

# Meaning of illness, social and emotional components in illness

23 August 2025 11:47

## Meaning of Illness

Illness is the subjective state of feeling unwell, as experienced and interpreted by the individual.

It is different from disease (objective biological malfunction) and from sickness (socially recognized role of being unwell).

Illness always carries personal meaning (how one perceives their condition) and social meaning (how others respond to it).

❖ Example: A person with hypertension may not feel "ill" (no symptoms), but another with mild gastritis may feel severely "ill" because it disrupts daily life.

## Social Components of Illness

Illness is deeply influenced by social context, such as:

### Stigma and social labeling

Diseases like leprosy, HIV/AIDS, or mental illness often carry stigma → leading to discrimination and social isolation.

### Family and role disruption

Illness can alter one's role as breadwinner, caregiver, or student → causing dependency and family stress.

### Economic impact

Cost of treatment, loss of income, debt → illness becomes a social burden.

### Cultural interpretations

Different societies explain illness differently (evil spirits, karma, imbalance, germs). This shapes health-seeking behavior.

### Access to healthcare

Social class, gender, and rural-urban divide affect how soon and where a person seeks care.

## Emotional Components of Illness

Illness is also an emotional experience, not just a physical one:

### Fear and anxiety

Fear of death, disability, pain, or treatment side-effects.

### Depression and hopelessness

Chronic or terminal illness often brings sadness, loss of meaning, and withdrawal.

### Anger and frustration

Patients may feel angry at themselves ("Why me?"), at family, or at the healthcare system.

### Denial and resistance

Some may deny illness due to stigma or fear → leading to treatment non-compliance.

### Adjustment and coping

Over time, patients may develop resilience, acceptance, or positive outlook – with support from family, social workers, and healthcare providers.

In summary:

Illness is not only the biological disease but the subjective, social, and emotional experience of being unwell.

Social components: stigma, family disruption, economic burden, cultural beliefs, healthcare access.

Emotional components: fear, anxiety, depression, anger, denial, coping.

# Contagious and communicable diseases: general epistemology, dynamics of transmission and general measures of control

23 August 2025 11:52

## 1. General Epistemology (Meaning & Basics)

Communicable disease → Any disease caused by specific infectious agents (bacteria, virus, parasite, fungus) that can be transmitted from:

Person to person

Animal to person

Environment (water, soil, food) to person

Contagious disease → A subset of communicable diseases that spread very easily by direct contact (e.g., measles, chickenpox, influenza).

☞ All contagious diseases are communicable, but not all communicable diseases are contagious.

(e.g., malaria is communicable but not contagious because it requires a mosquito vector).

## 2. Dynamics of Transmission

(How diseases spread – Epidemiological Triad)

### (a) Agent

The infectious microorganism (bacteria, virus, parasite, fungus).

Examples: Mycobacterium tuberculosis (TB), HIV virus (AIDS).

### (b) Host

The person at risk of infection.

Susceptibility depends on age, immunity, nutrition, genetics, vaccination status.

### (c) Environment

External conditions that allow transmission.

Examples: overcrowding, poor sanitation, unsafe water, climate.

## Modes of Transmission

### Direct transmission

Direct contact (touch, kiss, sexual contact → syphilis, HIV).

Droplet infection (cough, sneeze → influenza, COVID-19).

Direct inoculation (needle prick, transfusion → hepatitis B, HIV).

### Indirect transmission

Airborne (droplet nuclei → TB, measles).

Vehicle-borne (food, water, milk → cholera, typhoid).

Vector-borne (mosquito → malaria, dengue).

Fomite-borne (clothes, utensils → scabies, conjunctivitis).

## 3. General Measures of Control

### (a) Control of Agent

Early diagnosis & treatment (TB, malaria).

Isolation of cases (chickenpox, COVID-19).

Disinfection & sterilization (equipment, fomites).

Destruction of vectors (mosquito control, rat control).

### (b) Control of Host Susceptibility

Immunization (vaccines for measles, polio, diphtheria, COVID-19).  
Chemoprophylaxis (preventive drugs, e.g., antimalarial for travelers).  
Health education on personal hygiene, safe sex practices.  
Nutrition improvement (stronger immunity).

(c) Control of Environment

Safe water supply (boiling, chlorination).  
Proper sewage disposal.  
Improved housing & ventilation.  
Vector control (drainage, insecticides, bed nets).

4. Summary

Communicable diseases = broader category → transmitted via agents, vectors, or environment.

Contagious diseases = highly infectious subset spread by close contact.

Dynamics = Agent, Host, Environment + Modes of transmission.

Control = Agent control, Host protection, Environmental sanitation.

## Major Communicable Diseases

### 1. Malaria

#### Incidence (Burden):

Still endemic in India & many tropical countries.

WHO (2023): ~249 million cases globally; India accounts for ~66% of cases in SE Asia.

#### Causation:

Agent: Plasmodium parasites (*P. vivax*, *P. falciparum*, *P. malariae*, *P. ovale*).

Vector: Female Anopheles mosquito (bite transmits parasite).

#### Prevention:

Vector control: insecticide spraying, bed nets, removing stagnant water.

Chemoprophylaxis for travelers (chloroquine, mefloquine).

Public health education.

#### Treatment:

Artemisinin-based combination therapy (ACT) for falciparum malaria.

Chloroquine for vivax (where still sensitive).

Primaquine to prevent relapse in *P. vivax/ovale*.

### 2. Tuberculosis (TB)

#### Incidence:

WHO 2023: ~10.6 million cases globally, India has the highest burden (27% of world cases).

Remains a major cause of death in low-income settings.

#### Causation:

Agent: *Mycobacterium tuberculosis*.

Transmission: Airborne (droplet nuclei from cough/sneeze of untreated patient).

#### Prevention:

BCG vaccination (newborns).

Early detection through sputum tests, GeneXpert, chest X-ray.

Preventive therapy for high-risk contacts (isoniazid, rifapentine).

Infection control in hospitals (ventilation, masks).

#### Treatment:

Standard DOTS regimen (Directly Observed Treatment, Short-course).

6-month course (isoniazid, rifampicin, ethambutol, pyrazinamide).

MDR-TB: longer regimens with second-line drugs.

### 3. Leprosy (Hansen's Disease)

#### Incidence:

WHO 2022: ~1,40,000 new cases globally; India contributes >50%.

Though “elimination” achieved (prevalence <1/10,000), new cases still appear.  
Causation:

Agent: *Mycobacterium leprae*.

Transmission: Prolonged close contact, respiratory droplets.

Prevention:

Early detection & treatment to break transmission.

Health education to reduce stigma.

Prophylactic rifampicin for household contacts.

Treatment:

WHO Multidrug therapy (MDT): rifampicin, dapsone, clofazimine.

6–12 months depending on type (paucibacillary vs multibacillary).

Rehabilitation & reconstructive surgery for deformities.

#### 4. Sexually Transmitted Diseases (STDs)

Incidence:

WHO: >374 million new STIs annually (chlamydia, gonorrhea, syphilis, trichomoniasis).

Common in sexually active adults.

Causation:

Bacterial: *Neisseria gonorrhoeae*, *Treponema pallidum*, *Chlamydia trachomatis*.

Viral: Herpes simplex, HPV, HIV.

Parasitic: *Trichomonas vaginalis*.

Prevention:

Safe sex practices (condom use).

Health education & screening.

Partner notification & treatment.

Treatment:

Antibiotics (syphilis → penicillin; gonorrhea → ceftriaxone; chlamydia → azithromycin).

Antivirals (acyclovir for herpes).

Vaccination (HPV vaccine).

#### 5. HIV/AIDS

Incidence:

WHO 2023: 39 million living with HIV; ~1.3 million new infections/year.

India: ~2.4 million PLHIV, prevalence ~0.2%.

Causation:

Agent: Human Immunodeficiency Virus (HIV-1, HIV-2).

Transmission: Sexual contact, blood transfusion, shared needles, mother-to-child.

Prevention:

Safe sex (condoms).

Blood screening before transfusion.

Needle exchange programs.

PMTCT (Prevention of mother-to-child transmission) with ART during pregnancy.

Health education, anti-stigma campaigns.

Treatment:

ART (Antiretroviral Therapy) — lifelong treatment with drug combinations (e.g., tenofovir, lamivudine, dolutegravir).

No cure, but ART reduces viral load → improves lifespan and prevents transmission (“Treatment as prevention”).

Opportunistic infections managed with prophylaxis (e.g., cotrimoxazole).

In summary:

Malaria, TB, Leprosy = major communicable diseases linked to poverty, vectors, or chronic infections.

STDs & HIV/AIDS = spread mainly by sexual contact, blood, and vertical transmission.

Control depends on early detection, treatment, prevention programs, health education, and stigma reduction.

# Community Health: concept, indicators of community health and health care facilities

23 August 2025 11:54

## Community Health

### 1. Concept of Community Health

#### Definition:

Community health is the science and art of maintaining, protecting, and improving the health of a defined group of people (community) through organized efforts. It is broader than individual health → focuses on collective well-being.

#### Concerned with:

Preventing disease,

Prolonging life,

Promoting physical, mental, and social well-being.

❖ Key idea: "Health of the people, by the people, and for the people."

### 2. Indicators of Community Health

(How we measure the health status of a community)

#### (a) Mortality Indicators

Crude Death Rate (CDR)

Infant Mortality Rate (IMR)

Maternal Mortality Ratio (MMR)

Child Mortality Rate

Life Expectancy at birth

#### (b) Morbidity Indicators

Incidence rate (new cases)

Prevalence rate (existing cases)

Disability rates (e.g., DALY, YLL, YLD)

#### (c) Nutritional Indicators

Prevalence of underweight/obesity

Stunting, wasting in children

Anaemia prevalence

#### (d) Health Care Delivery Indicators

Doctor-population ratio (e.g., 1:1000)

Nurse-population ratio

Hospital bed-population ratio

Immunization coverage

#### (e) Socioeconomic Indicators

Literacy rate

Per capita income

Safe water & sanitation coverage

Housing conditions

❖ Together, these indicators reflect not just disease but overall well-being.

### 3. Health Care Facilities (Community Level in India)

#### (a) Primary Level (First Contact)

##### Sub-Centres (SC):

One for every 5,000 people (3,000 in tribal/hilly areas).

Run by ANM & male health worker.

Services: maternal & child health, immunization, family planning, health education.

##### Primary Health Centres (PHC):

One for every 30,000 people (20,000 in tribal areas).

Staff: Medical Officer, nurses, health workers.

Services: outpatient care, minor ailments, referral, preventive programs.

#### (b) Secondary Level

##### Community Health Centres (CHC):

One for every 1.2 lakh people (80,000 in tribal areas).

30-bed hospital with 4 specialists (medicine, surgery, obstetrics/gynaecology, paediatrics).

Provides referral care + some specialty services.

##### District Hospitals:

Larger hospitals at district HQ with multiple specialties.

Referral from CHCs.

#### (c) Tertiary Level

Medical colleges, AIIMS, specialty & super-specialty hospitals.

Advanced diagnostics, research, and specialized treatment.

#### In Summary:

Community health = organized efforts to improve the health of a defined group.

Indicators = mortality, morbidity, nutrition, healthcare, socio-economic measures.

Facilities = tiered system (Sub-centre → PHC → CHC → District hospital → Tertiary hospital).

### Role of Medical Social Worker in Promotion of Community Health

A Medical Social Worker (MSW) acts as a bridge between the health system and the community, addressing the social determinants of health and ensuring people can access and utilize healthcare effectively.

#### 1. Health Education and Awareness

Conducts health education sessions on hygiene, sanitation, nutrition, maternal and child care, safe sex, HIV/AIDS, substance abuse, etc.

Helps dispel myths and stigma (e.g., TB, leprosy, HIV).

Mobilizes community participation in health programs.

#### 2. Preventive and Promotive Health Work

Encourages immunization, antenatal care, family planning, nutrition programs.

Identifies at-risk groups (children, elderly, disabled, poor) and links them to services.

Supports screening camps for communicable diseases, NCDs, eye/ dental checkups.

#### 3. Linking Community with Health Services

Guides people to appropriate health facilities (sub-centre, PHC, CHC, district hospital).

Assists in referrals and follow-ups.

Helps families avail government schemes (Janani Suraksha Yojana, Ayushman Bharat, TB-HIV free treatment programs).

#### 4. Psychosocial Support and Counselling

Provides counselling for patients and families on coping with illness.

Deals with issues of stigma, discrimination, mental stress in diseases like HIV, cancer, leprosy.

Motivates families for compliance with long-term treatments (e.g., TB, leprosy, HIV ART).

#### 5. Community Organization and Empowerment

Forms self-help groups (SHGs), youth clubs, women's groups to spread health awareness.

Encourages community participation in sanitation drives, blood donation, vaccination campaigns.

Advocates for community rights to health and better health infrastructure.

#### 6. Addressing Social Determinants of Health

Works on poverty, illiteracy, malnutrition, gender inequality, which directly impact health.

Coordinates with NGOs, CSR initiatives, and government welfare departments for social support.

Promotes school health programs to shape long-term healthy behaviors.

In Summary:

**Medical Social Worker plays a multi-dimensional role in community health:**

Educator (awareness, prevention, healthy lifestyle),  
Facilitator (linking community with services & schemes),  
Counsellor (psychosocial support),  
Organizer (community participation),  
Advocate (rights, social determinants of health).

❖ In short: MSWs don't just treat illness after it occurs — they help prevent disease, promote wellness, and strengthen the link between medical system and society.

## 1. Meaning of Health Education

**Definition:** Health Education is a process of informing, motivating, and helping people to adopt and maintain healthy practices and lifestyles.

It is not only the transfer of knowledge, but also the development of attitudes, skills, and behaviours necessary for better health.

WHO (1969): "Health education is a process that informs, motivates, and helps people to adopt and maintain healthy practices and lifestyles, advocates environmental changes, and directs professional training and research."

⇒ In simple terms: Health education = teaching people how to live healthy and avoid disease.

## 2. Objectives of Health Education

Increase knowledge about health and disease.

Promote healthy lifestyles (nutrition, hygiene, exercise).

Prevent diseases through awareness (immunization, sanitation, safe sex).

Motivate individuals and communities to use available health services.

Encourage responsibility for one's own health and that of the community.

## 3. Conception of Health (Meaning of Health)

WHO (1948): "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Thus, health is a multidimensional concept.

Physical Health → Normal functioning of the body.

Mental Health → Emotional well-being, ability to handle stress.

Social Health → Good relationships, role fulfillment in society.

Spiritual Health → Inner peace, sense of purpose.

Environmental Health → Safe water, sanitation, pollution-free surroundings.

## 4. Relationship between Health and Health Education

Health education spreads awareness → reduces risky behaviours (e.g., smoking, unsafe sex).

Helps in prevention and early detection of diseases.

Promotes positive health behaviour (balanced diet, exercise, vaccination).

Empowers communities to take part in health promotion and disease control.

### In Summary:

Health Education = organized effort to inform & motivate people to adopt healthy lifestyles and prevent disease.

Health (conception) = not only absence of illness but complete physical, mental, and social well-being.

Together, they are the foundation of community health promotion.

## 1. Knowledge and Health

Meaning: Knowledge is the awareness or understanding of facts, information, and skills related to health.

It forms the cognitive (thinking) component of health behaviour.

Examples in health:

Knowing that handwashing prevents diarrhoea.

Knowing that smoking causes lung cancer.

Awareness of vaccines and their schedules.

☞ Knowledge alone may not change behaviour, but it is the first step toward positive health practices.

## 2. Attitude and Health

Meaning: Attitude is a person's feeling or disposition towards health behaviours or practices, shaped by knowledge, values, and experience.

It forms the affective (emotional) component of health behaviour.

Examples in health:

A positive attitude towards vaccination → higher compliance.

Negative attitude towards hospital deliveries → preference for home births.

Attitude of stigma → people may avoid TB or HIV patients.

☞ Even with knowledge, wrong attitude (fear, prejudice, indifference) can hinder healthy behaviour.

## 3. Beliefs and Health

Meaning: Beliefs are deeply held convictions (often cultural or religious) about health, disease, and treatment.

They form the value-based component of behaviour and strongly influence decision-making.

Examples in health:

Belief that illness is due to evil spirits → preference for faith healers over doctors.

Belief that TB or leprosy is a curse → stigma and delayed treatment.

Belief in traditional medicine/herbal remedies → affects use of modern healthcare.

☞ Beliefs may support health (e.g., belief in cleanliness as godliness) or obstruct it (e.g., refusing vaccination due to myths).

### In Summary

Knowledge = what people know about health (facts, information).

Attitude = how people feel about health behaviours (positive/negative).

Beliefs = what people value or accept as true, often shaped by culture/religion.

❖ All three interact to determine health behaviour:

Knowledge provides awareness,

Attitude shapes motivation,

Beliefs anchor behaviour.

### Health Education and Social Work Practice

Health education and social work practice are deeply interlinked, since both disciplines aim to enhance the well-being of individuals, families, and communities by addressing not only illness but also its underlying social determinants.

#### Health Education: A Conceptual Overview

Health education is a planned, systematic process of imparting knowledge, shaping attitudes, and influencing behaviours in order to promote, restore, and maintain health. It emphasizes preventive and promotive aspects of healthcare, going beyond mere information dissemination to stimulate behavioural change and empower individuals to take responsibility for their health.

#### Integration with Social Work Practice

In social work practice—particularly medical and community social work—health education becomes a core tool. Social workers operate at the interface between health systems and the population, ensuring that scientific knowledge is translated into practical action within socio-cultural contexts.

##### At the Individual Level

Counselling patients on treatment adherence (e.g., DOTS for tuberculosis, ART for HIV).

Providing guidance on nutrition, personal hygiene, reproductive and child health. Reducing fear and misconceptions through tailored psychoeducation.

##### At the Family and Group Level

Organizing family counselling sessions to reduce stigma associated with illnesses such as leprosy, HIV/AIDS, or cancer.

Conducting group education programs in schools, workplaces, and self-help groups to spread awareness on topics like safe motherhood, family planning, or substance abuse.

##### At the Community Level

Designing and implementing awareness campaigns on immunization, sanitation, vector control, or lifestyle-related diseases.

Mobilizing community participation in national health initiatives (e.g., Pulse Polio, Swachh Bharat Mission, TB Mukt Bharat).

Empowering marginalized populations to access health entitlements and government schemes.

#### Methods Employed

Interpersonal approaches: home visits, individual counselling, role-play.

Group and participatory methods: focus group discussions, peer education, support groups.

Mass communication: street theatre, posters, rallies, social media campaigns.

## **Significance in Social Work Practice**

Strengthens disease prevention and health promotion at the grassroots.

Enhances treatment adherence and reduces default rates in chronic diseases.

Confronts stigma and discrimination, thereby integrating vulnerable populations.

Builds community resilience by addressing poverty, malnutrition, gender inequality, and illiteracy as determinants of health.

### **Conclusion**

Health education, when embedded in social work practice, transforms health care into a holistic, people-centred enterprise. Social workers act as educators, motivators, advocates, and change agents, ensuring that health awareness leads to sustainable behavioural change and improved quality of life. In essence, effective health education is not an ancillary task but a fundamental dimension of professional social work practice in both medical and community settings.

## 1. Nutritional Health: Concept

**Definition:** Nutritional health refers to the state of health of an individual or community as influenced by the intake, absorption, and utilization of nutrients in relation to body needs.

It is a cornerstone of growth, development, immunity, productivity, and prevention of diseases.

Poor nutritional health leads to malnutrition (both undernutrition and overnutrition).

## 2. Importance of Nutrients

Nutrients are chemical substances in food that provide energy, build body structures, and regulate functions. They are broadly classified as:

Carbohydrates → Primary energy source (rice, wheat, maize, potatoes).

Proteins → Growth, repair, enzyme and hormone formation (milk, pulses, eggs, fish).

Fats → Concentrated energy, insulation, absorption of fat-soluble vitamins (ghee, oils, nuts).

Vitamins → Regulatory functions, immunity, metabolism.

Fat-soluble: A, D, E, K.

Water-soluble: B-complex, C.

Minerals → Essential for bones, blood, nerve function (calcium, iron, iodine, zinc).

Water → Vital for metabolism, transport, excretion.

Fiber → Digestive health, prevents constipation and lifestyle diseases.

## 3. Nutritional Deficiency Diseases

### (a) Protein-Energy Malnutrition (PEM)

Diseases: Kwashiorkor (edema, hair changes, growth failure), Marasmus (severe wasting, stunted growth).

Prevention: Breastfeeding, supplementary feeding, balanced diet, ICDS programs.

### (b) Vitamin Deficiencies

Vitamin A → Night blindness, xerophthalmia.

Vitamin D → Rickets, osteomalacia.

Vitamin C → Scurvy (bleeding gums, delayed wound healing).

Vitamin B-complex → Beri-beri (B1), Pellagra (B3), Anaemia (B12, folic acid).

### (c) Mineral Deficiencies

Iron → Iron Deficiency Anaemia.

Iodine → Goitre, cretinism.

Calcium → Poor bone health, rickets, osteoporosis.

## 4. Prevention and Control of Nutritional Deficiency Diseases

**(a) Individual and Family Level**

Promotion of balanced diet using locally available food.

Exclusive breastfeeding for first 6 months; continued breastfeeding with complementary feeding.

Food fortification (iodized salt, fortified flour, fortified oil).

**(b) Community and National Level**

Supplementary nutrition programs: ICDS (Anganwadi), Mid-day Meal Scheme.

Micronutrient supplementation: Vitamin A prophylaxis, Iron-Folic Acid tablets, deworming.

Food security measures: Public Distribution System (PDS), National Food Security Act.

Health education: Awareness on nutrition, hygiene, cooking practices.

**(c) Social Work Perspective**

Identifying malnourished individuals through community surveys.

Linking families with government nutrition programs.

Counselling on locally available low-cost nutritious foods.

Advocacy for reduction of poverty, gender inequality, and food insecurity.

**In Summary**

Nutritional health is essential for growth, immunity, and productivity.

Nutrients (carbs, proteins, fats, vitamins, minerals, water, fiber) are vital for survival.

Deficiency diseases include PEM, vitamin deficiencies, and mineral disorders.

Prevention and control depend on balanced diet, supplementation, food fortification, public health programs, and community-based interventions.