
2.2 CONCEPT OF HEALTH

We are all familiar with the term “Health”. What does it mean to you? You may recall studying about health and its dimensions in Unit 1, Block 1, Course 1. Sections 2.2 and 2.3 are a repetition of the discussion in that unit.

World Health Organisation (WHO) defined Health as: “a state of complete physical, mental and social well-being and not merely the absence of disease”. Thus, it incorporates three dimensions of health; physical, mental and social which are closely related. In our country a fourth dimension namely spiritual health has also been added.

The definition given above reveals that health is a state of complete well-being and not just the absence of disease. There are many times, when we suffer with some infection, pain, stress, strain etc. At such times we are not enjoying complete well-being. This means no person enjoys, complete health all the time. However we can call a person healthy—who doesn’t fall sick often and enjoys good health most of the time. Let us now examine each of these four dimensions of health.

2.2.1 Physical health

It is the dimension with which most of us are familiar. When we state a person is healthy we generally refer to this aspect. Physical health is easy to detect. Physical healthy person looks alert, active, energetic and is responsive. Precise tests are available to measure physical health. Using these tests may need some training, but there are some external clinical symptoms through which you can detect whether a person is healthy or not. They are given here.

Signs of physical health are:

- clear smooth *skin*
- bright lustrous *eyes* and *hair*
- firm *muscles*, not too fat
- good pink colour and no lesions on the *tongue*
- firm, good and pink colour *gums*
- straight *teeth*, no discolouration
- erect *posture*
- good *appetite*
- regular *habits*
- good and sound *sleep*
- smooth and easy coordinated *movements*

All functions are normal for the individual's age and sex. In the young, there is steady growth and development and in the mature, weight is maintained.

2.2.2 Mental health

The concept of mental health is comparatively more complex than physical health to perceive. Mental health connotes freedom from internal conflicts, good control over one's own emotions like fear, anger, jealousy, etc., capacity to deal with others and to adjust to situations and people and sensitivity to the emotional needs of others.

Unlike physical health, it is difficult to measure. Though we can easily recognize the extreme cases of mental ill-health, it is difficult to categorize individuals who are normal otherwise, but may have a problem understanding another person's view point. If such problems are persistent would definitely be indicative of poor mental health. Poor mental health may affect physical health and vice versa. For instance, high blood pressure (physical ill-health) can be caused by constant stress and poor ability to handle difficult situations. Thus mental ill-health can cause physical ill-health.

2.2.3 Social health

Do you know what is ill-health? Again like mental health, our knowledge of social health is imprecise, many factors of social well-being are yet to be identified. But still, an effort has been made to give a meaning to social health. That is, if an individual recognizes his/her belongingness to a family, the first stage of social health has been achieved. An individual who recognizes his/her relation to others in a society is the next stage of social health. If an individual achieves both these stages, he/she can be described as socially healthy.

It is impossible to maintain social health if an individual is not keeping up his/her mental health or physical health. Any individual suffering with either mental health or physical health would find it difficult to maintain his/her relations with others in the family as well as in a wider community.

2.2.4 Spiritual health

As you are aware, spiritual health is the newer dimension of health in the Indian context initially. Now-a-days it is gaining momentum even in the west. One must be aware that blindly following religious practices and customs does not necessarily make a person

spiritually healthy. Spiritual health is more a matter of attitudes and away of looking at situations and people. What is important is *concern for other* and *a genuine desire to help and be of assistance*. *Commitment, duty and obligation* are characteristics of a spiritually well person. Spiritual health is certainly not that easy to attain. Yoga and meditation have been advocated to attain spiritual health which inner peace and *supreme happiness*.

All these three stages of health, namely physical, mental and social are focussed in W.H.O. definition of health and a person who enjoys such a health is said to be in a state of positive health. One of the major contributors to this state of positive health is food.

2.3 CONCEPT OF NUTRITION AND ITS RELATION TO HEALTH

Nutrition is a scientific discipline which essentially deals with food and the related issues. The simple meaning of nutrition is "the study of what happens to food once it is being consumed by the individual."

Nutrition is closely associated with health. If a person eats right kind of foods in right amounts, that person will keep good health provided no other factors intervene. If there is any imbalance in eating pattern i.e., eating too little or too much will result in poor health. It must be emphasized, however, that though good food is one of the crucial factors in ensuring health, it is not the only one. The food eaten must not only be nutritious but also it must be complete and clean. If this is not so, the person eating the food would get ill even if the food is nutritious.

If the right food is not consumed in right quantities by a person it results in malnutrition. This malnutrition can result in either inadequate or excessive intake of food. In other words, malnutrition refers to both undernutrition and overnutrition. Undernutrition means inadequate intake of right food. And overnutrition means excessive intake of right food. But undernutrition and overnutrition both result in ill health. One example of undernutrition is 'vitamin A deficiency' when young children do not consume enough vitamin A rich foods; their eyes are affected initially and blindness results ultimately. An example of overnutrition is 'obesity'. When a person takes in more energy than he is able to spend his daily activities, he accumulates fat in the body and his weight increases. If the weight increases substantially, the person becomes obese.

Now you will come to know what is nutrition and its relation to health and imbalance in food intake. You will be exposed to the term 'nutritional status' *It is a condition of health of an individual as influenced by the utilization of foods consumed*. To assess the nutritional status all you have to do is to collect the following information:

- What foods and how much are being consumed?
- What observable (clinical) signs of ill health? (e.g., bleeding gums)
- What is the level of nutrients in the blood and urine? (can be done in the clinical laboratories)

If a person does not consume enough of foods rich in vitamin C (citrus fruits, guava etc.) its level in the blood will drop and one can predict that the person is likely to get vitamin C deficiency (bleeding gums etc.).

Nutritional status can also be substituted with a term nutritional health, but generally nutritional status is referred to a group of individuals in a society. Hence nutritional status is assessed for a group of individuals in a society. Such information falls under the purview of community nutrition.

2.4 COMMUNITY NUTRITION AND HEALTH

These two terms cannot really be defined separately since problems of nutrition and health co-exist in the community where one influences the other. Therefore, general definitions have been provided followed by an elaboration of the concept of community nutrition.

2.4.1 Community health

Community health is concerned with the health problems among different groups of population. Such concern with health problems of population groups lead inevitably to a broad range of interests i.e, from the cause, prevention and control of diseases, nutritional or otherwise. Thus community health includes both identification of nutritional and health problems and causes and prevention as well as control of diseases. You might be aware of many of the health problems. Aren't you! Can you suggest a few? Yes, jaundice, diarrhoea, ulcer etc., and nutritional problems like anaemia, night blindness, etc. are a few examples.

Now let us understand community nutrition.

2.4.2 Community nutrition

Community nutrition is the study of assessing food and nutrition situation in terms of identification of food and nutrition problems, causative factors and possible solutions both for prevention and cure of the problems.

Now you must have realized why community nutrition and health cannot be looked at separately and how they are interlinked with one another. Nutritional problems of a community are indicated by the nutritional status of the different groups of people in the community. The nutritional status of population groups in a particular community is influenced by a variety of factors. The manifestations of undernutrition and malnutrition vary in type and degree from community to community through differences in food availability and consumption patterns. A population group may survive for sometime on a marginally inadequate diet, but may be more prone to disease and less efficient both physically and mentally.

Food consumption is influenced by a variety of factors, many of which will be discussed in the next unit.

Nutritional Surveillance is another term which can be substituted for community nutrition. It could be said to describe the process of attempting to estimate the number of individuals in a population who are either suffering from inadequate nutrition in terms of type and degree. It should further be concerned with identifying the reasons for any malnutrition which may be discovered, and which individuals in a community are most vulnerable to its effects. Corrective and preventive measures can then be determined and steps taken to implement suitable action plans.

From this explanation, it is clear that, nutritional surveillance or community nutrition consists of three distinct components. They are:

- A) Community Diagnosis
- b) Developing an Action Plan
- C) Evaluation of Action

Let us discuss each of the component separately.

A. Community Diagnosis

Reading through the unit, you must have got familiar with the community and certain general issues related to community. You know/and can identify the common diseases in the community particularly those related to nutritional problems. Next, how to identify these problems? In order to identify these nutritional problems you need to learn about different assessment methods like dietary survey, clinical method, anthropometric measurement and biochemical analysis. You may recall reading about these methods in course I, block 6, unit 25. Using that knowledge, try to identify how many people and which groups of people are suffering with what problems in a community? This gives you the information on who are the vulnerable groups of the community and what are the problems with which they are suffering?

Remember that the community must take part in all these discussions for which you have acquired the skill in the previous unit. You must also coordinate with other agencies in the community for obtaining the above information.

Now you are ready to concentrate upon the identification of factors which cause nutrition and health problems to occur. It is important to remember that food, nutrition and health problems are combined to diagnose the causative factors. These three problems are interlinked and the root causative factors may be common and interrelated with one another. Let us understand this with an example. If diarrhoea presently occur among a group of children in a community due to improper source of drinking water it might lead to malabsorption of nutrients in the body. As a result, any nutritional deficiency like anaemia or night blindness might set in. Poor dietary situation might further aggravate the condition. Thus the problem is initially health and then lead to nutritional later. The root causative factor may be common to more than one of the three problems.

Some of the causative factors are educational, social, economic, cultural, agricultural, health, etc. These factors are detailed here for your understanding.

Educational

Lack of awareness among people about foods and nutrition, child care, hygiene and sanitation and their relation to nutritional health status.

Social

Living conditions are unhygienic, over crowded and insanitary. Mothers and children overburdened with work in the farm and at home.

Economic

Poor agricultural yield and low economic conditions.

Cultural

Undesirable traditions or religious beliefs which affect diet, attitudes towards practices such as child spacing and so on.

Agricultural

Nonavailability of certain foods.

Health

Lack of awareness about safe drinking water source, common illness, malnutrition.

This is not the full list of factors involved? You, alone may not be able to collect detailed information on all these items. Information on these issues is always available from people within the community, other community workers and various agencies.

Chart 1 shows some common topics and likely sources of information.

Chart 1: Common topics and likely source of information.

Common Issues	Possible sources of information
1) Nutrition and health problems — Prevalence of malnutrition — Common infectious diseases — Groups of people affected by malnutrition	Local clinic, Hospital, Anganwadi workers and health workers
2) Background information of people — main occupations — types of housing — social customs — water and sanitary condition	Local leaders, people in the community
3) Community organisations — Youth clubs — Women's groups	Local leaders, other community workers
4) Public services — Kinds of roads — Distance to schools, hospitals etc. — Number and kind of community workers	Other community workers
5) Population groups — Average size of the families — Average age of farmers — Average age of women — Number of pregnant, lactating women and preschool children	Census data
6) Food production and availability — How people get their food — Main crops grown — Livestock — Seasonally available foods — Eating patterns — Food beliefs and attitudes — Child feeding practices	People in the community, local leaders, community workers Local shops and markets

The information related to nutrition and health problems in the community, their causative factors is collected along with the members, leaders and workers in the community.

Community diagnosis, therefore, help identify the problem. After identification of the problem, suitable plan of action needs to be formulated for the problem. Next section discusses the second dimension i.e., Action plan of nutrition surveillance.

B. Developing an Action Plan

Information collected with the help of community will help to identify chief problems and suggest causes for the problem. Thus it helps us understand some of the problems and needs of the people in the community and help to plan suitable actions to overcome these problems.

The chief problems like food shortages, malnutrition and anaemia and the factors involved, can be identified through this process. After collecting this information, we could meet with the people and discuss it. Meeting and discussions with individuals or groups are useful for helping people look closely at the reasons for problems. They need to understand why problems do or do not occur so that they will be able to choose the best actions to take to solve their problems. People in the community, other community workers and health staff at clinics/health centres/hospitals are examples of some of these people with whom we will discuss the problems.

The aim of these discussions is to learn as much as possible about the problems—how they are regarded by each group, the number of people who have these problems, the behaviour that causes the problems, possible reasons for this behaviour, other causes of the problems, what solutions are possible, what are the best solutions, how these solutions will fit into people's lives, the advantages and disadvantages of each solution and so on.

Suggesting causes for food and nutrition problems

There are many reasons why food and nutrition problems occur and it is important to try and identify the most important causes, some of which may be:

- not enough food for everyone but especially for young children
- too little money to buy food
- no jobs
- not enough education
- bad roads and no transportation to take crops to the market
- Not enough clean, safe water
- infections and diseases in children
- poor families with too many children.

You would notice often nutrition problems are caused by bad practices such as:

- poor handling and storage of food
- unsanitary disposal of rubbish and human waste
- improper weaning practices

You need to work with the community in finding out possible causes for the problems as well as possible reasons for the bad practices which cause problems.

Based on the causes, an action plan can be developed. Let us learn how to do it.

Developing a Plan of Action

It is evident that problems often have several causes. Hence, the community must decide on different actions to take in solving them. Deciding on which actions to take will depend on the kind of problem, its causes and the reasons behind the behaviours which cause it. Working out an action plan will involve:

- understanding and stating clearly what you want to achieve
- deciding on the activities and materials you will need
- identifying the people you will need
- giving jobs or tasks to people
- putting the whole plan into a time frame which shows when the activities will start and end.

To ensure that the action plan is effective, evaluation is necessary. How do we evaluate? The next section presents a discussion on the third important dimension of nutritional surveillance i.e., evaluation of action plan.

C. Evaluation of Action

Evaluation should be based on the views of every one who was involved in planning and in carrying out the activities. We may carry out evaluation either verbally or in writing. However, we should write down the results carefully so that we have a record of what happened. Our notes will also help us plan and carry out future programmes more effectively.

Evaluation must be done:

- from different points of view (e.g., the community worker, community members other community workers people from outside)
- clearly and frankly, and
- completely giving both strong and weak points.

Why evaluate?

If at the beginning of a plan or activity, we have a clear idea of what we want, evaluation will help us find out if we have succeeded. For example, if we wanted to see fewer children becoming malnourished, we need to know at the beginning what are the bad practices which help malnutrition to occur, also other causes. The plan of action to be followed will be aimed at changing these practices and correcting the other causes. Evaluating the results will show whether the bad practices which cause malnutrition are fewer and if there are more of the right behaviours which keep people healthy. Remember, it may take some time for the results of an activity to show, depending on the kind of health or nutrition problem which is being dealt with. Evaluation is also important because:

- we can find out which actions will gain results and which will not
- we can avoid repeating mistakes and help others to avoid the mistakes we have made
- we can save time and money by not carrying on with unsuccessful activities
- we can gain satisfaction by showing results

Asking questions like—What things went well? Why did they go well? What new behaviours have people learned? How can they use these behaviours to solve other problems?—will help us and the community evaluate and learn from a plan or activity. If the results were not what we expected, we should try to find out why?

Answering the following questions will help us and the community to plan better activities and programmes to improve the status of community nutrition.

- Were there any problems in carrying out the activity?
- Did each person involved know what to do?
- Could each person do what he had to do?
- Did each person do what he had to do?
- How did he do it?
- Were the right kinds of activities chosen?

2) Explain what is community diagnosis.

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3) How to develop action plan for improving the state of community nutrition?

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4) Evaluation of action plan helps to do what? Comment.

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2.5 LET US SUM UP

Community nutrition and health are two arms of the same body. Both nutrition and health problems co-exist in a community. Community nutrition and health reflects the nutritional status of different population groups in a community. Community diagnosis is a primary step to identify the sources of information about the community which help to identify the chief food, nutrition and health problems and the factors which cause them. Then possible solutions to the problems are to be thought of with the community. Plan of action will be developed and carried out which will help to solve the problems and evaluate the results.

Learning how to develop plan of action includes deciding on what will be done? who will be involved? what activities and methods will be used?, what will be needed? and when it will start and end? Learning how to evaluate a plan includes finding out if people feel differently about the problem, understand more about the problem and have adopted the required change. Comparing the results of an activity with expected out comes will give the gaps. Analysis of the efficiency of the methods used help to plan better action for the future.

2.6 GLOSSARY

Clinical signs	:	Observable symptoms
Community health	:	Extent of different types of health problems in the community
Dimension	:	Measurement
Manifestations	:	Indications
Nutritional Surveillance	:	The process of attempting to estimate the number of individuals in a population who are suffering from inadequate nutrition
Obesity	:	Extreme overweight
Vulnerable	:	Susceptible to being wounded or hurt

2.7 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

- 1) Health is a state of complete physical, mental and social well-being and not merely the absence of disease.
- 2) Answer on the basis of what you have learnt about the different dimensions of health.
- 3) Physical health
- 4) Spiritual health
- 5) Nutrition is associated with health. Eating right kind of foods in right amounts, results in good health, provided no other factors intervene. Eating too little or too much will result in poor health. Good food is a crucial factor in ensuring health. The food eaten must not only be nutritious but also complete and clean.

Check Your Progress Exercise 2

- 1)
 - a) Community Diagnosis
 - b) Action Plan
 - c) Evaluation of Action
- 2) Community diagnosis denotes:
Identification of nutritional and health problems in the community. Finding out the different causative factors responsible for the nutritional and health problems. Analysing and deciding on the chief problems common to most of the people in the community.
- 3) Points to be kept in mind while developing action plan:
 - understanding and stating early what we want to achieve
 - deciding on the activities and materials we will need
 - identifying the people we will need
 - giving jobs or tasks to people
 - putting the whole plan into a time frame which shows when the activities will start and end
- 4) Evaluation of action plan helps to:
 - find out which actions will gain results and which will not
 - to avoid repeating mistakes and help others to avoid the mistakes we have made
 - to save time and money by not carrying on with unsuccessful activities
 - gain satisfaction by showing results