comprising 17 bags of new clothing and blankets and six bags of used clothing containing nearly a thousand items and two quintals of sugar.

Mrs R. Gundevia, Chairman of the Delhi branch referred to the regular hospital welfare service instituted by the organization ever since the Chinese aggression in 1962 which had been intensified on the outbreak of hostilities with Pakistan. She said that the branch had already sent comfort articles for Jawans, valued at more than Rs 20,000. She also mentioned that more than a hundred training centres in first-aid, under qualified doctors, had been started in different parts of the city for the convenience of the general public, in addition to the home nursing training given at their headquarters. The Ladies' Work Party, she added, had in September repaired, cleaned and pressed 12,000 used garments, packed them into bundles and despatched them for use of the uprooted families in Jammu and Kashmir.

The Health Minister remarked that the troubled times naturally demanded the best effort from every citizen and she was confident that what the ladies of Delhi were doing would inspire others to follow suit. It was gratifying to note, she added, that the gift parcels were being shared alike by friend and foe irrespective of caste, creed or nationality and this was only in the best traditions of India which, under the leadership of Gandhiji, had learnt to keep aloft the noble ideals of service and sacrifice before self. Such work, she observed not only relieved the suffering and misery of mankind but also its very nature would give maximum joy and satisfaction to all those engaged in it.

### *New Public Health Laboratory*

A FULL-FLEDGED public health laboratory was opened by Shri Gulzarilal Nanda, Union Home Minister, on 11August, 1965 in Delhi. The food and public health laboratories of Delhi Municipal Corporation will be housed in a three-storeyed building on Alipur Road which will house the food laboratory, the public health laboratory and the epidemiological unit.

In his speech, Shri Nanda described the laboratory as a symbol of what "we are trying to do to get rid of the menace of food adulteration". The problem was a complex one because those who were responsible for it were no ordinary people but experts well versed in scientific methods.

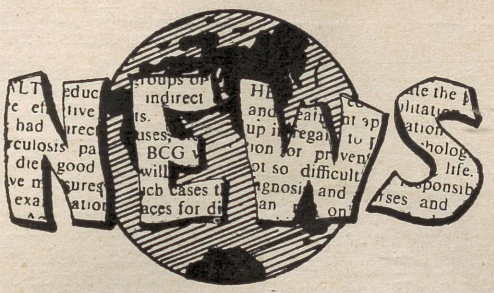
There will be in all about eight laboratories. Each laboratory has a sterilization room, store and fume room. The laboratories have also been provided with centralized gas system.

A spokesman of the health department said that the capacity for the testing of food samples would be raised to four times.

With the provision of adequate testing arrangement in the new building, about 150 food inspectors of the Central Government will start functioning in Delhi. It is proposed to intensify the drive against adulteration in the capital in the coming months.

For the first time the Corporation will have an epidemiological laboratory. A full-fledged wholetime public health officer will be in charge of the laboratory. He will be provided with 50 field workers who will carry out research work to fight epidemics that break out in the capital off and on.

The public health laboratory will have facilities for testing of water, milk, food, etc., and provide centralized services for the dispensaries and hospitals of the Corporation. ●




## TRIBUTE TO LORD LISTER

LORD LISTER, in whose honour two new stamps have been issued by the British Post Office, is popularly known as the "father of antiseptic surgery". This year marks the centenary of Joseph Lister's introduction of the antiseptic method, which completely revolutionized the practice of surgery.

Before the introduction of antiseptics, the disease known as "hospital gangrene"—a putrefying infection of the area of the wound—was a common consequence of many surgical operations, resulting in the death of thousands of patients.

At that time almost every specialist thought that gangrene arose because of air entering the wound. Lister soon changed that idea. Using a microscope, he found that the disease was due to micro-organisms which took advantage of septic conditions to attack exposed tissues.

Having discovered the cause, Lister continued his efforts to find the means to overcome the problem. After studying the work of the French scientist Louis Pasteur, he began experimenting with carbolic acid as an antiseptic, using its burning power to stop attacks of gangrene. But before his method could be widely used, the antiseptic had to be less fierce. He developed a milder form, using carbolic acid and shellac and keeping it in place with gauze.

This marked the beginning of a new era of healing, and Lister gained fame. In 1897, he was elevated to the peerage, the first medical man to be so honoured. —*This is Britain, Vol. 6, No. 19, 1 October, 1965.*

## MALDIVE ISLANDS—A NEW W.H.O. MEMBER

THE Maldive Islands has become the 122nd full Member of the World Health Organization (WHO) by depositing the instrument of acceptance of WHO's Constitution in the United Nations office of Legal Affairs.

Until attaining independence on 26 July, 1965, the Maldive Islands was represented on the WHO Regional Committee for South-East Asia by the United Kingdom.

WHO's assistance to the Maldive Islands was started in 1958 with the training of Health staff such as health assistants and auxiliary nurses. At present the Organization is assisting the Government in developing basic health services for the country's 92,000 inhabitants. Priority is being given to conditions already known to affect the health and economic development of the country particularly malaria, tuberculosis, leprosy and other communicable diseases.—*WHO Press Release.*

## MASS VACCINATION BEATS POLIO

POLIOMYELITIS is on the way out in every country where mass vaccination has been applied over the last ten years.

This conclusion is solidly substantiated by the latest Epidemiological and Vital Statistics Report published by the World Health Organization, which gives the number of poliomyelitis cases reported in 20 countries in 1964.

Compared with the figures of ten years ago when vaccination against polio was only beginning to get under way, the present report reads like an announcement of victory. Among the figures quoted in the WHO report showing the dramatic drop in number of polio cases are the following:

| | *1954* | *1964* |
|---|---|---|
| Canada | 2,381 | 21 |
| Germany (FR) | 2,713 | 62 |
| Italy | 3,404 | 919 |
| United Kingnom | 2,381 | 65 |
| United States | 38,476 | 121 |

In other parts of the world also there have been spectacular drops. Australia had 23 cases against 1,906 ten years ago; New Zealand had no cases against 41. Israel had 21 against 7550; and Japan had 98 compared with 1,921 in 1954.—*UN Weekly Newsletter, 22 October, 1965.*

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through success in one's career. Parents in their anxiety to ensure secure position for their children are inevitably caught in this all pervasive element of competition and convey to their children the absolute necessity of out-doing their peers in all types of performance. Children are confronted therefore with a distorted sense of values which stresses achievement and acquisition at the cost of a basic sense of worth and respect for individual differences.

No doubt the children of today are subject to unusual stresses as a result of changes in our social institutions and systems of values, but an intelligent awareness of their implications and our concern and ability to deal effectively with these will determine the extent to which children can be protected from the disorganizing effects of change. ●

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