

Mean age of the respondents was 25 years and all the respondents were Hindu. There is no significant association between economic status of mothers and newborn care practices. Although most of the respondents were illiterate, there is significant relation between education status of mothers and newborn care practices. There is significant association between 4 ANC visit and newborn care practices and the repeated visits were higher in the women service provider and the distance of the health facility. There is very strong traditional belief and practices e.g untouchable system and it has significant relation with newborn care practices.

Both studies identified some harmful newborn care practices common in rural communities. Mostly education status of the mothers, counseling during ANC visit, parity, untouchable system were the hindering factors including negative cultural practices for the appropriate newborn care practices.

mandatory for rheumatoid arthritis patients for better individual and family life and society as a whole.

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Psycho Social Implications of Rheumatoid Arthritis in Rural Population

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Background : Chronic disabling illness like rheumatoid arthritis (RA) should be viewed not only as medical problem but also as psychological and social problem affecting working individuals and young females. RA lead to multiple disarray of family circumstances like loss of works and burden on family members leading to depression and unhappiness among family members. Social implications are loss of productivity, increased sickness-absenteeism, escalating treatment and rehabilitation costs. We evaluate our methodology of psychosocial interaction in combating this problem.

Methods and Results : 140 RA patients (10000 families in Veerapandi, Coimbatore, India) were studied during 2003-08 . The age range is 21-55 and 85% females. 72% belong to poor socio-economic group and 65% from joint family. The physical and psychosocial interventions are shown below.

PHYSIOTHERAPY Heat Modality, Regular exercises, Joint protection and Assist devices

PSYCHOLOGICAL SUPPORT Individual, family , group Counsellings and Motivation

SOCIALINTERACTIONS Interactions with RA patients, Provision of amenities, Government Organizational aids, Leisure activities, Clothes, Support-walkers, canes and Social gatherings We found that 65% of patients (80 % females) could resume their work leading to improvement in family circumstances. 40% of them belong to joint family implying better psychological support at family and social levels (figure). The quality of social interactions and life improved with less absenteeism and family conflicts.

Conclusion : We found that multi-level interventions in form of physical and psychological interactions are