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# A SYSTEMATIZED, INSTITUTIONALIZED AND TECHNOLOGICALLY SOUND APPROACH TO HEALTH AWARENESS: A FUTURISTIC VIEW: A STUDY ON THE UNAUTHORIZED JHUGGI JHOPADI DWELLERS OF LUCKNOW.

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The dream to take India on its journey from a developing nation to a developed nation lies in the heart of every Indian. However a major hurdles on this path is the health challenge faced by the country. Various diseases are creeping up at a fast pace and not sparing any age group in society.

Hospitals, clinics and nursing homes are mushrooming in every nook and corner in the cities. The government machinery too has reached most of the rural areas with its vast network of PHCs, CHCs and District Hospitals. Yet there seems to be a demand for more with the rapidly increasing number of patient. Moreover hospitals are only concerned with the curative aspect of ailments.

Although awareness has always been on the government agenda for tackling health issues for a long time, yet the information, consciousness and sensitivity towards the various issues of health is way off the mark among the masses.

The paper tries to present the need for a shift in strategy from curing problems to preventing through proper awareness on a well defined pattern. It further tries to give a new and innovative solution to long term awareness through a proper, systematic and institutionalized method. It incorporates the use of technology in an institutional setup to work on a well defined pattern for each health issue. This in the long run will not only prove to be effective but also economical.

Only then will we be able to spread genuine awareness on a range of issues in a shorter span of time and prevent many ailments and problems which can be avoided through proper information.

KEY WORDS – Health, Awareness, Systematic, Institutional setup, Technology

## INTRODUCTION

India is fast moving from a developing to a developed nation. However, for the nation to complete this journey it has to overcome various obstacles in its path. While the major focus has been towards improving the economy, technology, infrastructure etc., the social sector in India poses a major challenge. The social sector is huge and it encapsulates within its ambit a wide range of areas like education, environment, hygiene and sanitation, income generation programmes, women and child, rights of citizen etc.

Most these social problems affect a certain social group, age group, community, gender etc. However, the one area that has not spared anyone, from an infant to aged, from rich to poor, from rural to urban is, Health and Nutrition and Disease. The prevalence and frequency of the problem is moreover on the rise.

Therefore, to combat the magnitude of this problem we see hospitals, nursing homes, clinics mushrooming everywhere. The Government too has prepared its vast network of Hospitals, CHCs, PHCs to reach every nook and corner of the country. Yet they seem to be somewhat falling short with the alarming rate of increase in the number of patients. Besides, these organizations are more concerned with the curative aspect of health and disease. 'In India, as several other developing countries, the health awareness of people is adversely affected by several other factors like environment, malnutrition, illiteracy, reproductive habits, contraceptive practices, customs and traditional, beliefs and lacunae in the health services of the country'. (Health awareness problems and culture of Balmiki families urban areas Jhansi city, Verma, Santosh Kumar, 2007)

The focus should be on preventing the health problems and diseases rather than curing them. For this purpose, the major role lies with the Awareness component of Health and Nutrition. They alone will have a large impact on preventing the challenge before its inception. Only then will India develop into a healthy nation leading to a physically healthy Human Resource which will go a long way in building the nation.

Some very alarming statistics prove that there is an immediate need to bring our attention towards the health of Indians at the global level.

- India ranked 126 out of 183 countries in Life Expectancy (with 72.03 years) in 2023 mm.
- India ranks 145 among 195 countries on healthcare Access and Quality (HAQ) in 2016 which is lower than Bangladesh and even sub- Saharan Sudan and Equatorial Guinea as per the Global Burden of Disease study, published in the medical journal – The Lancet on 23 May, 2018
- In Infant Mortality India ranked 113 out of 223 nations as per CIA in 2016 (40.5 per 1000 births)
- In Epidemiology of diabetes mellitus India ranked 2$^{nd}$ largest in the world according to WHO (69.2 of 422 million diagnosed adult diabetics, live in India)
- In Global Hunger Index India ranked 97 out of 119 countries as per International Food Policy Research Institute in 2018.

These statistics go on to show that new improved methods are needed to uplift the health status of the nation with a change in strategy, because if things are left to continue the way they are it will take a very long time to bring about noticeable changes in the health scenario.

## OBJECTIVES

1. To find out the awareness of the respondents on diseases that may affect them.
2. To find out their access to basic living standards.
3. To have a systematic and well-defined pattern/curriculum for each aspect of Health and Nutrition for mass awareness on the subject.
4. To incorporate technology for spreading awareness.
5. To use technology as a tool for displaying and projecting the topics of concern in a more fun filled manner.
6. Have a proper institution or app whose sole purpose shall be awareness on Health.

**The whole awareness component of health**

Awareness plays a very important part in the of health status of a nation. In India it is even more necessary, considering that a large number of people are illiterate and the health status of the nation too is quite low. Thus for the unlettered population, awareness is the only way of raising their consciousness towards health and nutrition. For the educated too awareness plays an important part since the general tendency of the people in India is to neglect and ignore their health. They wait for a problem to occur and then cure it rather than focusing on the prevention and preventive measures.

'The state of Health Awareness of an individual, family and community is determined by several factors viz. education, health educational approaches, No. of Health training centres, communication – group orientation, exhibitions, T.V. Channels, participation in health activities, combating to misconception, and source of information – T.V., Radio, Newspaper and printed literature etc.' (Verma, Santosh Kumar, 2007)

Though Awareness has always been a part of educating the people on the various health issues, yet the pattern followed so far has major drawbacks and lacunae due to which the desired results are far from being achieved.

**Challenges in the Current Health Awareness System**

- Various Government bodies, organizations and NGOs work on their specific agendas / social issues. Their drives and programmes have been operational in society since a long time yet they have not been able to raise the awareness to the desired level. Besides, these programmes include:
    - Huge budgets
    - Large chunk of human resource
    - GOs/ NGOs and a mix of both (PPModel)
    - Lots of file work
- So far the various campaigns and programmes are taken to the public but there is no specific place where the person can go in case he needs some information or advice or reaffirm any doubt.
- Sometimes a person is unaware about whom to consult or where to go if they need clarity on any issue, the doubts of the people may be trivial but they deserve an answer.
- The various departments are generally inaccessible to common man besides the official are almost completely inaccessible.
- Need to give the individual a choice to learn about the issues that effect their life rather than imposing our thoughts and our primary concerns on him.
- Due to the variety of programmes and their complex nature and lack of coordination among envisioning and executing agencies entailing large finances and long period of time it is not possible that every area/village may be reached with all issues.
- Once a programme is conducted with one generation in a given place it doesn't end there, after a few years it has to be again conducted with the next generation in the same area and this goes on again and again resulting in duplication of efforts and money.
- Other problems encountered in the process are -
    - lack of dedication by the employed staff,
    - reluctance to go to the interior regions and villages
    - misuse of allocated funds etc.

**SYSTEMATIZED PATTERN OF AWARENESS**

Systematic implies a fixed plan or pattern of action. When we consider it in the concept of awareness especially health awareness, we realize that it is much unorganized. Even if all the components of awareness on a particular subject are taken up, there is no pre-defined format on how to go about it.

If awareness is to be brought about in the real sense there needs to be :-

- An approved well-defined pattern or format for awareness on the given subject just as there is well prepared curriculum for each subject. This should be developed through testing of different strategies to define the most easily understandable process even by those who are uneducated.
- It needs a proper sequencing of the subject matter to decide which aspects to take up and in which order so that there is a proper framework of the matter. This will set specialist's approved guidelines for trainers.
- The examples to be used must also be specified and updated regularly/periodically so that one doesn't deviate much. The message to be conveyed through the example is clear and doesn't remain ambiguous to the audience.
- The emphasis while training, must be known to the trainer as to what must be highlighted, where to go into the details. The stress must be on what daily habits to change or small steps to avoid the major health challenges.
- Practical application of the theory in their everyday life must be well exhibited through the programme.
- The curriculum should be so designed to arouse the interest of the audience as well as raise their consciousness on the subject.
- Once developed through the brainstorming of specialists and its application tested on the field a desired pattern will be formed in a concrete way on each aspect of health. This can further be used by any agency, person etc. This will bring uniformity in the awareness on a subject, reduce the chances of efforts going in vain, it will ensure that all important aspects on the subject are covered and will particularly check human error. This will strengthen the awareness process and go a long way in getting the desired results from awareness on health.

## TECHNOLOGICAL ASPECTS

Technological Aspect implies the use of Technology for awareness. In this age of technology each and every sector is making use of it and to a great extent has become almost dependent on it. In fact the present generation cannot imagine their lives without technology. From morning to night we have enslaved ourselves to technology in some form or the other. In the awareness process on health we must make use of this technology to its fullest and for the betterment of the masses. Technology has a two-fold role to play in this process:-

(1) To help in reaching out to the maximum number of people in serving them and motivating them to imbibe greater knowledge on issues that affect their lives or are likely to affect them in the future. To promote the fact that they may prevent a lot of health hazards by just being well informed on the issues and take precautions as and when needed. So far it has worked through conventional methods of media, radio, newspaper etc. however it is time to go one step further and bring these promotions and advertisements on the mobile as it is the One device available with maximum number of people and with which maximum time is spent. To reach out to this vast population an Application may be prepared that may serve as a hub for those seeking information on anything and everything related to health. It shall provide the people with choices on what they wish to learn about.

(2) To help in preparing teaching/training aids which will simplify the explanation of the matter and enhance better understanding on the subject matter. (through visual aids etc.). This will turn out to be the most powerful use of technology in this whole process. Developing short films, animations or simple model displays will help the masses especially those who are uneducated to understand the problem as well as retain it in their memory for a long period of time as opposed to the conventional methods of oral/verbal training. Technology in awareness will also help in making the people conscientious towards sensitive issues.

## INSTITUTIONALIZED AWARENESS

Institutionalization involves a deliberate effort to incorporate knowledge at the organizational level so that it may persist and be available for future reuse. Institutionalization is the process through which the "learning that has occurred by individuals and groups…" Crossan, Lane & White 1999, p.525) "is embedded in the design of the systems, structures and procedures of the organization" (Crossan, Lane, White and Djurfeldt, 1995, P.347). It is

through institutionalization that individual and group learning is leveraged and capitalized on in an organization (Crossan, Lane & White, 1999).

Thus, it is clear that the knowledge, made available, through an institution always remains there for future reuse. Institutionalization also provides a degree of permanence to the whole system, since the material and visuals prepared there will last for generations to come.

Scott in (2001) attempted to define Institutions an "Institutions are composed of cultural-cognitive, normative and regulative elements that, together with associated activities and resources, provide stability and meaning to social life" Scott further went on to say that "Institutions are transmitted by various types of carriers, including symbolic systems, relational systems routines and artifacts."

Institutionalization may be carried out in the form of

- Museum displaying the various aspects of health. This could be a first of its kind museum, which could be opened for all kind of people to learn better about the issues that concern them.

  Prof. D. P. Ghosh, the founder-curator of the Asutosh Museum of Indian Art, Calcutta University, had very aptly suggested in his Presidential address to the West Bengal Museums Association (1965) that education should be the main purpose of museums

- Training center or a Hub is another form of institutionalized approach to health awareness. Such a center will help train professionals to disseminate information in a methodical and approved manner such that they do not miss out on any component relating a health issue and are also able to communicate in a manner that arouses interest and consciousness among the masses related to the topic they address.

  Rather than randomly promoting any one cause, promote the use of the hub for people to develop a habit of using it.

## UNIVERSE AND SAMPLING

The universe of the study consists of people living in unauthorized jhuggi jhopadis in the reproductive age (15 -49 years) in the city of Lucknow. The sampling technique used to pick the samples was Purposive Sampling. A total of 50 such samples have been selected from Gomtinagar area of Lucknow.

The respondents for this study were selected from unauthorized jhuggi and jhopadis in Lucknow, since they come from smaller towns and live in pitiable conditions with little access to basic necessities. They have very low income and barely manage to make ends meet. Besides the physical challenges they constantly face mental insecurities as well. They become victims of many nutritional deficient and infectious diseases.

The people in the reproductive age constitute the main work force and many a times have large families dependent on them. Only a person in good health condition can perform to the best of their potential. Besides, residing in the midst of the state capital which is the hub of development in the state they have access to more information and facilities. Therefore it is deemed necessary to find out their awareness level on health and diseases likely to affect them or their family members.

Despite, living in the capital of the state, with development happening all around

## METHODS AND TOOLS OF DATA COLLECTION

This study based on Primary as well as Secondary data. The Primary data was collected through an interview schedule. Observations were also made during the data collection. Research Papers, articles and Internet were used to collect secondary data.

## ANALYSIS OF DATA

**Table No. 1 - Age & Sex of Respondents**

| Age Group | No | % | Sex | | | |
|---|---|---|---|---|---|---|
| | | | Male | % | Female | % |
| 15-20 | 8 | 16 | 2 | 4 | 6 | 12 |
| 20-25 | 10 | 20 | 2 | 4 | 8 | 16 |
| 25-30 | 7 | 14 | 1 | 2 | 6 | 12 |
| 30-35 | 15 | 30 | 3 | 6 | 12 | 24 |
| 35-40 | 9 | 18 | 2 | 4 | 7 | 14 |
| 40-45 | 1 | 02 | | | 1 | 2 |
| 45-49 | - | | | | | |
| **Sub – Total** | | | **10** | **20** | **40** | **80** |
| **Total** | **50** | **100** | | | | |

The table number 1 shows the age and sex of respondents. The highest number of respondents belong to the age group of 30-35 years (30%) which comprised of 6% male 24% females in total study, followed by age group of 20-25 years (20%) consisting of 4% male and 16% females, then 35-40 years (18%) constituting 4% male and 14% females while there were 16% respondents in the age group of 15-20 years with 4% male 12% females and 14% between 25-30 years with 2% male and 12% female and just 2% in the 40-45 age category who were females. Overall 20% male and 80% females were part of the study.

**Table No. 2 - Religion of Respondents**

| Religion | Numbers | Percentage |
|---|---|---|
| Hindu | 37 | 74% |
| Muslim | 13 | 26% |
| **Total** | **50** | **100** |

The religion of the respondents shows that a little under three-fourth of the respondents (74.00%) were followers of Hindu religion while a little over one-fourth of the respondents (26.00%) were followers of Islam.

**Table No. 3 - Caste of Respondents**

| Caste | Numbers | Percentage |
|---|---|---|
| General | 5 | 10 |
| SC | 16 | 32 |
| ST | - | |
| OBC | 29 | 58 |
| Other | - | |
| **Total** | **50** | **100** |

An analysis of the Caste of the respondents shows that most of the respondents belonged to the Other Backward Classes (58.00%) followed by 32.00% Schedule Caste while 10.00% of the respondents belonged to the General category.

**Table No. 4 - Educational Profile of Respondents**

| Educational Status | Numbers | Percentage |
|---|---|---|
| Illiterate | 32 | 64 |
| Primary | 16 | 32 |
| High School | 2 | 4 |
| Intermediate | - | |
| Graduate | - | |

The educational profile of the respondents (Table No. 5) reveals that most of the respondents are illiterate (64%) or have received basic primary education (32%). Only 2% have completed high school education It is a very alarming statistic, that while we boast of 99% enrollment, almost all respondents of the study turned out to have received a maximum of only primary education. Living in the capital of the state, majority of the respondentshave not been able to get basic education, is a very grave matter.

**Table No. 5 - Basic Facilities**

| Facilities | | Number | Percent |
|---|---|---|---|
| **Water facility in their house** | **Yes** | **0** | **00** |
| | **No** | **50** | **100** |
| **Toilet** | **Yes** | **0** | **00** |
| | **No** | **50** | **100** |

The above table shows the access of the respondents to two basic components needed for a basic living standard viz. water and toilet are shown. Surprisingly none of the respondents had access to a source of water in their house. They depended on government or private taps for water. Similarly none of the respondents had a toilet and followed the practice of open defecation.

**Table No. 6**

**Awareness on Health and Disease**

| Sr. No. | Disease | Don't Know | | Heard about it | | Know the Causes | | Know the Symptoms | | Know the Precautions/ Prevention | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1. | HIV/AIDS | 27 | 54 | 23 | 46 | 5 | 10 | - | - | - | - |
| 2. | Pneumonia | 28 | 56 | 22 | 44 | 3 | 6 | 7 | 14 | 3 | 6 |
| 3. | Anaemia | 12 | 24 | 38 | 76 | 21 | 42 | 14 | 28 | 3 | 6 |
| 4. | Tuberculosis | 5 | 10 | 45 | 90 | 11 | 22 | 29 | 58 | 7 | 14 |
| 5. | Jaundice | 6 | 1.2 | 44 | 88 | - | - | 37 | 74 | 10 | 20 |
| 6. | Cholera | 19 | 38 | 31 | 62 | 9 | 18 | 22 | 44 | 7 | 14 |

Table No. 6 gives a detailed Analysis on the awareness level on the major and most common diseases in India. Most of the diseases are those on which the government and NGOs are working, not just to cure but to spread awareness to curb the number of cases.

Regarding HIV/AIDS it was surprising that majority of the respondents 54% had not even heard about the disease whereas 46% had only heard the name. Only 10% knew a few of the causes of how the disease spreads while none of the respondents were aware of the symptoms or the precautions/prevention, about the testing of HIV etc. It is a matter of serious concern since there is a whole government machinery working particularly on this disease with NACO as the apex body and State Aids Control Society in every State right upto the district level. Besides this there are a large number of NGOs and funding going on for its awareness.

Pneumonia an infection of the lungs which may assume dangerous proportions in children less than 5 years of age. According to a study (Wahl. B. et al 2020) the incidence of pneumonia is found in as high as 403 per 1000 children below 5 years with Uttar Pradesh accounting for the highest number of cases. However the study reveals that the majority of the respondents (56.00%) did not know about the disease while only 44.00 % had heard its name. Mere 6.00% knew its cause, 14.00% knew its symptoms while 6.00% knew about its prevention/treatment.

Anemia a disease which has seen large scale intervention right upto the grassroot level under different programs, like distribution of IFA tablets, nutritional supplementation, awareness programs etc. Despite all the measures the incidence of anemia have only increased in all categories of people i.e. pregnant women, non pregnant women, adolescent girls, adolescent boys and children below  years of age, as is recorded by the National Family Health Survey (NFHS) 4 and 5. This study shows that about anemia 24% were not aware while 76% had heard about it. Out of them only 42% were able to tell its cause while 28% knew the symptoms and only 6% could tell its prevention/treatment.

According to USAID in 2017, India has the highest incidence of Tuberculosis in the world. However, there were 10% who still did not know about TB while a majority of the respondents (90%) had heard about it, but only 22% knew its cause, 59% knew its symptom, however only 14% were aware of its prevention/treatment.

A common ailment Jaundice was well known to 88% of the respondents, however none of them were aware of its causes but 74% knew the symptoms of yellow pigmentation on nails and eyes along with fever and 14% knew that oily food must be avoided. An alarming observation was made while speaking to the respondents in this regard was

that most of the respondents prefer to consult local ojhas to get rid of the problem instead of a proper doctor and medication.

Cholera a disease that is largely associated with destitution (Ali. M.,2017) makes its awareness necessary to be found out from the respondents of this study. In India the disease acquires endemic proportions. According to the International Journal on Environment Research and Public Health (IJERPH), 68 outbreaks of cholera were reported from 1997 – 2006, surprisingly this number multiplied manifold with 559 outbreaks happening in 2009 – 2017 (Muzembo, B.A.,2022) The study shows that 62% of the respondents had heard its name, 44% knew its symptoms while a mere 18% were aware of its causes and 14% about its prevention/ treatment.

**Table No. 7**

**Awareness Programme**

| **QUESTION** | **Yes** | | **No** | |
|---|---|---|---|---|
| | **No.** | **%** | **No.** | **%** |
| Has Any Health Awareness Programme been conducted in your area | - | - | 50 | 100 |
| Have you ever attended any health awareness programme | 4 | 8 | 46 | 92 |
| What was the programme on | - | - | 50 | 100 |
| How much did you understand the programme<br>Completely<br>Slightly<br>Not much<br>Nothing | - | - | - | - |

Table No. 7 represents the awareness programmes and their impact on the respondents. The table shows that no such programme was ever conducted in the given area by any government body or NGO. Only 8 % of the respondents had ever attended any such programme. They given four respondents also could not recollect the subject matter of the programmes. Hence all other questions stood irrelevant in this context. This is very appalling since so much of funding is being done for awareness on various issues and problems in society.

Whatever knowledge or information the respondents had in regard to the various diseases was through Television, Radio, People around them or because someone known to them had contracted the disease.

**Conclusion**

Lucknow happens to be the capital of the most populous state, Uttar Pradesh in India. It has also become a very promising state as far as development is concerned. The change has been observed in terms of infrastructural developments, the basic lifestyle of people and the integration of technology in everyday life. Large number of companies have set up their base here, tourism is specially on the rise. On one hand we see growth and development yet on the other hand we find that in such a city the condition of the people who come in search of income opportunities along with their families, residing in unauthorized temporary set ups of jhuggi jhopadis is so pitiable, devoid of some of the basic necessities, living their lives in oblivion that one dreads to imagine the condition of the people in surrounding cities, sub-urban towns, villages and remote areas of Uttar Pradesh. Their awareness on some of the life altering diseases likely to affect them was unexpectedly low. They having no authorized base of living have been neglected by government and non government organization which have been working for the different categories of underprivileged.

As the old saying goes 'Health is Wealth', hence we have to uplift the overall health status of the nation as a whole in order to steer the nation on the paths of development in any field. We cannot wait for people to fall victims to such diseases which can be prevented by properly informing and apprising the people.

The methods of awareness so far in operation have proved to be slow and not accessible to all. Therefore it is the responsibility of the stakeholders as well as need of the hour to devise more effective methods and strategies for the educated as well as unlettered so that the awareness given is able to reach one and all. It should also have a long lasting impact on the people.

Hence a need is felt for a change in the entire strategy and approach for Health Awareness. Incorporating this 3 fold strategy of - Systematization, Technology and Institutionalization will go a long way in building a strong foundation for the awareness on Health. The impact of this approach will transcend the challenge of illiteracy and instill among the masses consciousness towards the health hazards. It will also help in reducing the financial burden on health awareness as the programme will turn out to be cost effective in the long run, serve a long term purpose, will minimize the duplication of efforts and be accessible to our huge population including those who remain untouched from various programmes being run by the Government.

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