



## **ROAD TO ATTAIN HEALTH FOR ALL THROUGH PRIMARY HEALTH CARE**

**Pratiti Datta<sup>1</sup>, Pratyay Pratim Datta\*<sup>2</sup>**

<sup>1</sup>Final year student, BDS, Saveetha Dental College, Chennai, India.

<sup>2</sup>Surveillance Medical Officer, World Health Organization, Godda, Jharkhand, India.

Article Received on 27/10/2014

Article Revised on 18/11/2014

Article Accepted on 09/12/2014

### **\*Correspondence for**

#### **Author**

**Dr. Pratyay Pratim Datta**

Surveillance Medical  
Officer, SMO-WHO Office,  
Sadar Hospital Campus,  
Godda Jharkhand, India

### **ABSTRACT**

Health is to be brought within reach of everyone in the given country. This is Health for All. For achieving Health for All, primary health care has a strong role. Prioritization of the health problem, forming self-help group and proper planning for health promotion are the different actions that can be taken for achieving health for all through primary health care. There are different challenges or obstacles in achieving this like, improper sensitization of stakeholders and policy

makers, variation of acceptability among different people about the public health policies and lack of community participation.

**KEY WORDS:** Achieving Health, Prioritization.

### **INTRODUCTION**

Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.<sup>[1]</sup> For the delivery of health services to the wide area and to a vast majority of population, the importance of primary health care is extreme. According to Halfdan Mahler, Director General of World Health Organization (WHO), Health for All can be defined as health is to be brought within reach of everyone in the given country.<sup>[2]</sup> And by "health" is meant a personal state of well-being, not just the availability of health services – a state of health that enables a person to lead a socially and economically productive life. The

Health for All can be achieved properly only if the basic health care is delivered to all; and this can only be done if all countries in the world have strong primary health care system. The primary health care can be delivered to the population if proper health planning can be done based on the need and demand of the population of the area concerned and the proper resource allocation can be done. There is huge difference in the culture of different regions of people in a large and culturally diverse country like India. It is a challenge for public health personnel to bring the basic health care to the entire population of India.

### **Actions that can be taken for the achievement of Health for All through primary health care**

#### **1. Proper health planning by prioritization of health problems**

There are different health problems in any particular community or society. But the resources like man, money, material is constant. There is vast inequality around India. Even in any large state or even in local region the inequality prevails. That's the reason the health or health related problems vary from place to place. In industrialized countries the non-communicable diseases outnumber the communicable diseases. In India, the problem of communicable diseases is decreased but still many communicable diseases are highly prevalent. The prioritization can be based on the local needs or epidemiological need based on the impact of the problem for the overall health of the people. In India malaria, tuberculosis are highly prevalent. To control malaria, National Vector Borne Disease Control Programme is taking different public health measures like early detection and prompt treatment, vector control strategies, community participation strategies, personal prophylactic measures, environmental management and source reduction methods and monitoring as well as evaluation of the programme.<sup>[3]</sup> While considering tuberculosis, Beside malaria, there is high maternal mortality rate in our area (212/100000 live birth).<sup>[4]</sup> High birth rate is one of the causes for this. So, people should be educated and motivated for birth control.

#### **2. Forming self-help group and proper co-ordination of this group with health workers and the health system**

This group can do a lot in managing the problem of the community through primary health care approach. The representation from the community make it strong enough to identify the problem and finding out the appropriate solution. The self-help group can find solution based on the community demand. In India, multipurpose health worker male and female are doing a lot in this regard. The trained birth attendant delivered a lot of babies at home in last decade

of past century. But they are not able to manage the complication during delivery. So, I need to give thrust for the 100% institutional delivery and delivery by skilled birth attendant. But, for sensitizing the mothers about the need of institutional delivery, the female health workers can do a lot by repeated home visits and arranging mothers' meeting at regular interval. The health workers and the mothers' group can discuss about the need of sleep during pregnancy, importance of taking one extra meal, early identification of danger signs of pregnancy. The self-help group can also motivate the mothers about the importance of giving oral polio vaccine to the child.

### **3. Health promotion through creating supporting environment, strengthening community participation, development of personal skills, reorientation of the health service:**

For preventing malaria the health promotion can do a lot. Regular delivering of the key messages to the public through media or using pamphlets, leaflets regarding the use of mosquito nets, insecticide treated bed nets (ITNs), not storing water in and around the house for long time, are of great importance. For decreasing maternal mortality rate regular meeting with the mothers about the importance of contraception is important. But for this purpose the male members should also be sensitized. There are three types of delays leading to maternal mortality. When there is any emergency problem which may endanger the mother's life, the 1st delay is time taken by the family members for taking decision to bring the mother to the hospital. The 2nd delay is time taken for bringing the mother to the hospital. 3rd delay is from reaching the hospital to getting treatment. For reducing 1st delay the health promotion can do a lot. Sensitization of the mother and the other family members about the danger signs of pregnancy which require hospitalization is of utmost importance. To reduce 2nd delay I need to create more Fast Referral Units in my block having facility for emergency Caesarian section, normal and assisted vaginal delivery equipped with gynecologist, anesthetist, pediatrician and blood transfusion facility. By increasing the number of these Fast Referral Units, the distance from the house to nearest Fast Referral Units can be minimized and time for 2nd delay can be minimized also. If these Fast Referral Units are running 24 hours a day, then 3rd delay can be minimized.

#### **Challenges/ obstacles for the actions**

1. Improper sensitization from the stakeholders and policy makers. The Government and/ or other representatives from the public have the key role in making different health policies. In countries like India, planning commission is the authority for planning of different

Government program. The need and demand by public may not be fully known to the public representatives and the persons in planning commission. The result is that, the area of prioritization as thought by the local authorities may be different from that actually prioritized by central implementing authority. The top down approach has the problem of not giving sufficient importance to local problems. In India, in 1977 the central Government gave target to every states and districts and blocks to perform certain numbers of tubectomy and vasectomy operations and certain numbers of condoms to be distributed not knowing about the local needs. So, many a times it was seen the target outnumbered the number of eligible couples. So, to fulfill the target, many young couples having no child were ligated also. Ultimately the people protested it and it is told that this action is the leading cause for the losing of the Government in next election. Due to vast inequality in the different sections, the implementation of top-down approach is problematic. For equitable distribution of resources is not always easy.

2. The acceptability of a public health work may be different from place to place and from person to person. Even after the formation of self-help group, who are selected from the members of the community, the community people may not always accept their plan. It may be against their religious background, or not known previously. Being an Indian and engaging into WHO National Polio Surveillance Project, I know that the acceptability of oral polio vaccine among the public is not universal. In some pockets, they never accept it. They think it is 'birth control drop' used for controlling the birth. That is against their culture and religion. Even for this reason, the use of contraceptive is very restricted in some pockets as they think this type of public health measure is against their culture.

3. For proper health promotion and health education of public, the plan should be based on solid ground. Sometimes, due to many reasons wrong information are delivered to public. Many a times the community participation are not given sufficient importance. Then the desired results are not obtained. As in India, the Government planned to install sanitary latrine to the every house. But in this program they did not involve the local public and the health promotion activities were not proper. As a result, the sanitary latrines were installed but these were not used by the people. They used to practice open air defecation.

## REFERENCES

1. World Health Organization. Declaration of Alma-Ata. Adopted at the International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978

2. Mahler, Halfdan (1981) "The meaning of Health For All by the year 2000", World Health Forum, Vol. 2, No. 1
3. National Vector Borne Disease Control Programme.  
<http://www.nvbdc.gov.in/malaria11.html> cited on 20th February, 2013
4. Maternal and Child Mortality and Total Fertility Rates, Sample Registration System. Office of the Registrar General, India. (7<sup>th</sup> July, 2011). Available at, [http://censusindia.gov.in/vital\\_statistics/SRS\\_Bulletins/MMR\\_release\\_070711.pdf](http://censusindia.gov.in/vital_statistics/SRS_Bulletins/MMR_release_070711.pdf)