

**KNOWLEDGE, ATTITUDE AND PARTICIPATION OF ELECTED
GRAM PANCHAYAT MEMBERS IN HEALTH AND FAMILY
WELFARE PROGRAMMES IN HOOGHLY, WEST BENGAL**

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ABSTRACT

This study evaluated the knowledge, attitude and participation of the gram panchayat members in health and family welfare programmes in Hooghly district of West Bengal, it was observed that 80 per cent of the respondents had the knowledge of the educational institutions and public and private health care facilities. The study further revealed that the health committee members were involved in promoting health awareness among the people about child immunization, safe drinking water, acceptance of family planning methods, government-run health care programmes and arrangements for the treatment of the rural people. The gram panchayat members also assist the health workers in launching campaign on different health related programmes such as immunization, maternal and child health, public health and sanitation, eradication of communicable diseases, and registration of births and deaths, the study revealed. The author advocates to regularly conduct meetings of the health sub-committee to help the workers to perform their jobs more efficiently in the community.

Keywords: Gram panchayat, Health sub-committee, Child immunization, Family planning, Pulse polio,.

The involvement and participation of grassroot level people's representatives of Gram Panchayat, Panchayat Samity and Zila Parishad in rural areas is one of the important efforts to make people aware of the facilities provided under the health and family welfare programmes by the government. In the successful implementation of these programmes, the elected representatives generally have much influence on the community because they are integral part of

the community whom people respect a lot and the community has confidence in them, The local community is involved in different government sponsored health and family welfare programmes through self-governance and voluntary organizations are also involved in this process.

The Government of West Bengal has issued an order regarding the involvement of Panchayat members for the promotion of health and family welfare services. As per the order, the Panchayat members are expected to carry out the following duties.

- (i) To create awareness among local people about the main aspects of public health and help them understand different aspects of curative and preventive cares;¹
- (ii) To carefully look after the implementation of the programmes of maternal and child health care, safe-motherhood, reducing child death rate, etc.;
- (iii) To control communicable and infectious diseases such as diarrhoea, malaria, HIV/AIDS and some other diseases like leprosy, blindness, etc.;
- (iv) To maintain the birth and death register;
- (v) To create awareness among people about small family norm and look after whether family planning facilities are available to each and everybody in the locality; and
- (vi) To look after the matter of malnutrition among local children,

OBJECTIVES

The Gram Panchayat representatives function as the change agents, assist in disseminating correct knowledge and information on basic health issues among the people and extend their support for improving the quality of their life in the villages. Therefore, these persons should have adequate knowledge, favourable attitude and commitment towards the health and family welfare programmes so that the task of mass participation can be entrusted with the Gram Panchayat. In order to assess the knowledge and attitude of the Panchayat members towards the health and family welfare programmes, the Population Studies Unit of the Indian Statistical Institute, Kolkata, conducted a study in Hooghly district of West Bengal, India", in the year 2000-2001 with the following objectives:

- i) To assess the knowledge and attitude of the elected health sub-committee members, representative of the Gram Panchayat and Panchayat Samity towards health and family welfare programmes;

- ii) To assess their knowledge-about .the role as proposed by the Government of West Bengal for government-run health and family welfare programmes; and
- iii) To suggest how the elected representatives could effectively be involved in improving the quality of health care services, creating awareness among people and bringing about behavioural changes among them about small family norm.

METHODOLOGY

The study was conducted in Hooghly district of West Bengal. Out of a total of 18 blocks, 6 blocks were selected randomly and from each block, four Gram Panchayats were randomly selected for the study; Each gram Panchayat has a health sub-committee consisting of 5 to 7 members. The Panchayat Pradhan and Upa Pradhan, by virtue of their portfolios, are members of-each.sub-committee. The Converor is selected from the general members. In the selected Gram Panchayats, the Pradhan, Convenor and three other members from the list of health sub-committee members were interviewed. A total of 119 Gram Prachayat members were included as sample respondents of the study.

Also, two health assistants (one male and one female) who provide health services in the selected Gram Panchayat area were interviewed to assess the extent of co-operation extended by the Panchayat members for health and family-welfare programmes.

FIDNINGS

Background Information of Members of Health Sub-Committee at the Gram Panchayat Level

It was found that, 55 per.cent of the Gram Panchayat'members had at least high school level of education while 6 per cent of the total members were either illiterate or had up to primary level of education. Two-thirds (64%) of the female Gram Panchayat members were housewives while 22.7 per cent were working women. Almost, one-third of the male members were in agriculture and fishing followed by one-fourth in service'and 15 percent in business (Table 1).

TABLE 1
BACKGROUND INFORMATION OF MEMBERS OF HEALTH SUB-
COMMITTEE AT THE GRAM PANCHAYAT LEVEL

Characteristic!	Percentage of members		
	Male	Female	Mean
Designation			
Pradhan	21.3	17.2	19.3
Convenor	18.	22.5	20.2
Member	60.7	60.3	60,5
Total	100.0	100.0	100.0
Age			
19-24	3.3	10.4	6.7
25-34	29.5	31.0	30,2
35-44	41.0	44,8	42.8
45 & Above	26.2	13,8	20.3
Total	100.0	100.0	100.0
Religion			
Hindu	86.9	91.4	89.1
Muslim	13.1	8.6	10.9
Total	-100.0	100.0	100.0
Caste			
Scheduled Castes	31.1	34.4	32.8
Scheduled Castes.	3.3 -	5,2	4.2
Others Backward Classes	3.3	5.2	4,2
Others	62,3	55,2	56.8
Total	100.0	100.0	100.0
Marital Status			
Never married	23,0	10.3	16.8
Married	77.0	89.7	83.2 .
Total	100.0	100.0	100.0
Education			
Illiterate	-	1.7	0.8
Uerate<primary complete	3,3	6.9	5.1
Primary complete	9.8	24.1	16.8
Middle school complete	21.3	24.1	22.7
Madhyamik or Higher Secondary	37.7	25.9	31.9
Graduate and above	27.9	17.3	22.7
Total	100.0	100.0	100.0
Work Status			
Agriculture and Fishing	29.5	.7	16.0
Labourer	9.6	8.9.	9.2
Self-Employed	9.8	3.4	6.7
Business	14.8	1,7	8,4-
Service	24.6	20.7	22.7
Retired/Pensioner	6.6	-	3,4
Unemployed	4.9	-	2.5
Housewife	-	63.8	31.1
Total	100,0'	100.0	100.0
Number of Members	61.	58	119

Knowledge of Sub-Committee Members about Various Issues in their Gram Panchayat Area

Though 79.8 per cent of the members had knowledge about the area covered under the specified Panchayat; only a little more than half (55.5%) of them were aware of the approximate size of the population. More than 80 per cent of the members knew the existing public health facilities in the area (Table 2). Most of the respondents also knew the existence of private health care facilities in the areas. It was interesting to note that 94.1 and 80.7 per cent of the total respondents knew about the quacks practicing allopathic and homoeopathy respectively. Out of the total of 119 respondents, 66.4 per cent of them knew about number of integrated child development scheme workers (ICDS) but only 8.4 per cent of them knew about the number of community health guides.

TABLE 2
KNOWLEDGE OF SUB-COMMITTEE MEMBERS
ABOUT EDUCATION FACILITIES, HEALTH CARE FACILITIES
AND SERVICE PROVIDER IN THEIR GRAM PANCHAYAT AREA

Items	Percentage of members having correct knowledge
Number of villages under the gram panchayat area	79.8
Population of the gram panchayat area	55.5
Government-run health care facilities	
a) Rural Hospital	81.5
b) Block Primary Health Centre	80.7
c) Primary Health Centre	70.6
d) Sub-Centre	99.1
Private health care facilities	
a) Nursing Home	87.4
b) Allopathic Doctor	98.3
c) Homoeopathic Doctor	93.3
Quack Doctors	
a) Practicing Allopathic	94.1
b) Practicing Homoeopathic	80.7
Number of health workers	
a) Health Assistants (female)	63.9
b) Health Assistants (male)	52.1
c) Community Health Guides	8.4
d) ICDS workers	66.4
Total number of respondents (119)	

Table 3 reflects the knowledge of the health sub-committee members about the health care services provided, by male and female health workers. Most of the respondents stated that the health workers provide, ante-natal care. Postnatal care, referral services, child immunization, Vitamin A oil to children, family planning services, treatments malaria and leprosy, etc. It was also seen that the Health sub-committee members were aware of services provided by the female health workers than male health workers.

TABLE 3
KNOWLEDGE OF THE HEALTH SUB-COMMITTEE MEMBERS ABOUT
THE SERVICES RENDERED BY MALE AND FEMALE HEALTH
ASSISTANTS, COMMUNITY HEALTH GUIDES AND
ICDS WORKERS

Types of services	Percentage of members having knowledge			
	Health Assistants		Community Health Guides	ICDS Workers
	Female	Male		
Ante-natal care				
a) Distribution of Iron and Folic Acid Tablets	94.1	72.3	NA	8;4
b) Tetanus Toxoid	92.4	NA-	NA,	NA
c) Check-up during pregnancy*	85.7	NA	NA:	NA
Assistance during delivery	41:2	NA	.NA,	NA .
Post-natal care	80.7	NA	NA	NA
Referral services	95.8	70.6	8.4	29.4
Child immunization				
a) BCG	95.8	75.6	NA	NA
b) DPT	95.8	75.6	NA	NA
c) Polio/Pulse Polio	94.9	76.5	11.8	52.9
d) Measles	94.9"	76.5	NA	NA
Provide Vitamin A to children	94.1	74.8	NA	NA
Advice for family planning	96.9	75.6	17.6	67.2
Distribution of Condom and Oral Pills	93.3	73.1	NA	NA
Advice for Vasectomy/Tubectomy Laproscopy/IUD insertion	95.8	75.6	16.0	35.3
Treatment of Malaria patients	47.9	32.8	NA	NA
Collect blood samples of Malaria patients	51.3	42.8	NA	NA
Treatment of Leprosy patients	55.5	42.8	5.0	10.1
Education people about HIV/AIDS	46.2	36.1	9.2	26.0
Total number of respondents	119			

(NA : Not applicable)

The health sub-committee members were aware of the consequences of population increase on food, education, employment, health care facilities, transportation, etc. While 97.4 per cent of them stated that population growth decreases the per capita food in the country, only 9.5 percent of the respondents knew that the cultivable land areas is not increasing in accordance with the population rise. At the same time, 80.2 per cent of them informed that population growth would deteriorate the housing conditions. More than 95 per cent of the members mentioned that a swelling population would imbalance the ecosystem by polluting the environment and would put a burden on the existing health care facilities to provide adequate services to them. 38.8 per cent told that it would lead to arise in traffic congestion and road accidents.

Issues	Per cent
Food (multiple responses)	
Quantity or per capita food grown is decreasing/ requirement of food is more than the production	97.4
Areas of cultivable land is not increasing in comparison to population increase	9.5
Residence	
Dwelling space problem/unplanned construction	80.2
Education (multiple response)	
Education facilities have not been extended to cover a large segment of the relevant age group/No. of teachers has not kept pace with enrolment growth	98.3
Increase in drop out from school causes increase of child labour	6.9
Problem in eradication of illiteracy	4.3
Employment (multiple response)	
Opportunities for productive employment have not kept pace with growing labour force	69.8
Increase in anti-social activities due to growing volume of unemployment	63.8
Limited agricultural resources would result in rapid addition to labour force in the non-agricultural sector-	1.7
Environment Pollution	
Rapid population growth contributing to in-equilibrium in eco-system.	96.5
Health care facilities	
Health care services can't be provided properly due to population increase / absence of sufficient number of health care facilities in proportion to population	95.7
Transportation (multiple response)	
Less transport in comparison to population/number of roads has not been increased	81.9
As a result of high and rapidly increasing population densities, number of automobiles increased causing traffic congestion and road accidents.	38.8
Total number of respondents	116
Absent members	3

Table 5 illustrates the perception of the health sub-committee members regarding, the involvement of Panchayat members in public health as per the Government directives. More than two-thirds of the respondents reported promotion of health awareness among people to improve the surrounding environment for the well being of the children the other areas perceived by them include: promotion of child immunization (42.2%), safe drinking water (23.3%) and: motivation of people to accept family planning methods (21.5%).

TABLE 5
PERCEPTION OF HEALTH SUB-COMMITTEE MEMBERS REGARDING GOVERNMENT FOR INVOLVING PANCHAYAT MEMBERS IN THE PUBLIC HEALTH AFFAIRS'

Perception (multiple response)	Per cent
To promote the health awareness among people/improve the surrounding, environment for the well being of people especially for the children	67.0
Promote child immunization.	42.2
Provide safe drinking water	23.3
Look after the health condition of people.	22.4
Motivate people to accept family planning methods	21.5
Participate in the government-run health programmes and public health camps	15.5
Enquire the activities of the health centers and health workers	14.6
Arrange for treatment of the rural people.	8.7
Total number of respondents	116
Absent members	3

All the respondents MENTIONED, that the general health problem was discussed in all the meetings held during the last one year while only 48.1 percent of them mentioned that it was discussed in the last meeting. Though 88.2 per cent of the respondents said that family planning issue was discussed in the meeting held during the last year, only 70.4 per cent reported that it was 'matter of discussion' in the last meeting. It was noted, that issues such as TB control programme, leprosy control programme, supply of medicines, infrastructure, activities of panchayat and the health activities of the health worker were rarely discussed in the meetings. Similarly, while 28.6 per cent of them reported that maternal health was discussed in the meetings held during the last year, only 6.2 percent of them stated that it was discussed in the last meeting (Table 6). All the members reported that all the health sub-committee members had attended the meetings held during the last year and only 91 members out of the total of 119 attended the last meeting.

TABLE 6
SUBJECTS DISCUSSED IN THE HEALTH SUB-COMMITTEE MEETINGS
IN THE LAST ONE YEAR

Subjects discussed (multiple response)	Per cent reported the issues discussed	
	Last Meeting	Meetings held in last one year
General health problem- ,	48.1	100.0
Immunization of children	70.4	88.2
Family Planning	6.2	17.6
Maternal health	6.2	28.6
T.B. control programme	1.2	.3.4
Leprosy control programme	1.2	5.9
Supply of medicine	1.2	3.4
Infrastructure	1.2	
Activities of Panchayat	1.2	-
Activities of health worker	1.2	-
Others	7.4	10.1
Total No. of Respondents	81	119

Table 7 shows that 46.1 per cent and 47.1 per cent of the respondents stated that decision was taken with regard to public health issues in the last meeting and in the meetings held during the last year respectively; With regard to immunization of children, 47.4 per cent of the subjects informed that decision was taken in the last meeting whereas 52.4 per cent of them "told that decisions were taken in the meetings held during the last year. On the subject of co-operation with the health workers and ICDS workers'in campaigning and arranging camps and meetings, decisions were taken in the last meeting for general health problems (25.6%) and immunization of children (54.4%).

The study found that the health'subcommittee members reported to have been involved in the activities of primary health centers (PHCs) and sub-centres in their respective areas. Most of the members (115 out of 119) were involved in the activities of sub-centres (Table 8). About 45.8-per cent of .the members were mainly involved in the activities of the health workers, and 44.3 per cent of them were involved in the Pulse Polio Immunization and national health Programmes. Data presented in Table 8 further reveal that 21.7 per cent of the respondents each were Involved in the activities such as looking -after the services of the doctors' and 'supply of adequate medicines' for the PHCs.

TABLE 7

DECISIONS TAKEN IN THE HEALTH SUB-COMMITTEE MEETINGS IN THE, LAST ONE YEAR

Decision Taken (multiple responses)	Percentage of respondents							
	General health problem		Immunization of children		Family planning		Maternal health	
	L.M.	L.Y.M.	L.M.	L.Y.M.	L.M.	L.Y.M.	L.M.	L.Y.M.
Extended co-operation with the health workers and ICDS workers in campaigning" and arranging meeting and camps	25.6	33.6	54.4	49.5	-	80.9;	-	5.9
Inspect/check-up of child immunization/ante-natal- care/ follow-up ,of refusal cases of Pulse Polio and family planning	-	3.6	47.4	52.4	-	33.3	-	50.0
Identification "of cases/ action taken	20.5	27.8	14.0	14.3	-	19.0	-	52.9'
Improve ' the public health/sanitation/d rinking water	46.1	47.1	-	0.9	-	4.8	-	
Number of issues discussed	39	140	57	105	-	21	-	34

(L.M.- Last meeting; L.Y.M.- Last year's meeting)

TABLE 8
PERCENTAGE OF HEALTH SUB-COMMITTEE MEMBERS PARTICIPATION
IN THE ACTIVITIES OF PHCs AND SCs IN THEIR LOCALITY

Percentage of Panchayat Members involved In different activities of heath centres			
PHCs		SCs	
Activities	%	Activities	%
Arrange to refer patients to the heath centre	64.0	Enquire the activities of health workers and discuss in the meeting	45.8
		Involved in the Pulse Polio and National Health Programme	44.3
Look after other problems/cooperation with the health workers	30.4	Distribution of medicine (door to door)	19.6
		Arrange to refer ill patients to the sub centre	17.4
Look after the services of doctors	21.7	Campaigning for different heath Programmes	14.8
Whether adequate medicines are provided	21.7	Involved in the family planning programmes	4.7
Total Number of respondents	25	Total number of respondents	115

Data in Table 9 show that almost three-fourth (72.6%) of the respondents stated that creating awareness among the people about family planning is one of their responsibilities followed by maternal health and child health (48.7%) each. While 60.2 per cent, of them told that organizing campaign for family planning is one of their duties, only 8.8 per cent of them each informed that launching campaign for eradication of 'diarrhoea' and leprosy¹ is one of their duties. The other duties mentioned by them include T.B. control, arrangement and looking after different immunization and preventive cares; including diarrhoea are their duties. 60.2 per cent of the respondents told that they are supposed to participate in campaigning and extending cooperation for HIV/AIDS programme and 22.1 per cent stated that campaigning for family planning programme is one of their responsibilities.

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Some health sub-committee members registered complaints about health care service and remedial measures. The health sub-committee members registered 12.6 to 26 per cent of complaints on different aspects of health care service. It was further noticed that 48.3 per cent of complaints were in relation to negligence of duties by the staff while it was 93.3 per cent in regard to deficiency in acquisition of medicines. 51.7 per cent of cases of negligence complaints by the staff were brought to the notice of the concerned staff members. 86.2 per cent of the respondents informed that appropriate action was taken against their complaints. Similarly, with regard to maintenance of infrastructure, 87.1 per cent of the members reported to have complained to the higher authorities and in 90.3 per cent of the cases; action was taken (Table 10).

TABLE 9
PERCENTAGE DISTRIBUTION OF RESPONSIBILITIES OF THE HEALTH SUB-
COMMITTEE MEMBERS REGARDING VARIOUS HEALTH AND FAMILY WELFARE
PROGRAMMES

Responsibilities	Programmes								
	T.B.	Malaria	Blindness	Diarrtioea	Leprosy	HIV / AIDS	Family Plannin g	Matern al Health	Child Health
Creating awareness among people	5.7	0.7	21.2	37.2	15.0	17.7	72.6	48.7	48.7
Help poor patients in treatment ,	11.5	2.6	12.4	7.1	2.6	0.9	4.4	6.2	2.6
Referral services	86.7	64.6	39.8	41.6	50.4	11.5	21.2	15.6	8.0
Identification of cases	65.5	41.6	15.0	32.7	43.4	23.9	1.8	11.5	-
Campaigning/ -co-operaton	3.5	10.6	15.9	8.8	8.8	22.1	60.2	25.7	26.5
Arrange and taking care of different immunization and preventive cares	3.5	7:1	5.3	3.5	2.6	1-8	4.4	40.7	64.6
Spray Bleaching powder/distribute ORS and Halogen tablets.	-	6.2	-	57.5	-	-	-	-	-
Total number of respondents	113								
Absent	6								

TABLE 10
 PERCENTAGE OF HEALTH SUB-COMMITTEE MEMBERS WHO MADE
 COMPLAINTS ABOUT HEALTH CARE SERVICES REMEDIAL MEASURES AND
 ACTION TAKEN THEREAFTER

Subject	Made any complaint	Per cent referred to higher authority	Per cent of the complaints reported to concerned workers	Per cent of members reported about action taken against complaints
Negligence of the workers towards duties	24.4	48.3	51.7	86.2
Supply of inadequate quantity of medicine to patients	21.0	64.0	36.0	8.0
Deficiency or insufficiency in the accessories of treatment	16.0	78.9	21.1	68.4
Maintenance of infrastructure	26.0	87.1	12.9	90.3
Deficiency in acquisition of medicine	12.6	93.3	6.7	86.7
Total number of respondents	119			

More than four-fifth (82.6%) of the respondents had the opinion that local people's representative's co-operation and co-ordination-are helpful for the health workers and 76.1 per cent of them opined that panchayat-members should take part in campaigning, motivation and discussion in the meeting on Pulse Polio programmes (Table 11).

TABLE 11
 HEALTH WORKERS OPINING ON THE ROLE OF PANCHAYAT MEMBERS
 IN IMPROVING HEALTH CARE AND FAMILY WELFARE SERVICES

Opinion (multiple response)	%
Being public representatives of local people, panchayat members co-operation and co-ordination are helpful for the work of health workers	82.6
Effective campaigning/more involvement /motivation for the Pulse Polio programmes	76.1
Supply of temporary contraceptives/motivation for family planning/compulsory family planning after two children/increase the number of legation camps	32.6
Widespread campaigning in creating awareness for infectious diseases like diarrhea, Leprosy, Malaria and epidemic in the post flood situations	23.9
Solve the problem of safe drinking water	21.7
Eliminate the crisis of doctors and health workers / arranged to provide full time doctors and adequate medicines	19.6
Look after the sanitation system/eradication of environment pollution	13.0
Total number of respondents	46

CONCLUSION

Though Hooghly is a highly developed district in West Bengal with high literacy rate and per capita income. The performance of panchayat members seems to be not up to the level. Therefore, appropriate steps may be taken to orient them to various health activities

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इस अध्ययन में जिला हुगली, पश्चिम बंगाल राज्य में स्वास्थ्य परिवार कल्याण कार्यक्रमों में चयनित ग्राम पंचायत सदस्यों के ज्ञान, अवधारणा तथा प्रतिभागिता का मूल्यांकन किया गया है। यह देखा गया था कि 80 प्रतिशत उत्तरदाताओं को शैक्षिक संस्थानों तथा सार्वजनिक एवं प्राइवेट स्वास्थ्य परिचर्या सुविधा स्थलों की जानकारी थी। अध्ययन से यह भी ज्ञात हुआ है कि समिति के सदस्य शिशु प्रतिरक्षण, सुरक्षित पेयजल, परिवार नियोजन विधियों की स्वीकार्यता, सरकार द्वारा चलाए जा रहे स्वास्थ्य परिचर्या कार्यक्रमों जैसे प्रतिरक्षण, मातृ एवं शिशु स्वास्थ्य, लोक स्वास्थ्य एवं स्वच्छता, संक्रामक रोगों के उन्मूलन तथा जन्म-मृत्यु का पंजीकरण कार्यों पर अभियान चलाने में स्वास्थ्य कार्यकर्ताओं की सहायता भी करते थे। समुदाय में स्वास्थ्य कार्यकर्ताओं को अपने कार्यों का अधिक प्रभावी ढंग से निष्पादन करने में सहायता करने के लिए लेखक द्वारा स्वास्थ्य उप-समिति की नियमित रूप से बैठकें आयोजित करने की सिफारिश की गई है।