

A Survey Report on Mahadevpur Camp

Dr. Tejashri Thakare; Dr. Kirti Kadam

Abstract:

Motiwala (National) Homoeopathic Medical College, Nashik, Maharashtra has adopted 5 Villages under National level program- 'Unnat Bharat Abhiyan'. The objective of this 'Abhiyan' is to enable the higher educational institutions to work with the people of Rural India in identifying the challenges in development and to find out appropriate solutions for their growth. Being a Homoeopathic Medical College we can identify their overall health problems and other health related issues like hygiene of self & surrounding. Hence we performed a survey in random 36 houses of this village. **Objectives:** To identify health and hygiene related issues in the adopted Village- Mahadevapur. **Methodology:** A descriptive health survey of Mahadevapur village of Nashik district, Maharashtra. A Google form was created based on self-made questioner, to identify the problem. **Conclusion:** Diagnosing or treating a person for a disease will treat him for a day, but educating him or her in healthy dietary life styles treats him or her for a life time.

Date: 08/02/2023 & 15/02/2023

Time: 9.30 am to 12.30 pm

Venue: Mahadevapur, Tal & Dist. Nashik.

Total Number of Participants: 12

Teachers: 1) Dr. Tejashri Thakare

2) Dr. Kirti Kadam

IV BHMS Students: 6,

Interns: 4 from Panel C

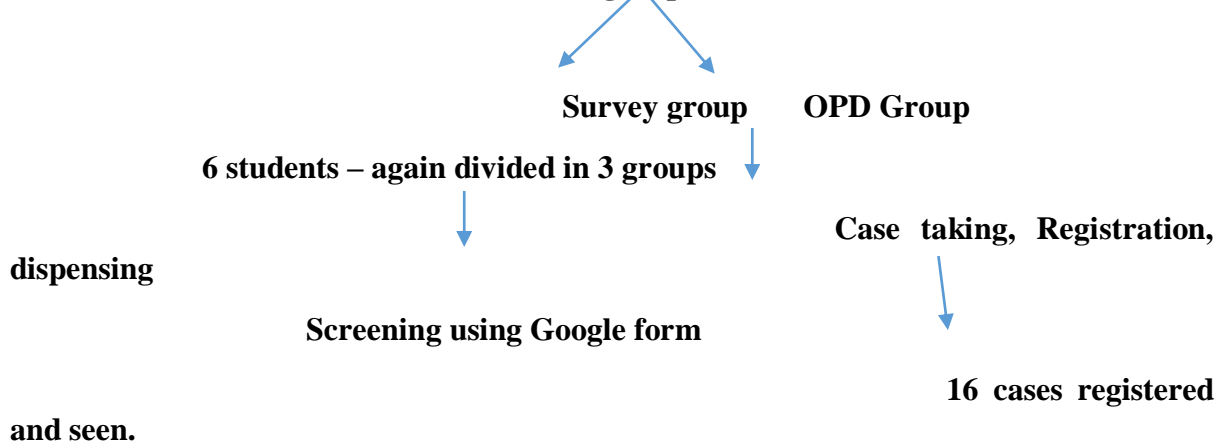
Total Number of patients seen: 16- (Dr. Tejashri Thakare- 08 & Dr. Kirti Kadam- 08)

Screening done: 36 people (random selection of house for survey).

Aim: : Screening was done for Cleanliness, Toilets, Water supply and purification, economical status, Hypertension & obesity, vision & hearing problems, menopause age group, skin diseases, (home to home survey was done.)

Division of work:

Students and interns were divided into two groups



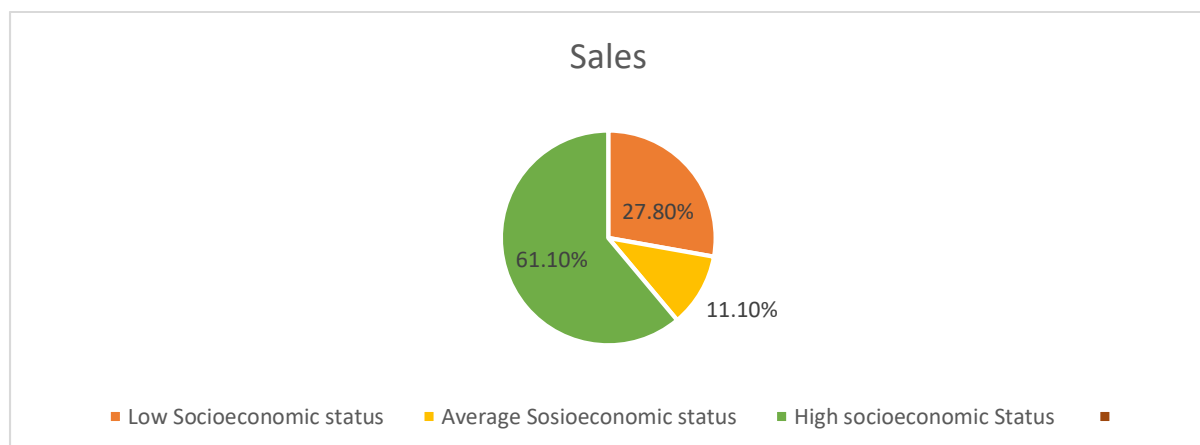
Students and interns were divided into three groups- 6 students – again divided in 3 groups

Screening using Google form (36 people were screened)

Learning: Maximum people are farmers so ideal time to visit is morning. Response of people was good. People in this village were cooperative.

1) Screening for Socioeconomic Status among selected Population:

A Survey was done for financial status of people. Screening was done on 36 people. Out of which 61.1 % people belongs to High socioeconomic status. 11.1 % people belongs to average socioeconomic status. 27.8 % people belongs to low socioeconomic status. (This status was determined by knowing their family income, education level, occupation, family and social support, wealth & access to good nutrition.)

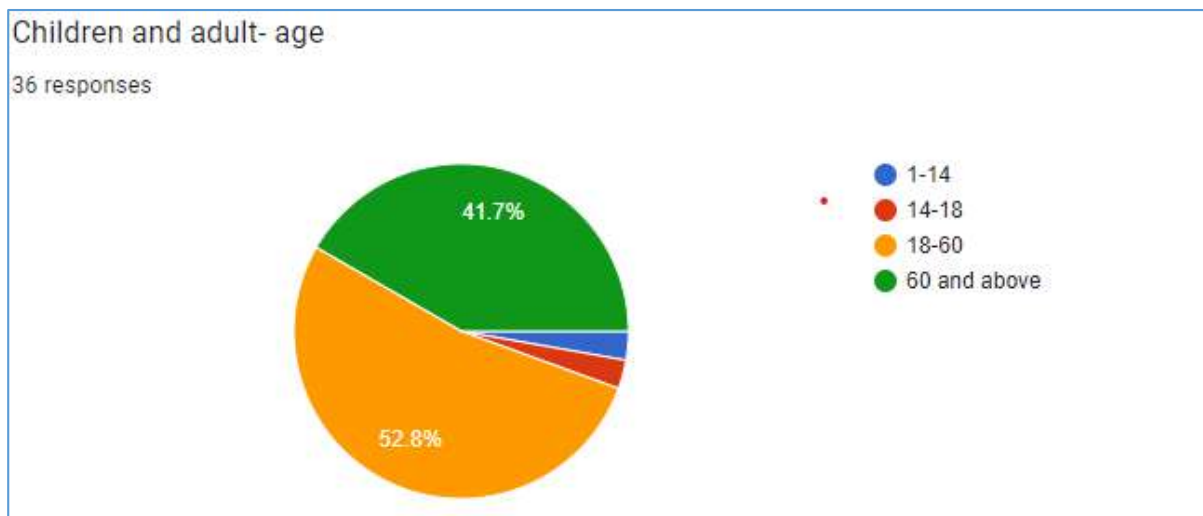


A pie chart showing financial status in screened population.

By identifying socioeconomic status of these people we can help to the Average and low socioeconomic people to raise their status and hence can promote their overall growth.

2) Screening for age group in selected population:

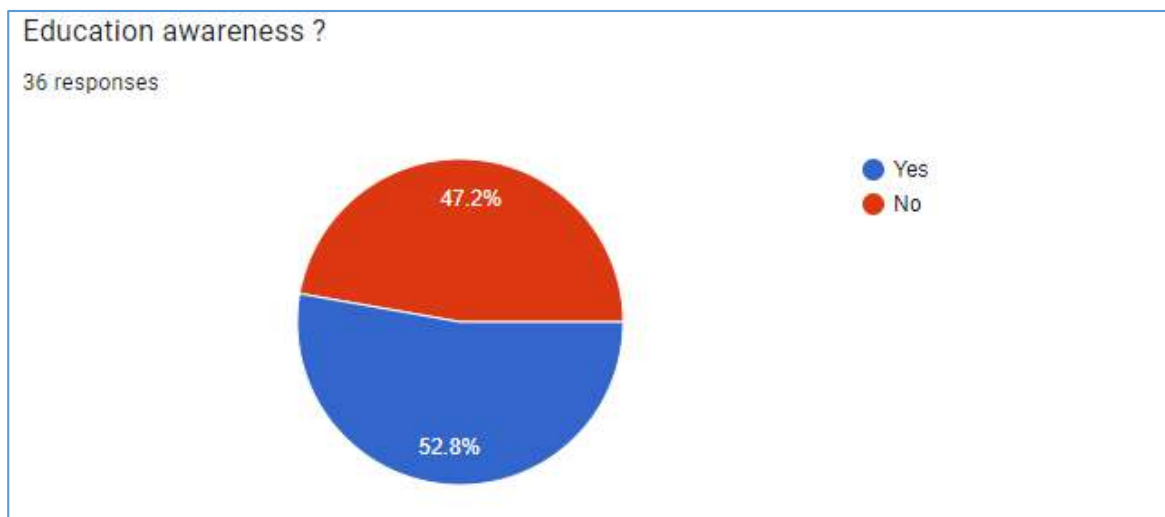
Out of 36 screened houses, 52.8 % population belongs to age group 18 to 60 years. 41.7 % population is above 60 years age. 2.75 % people belongs to 1-14 (paediatrics) age group and 2.75 % people belongs to age group 14 to 18 (adolescence)



Age wise population Distribution of people in screened population

3) Screening of awareness of Education:

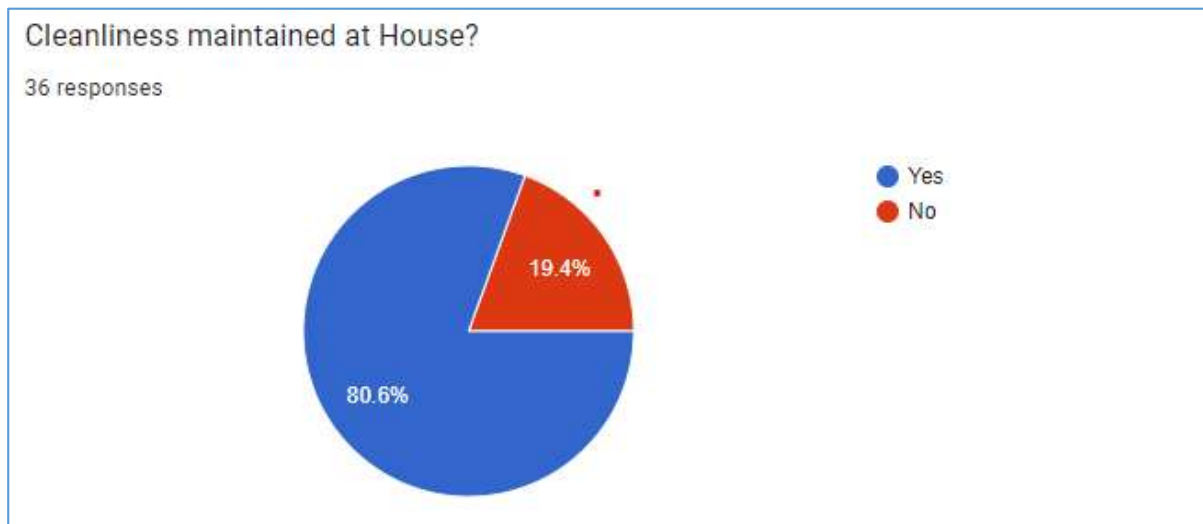
Out of 36 houses, 52.8% families have awareness about education they are giving opportunities to family members for higher education. 47.2% families show poor response towards education. As health and hygiene got affected if people are uneducated. This will help to execute plan for making awareness about education in people.



Awareness about Education

3) Screening of Cleanliness in houses:

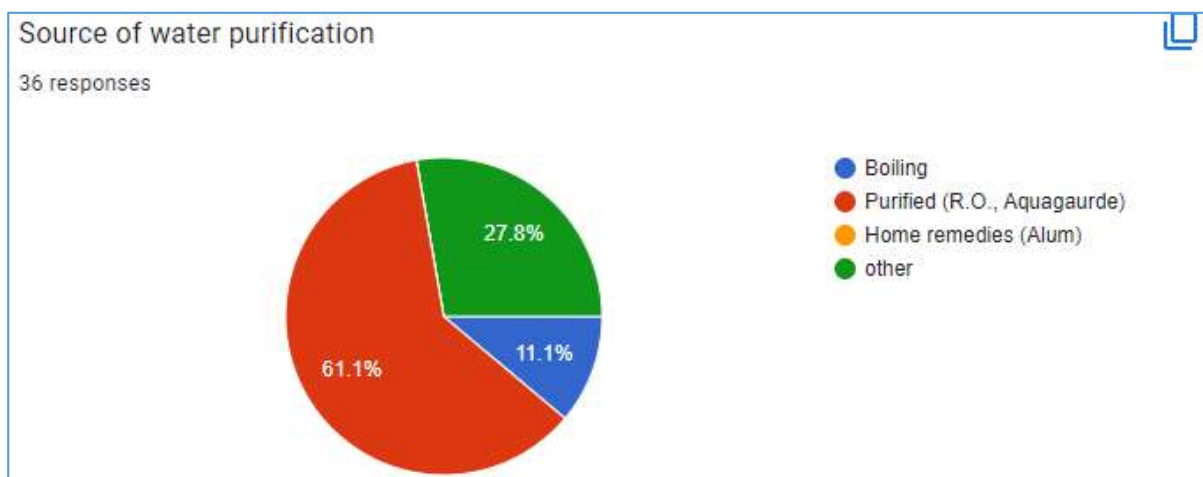
Cleanliness and health are correlated factors. So screening was done for cleanliness in houses of the villagers. It is observed that cleanliness was maintained in 80.6 % houses.



Screening of Cleanliness in houses

4) Screening on source of water purification:

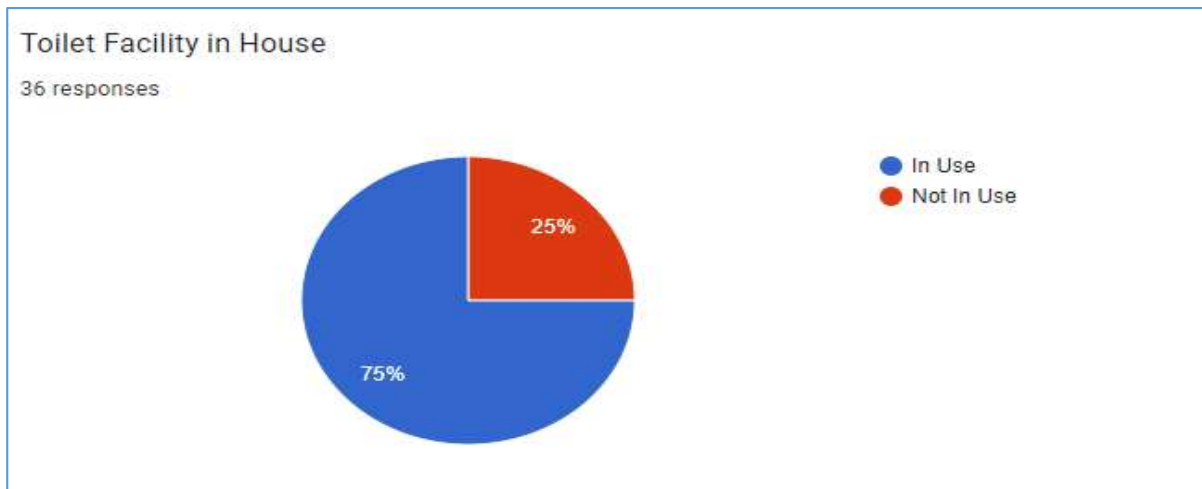
Water borne diseases are more common in rural community. Hence it is important to make people aware about purification of water. In villages boiling, Purified (R. O. Aqua guard), Home remedies- (Alum), or other- filtering through clothes, etc. 61.1% people has R.O purifier for water purification. 27.8 % purification is done by other methods. 11.1% people boil water for purification.



Sources for purification of water

5) Screening of Toilet facility in houses & its use:

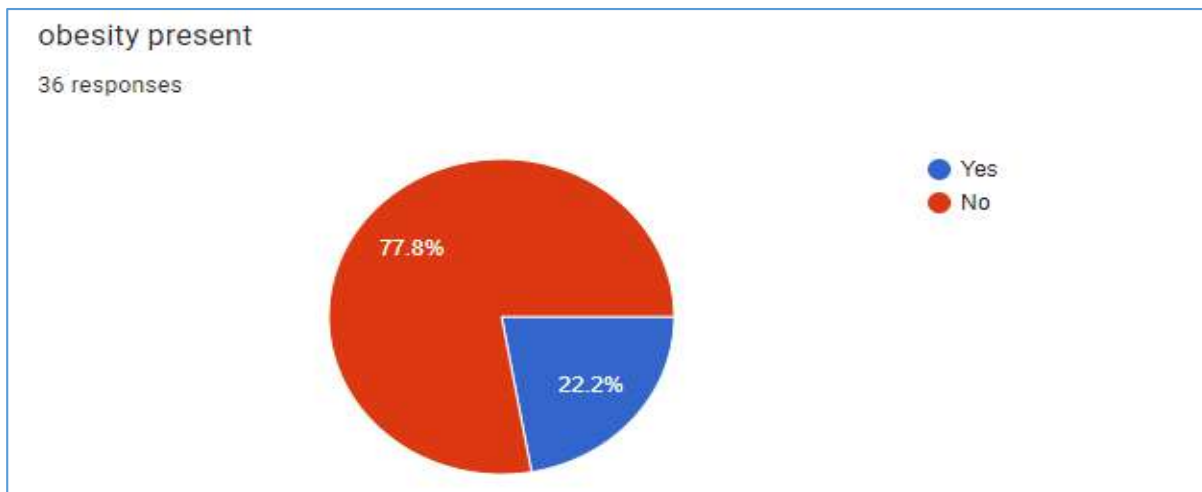
Toilets are essential facility for maintaining good sanitation and hygiene in rural areas. Toilet facility is available in all the houses. 75 % toilets are in use. 25 % toilets are not in use.



Toilet facility in houses & its use.

6) Screening to rule out Hypertension & obesity:

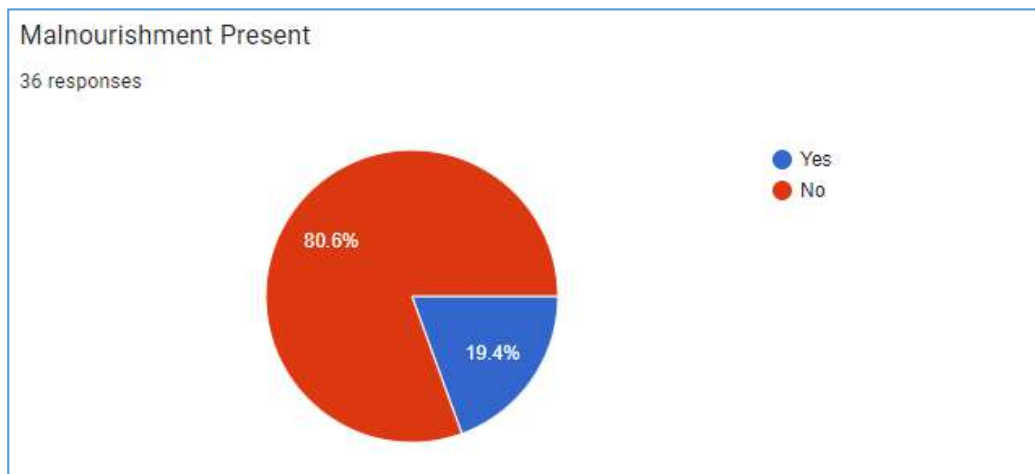
In the screened population Almost 30.6% population was known case of Hypertension and was taking medication for it. 22.2 % people were found obese. (Scale- BMI chart)



Screening for Obesity

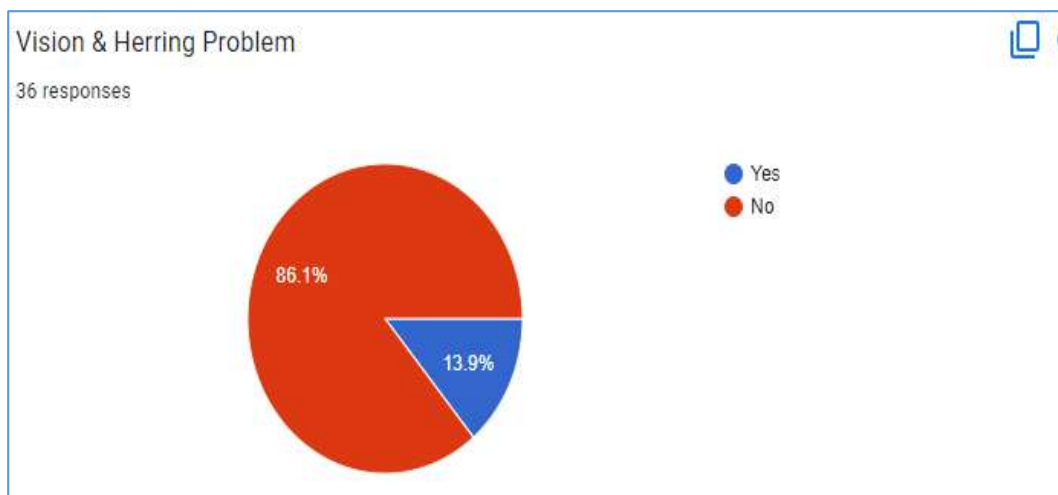
7) Screening for Malnourishment

From the screened population 19.4 % people were malnourished. (scale- Mid arm Circumference measurement)



Malnourishment present in screened population.

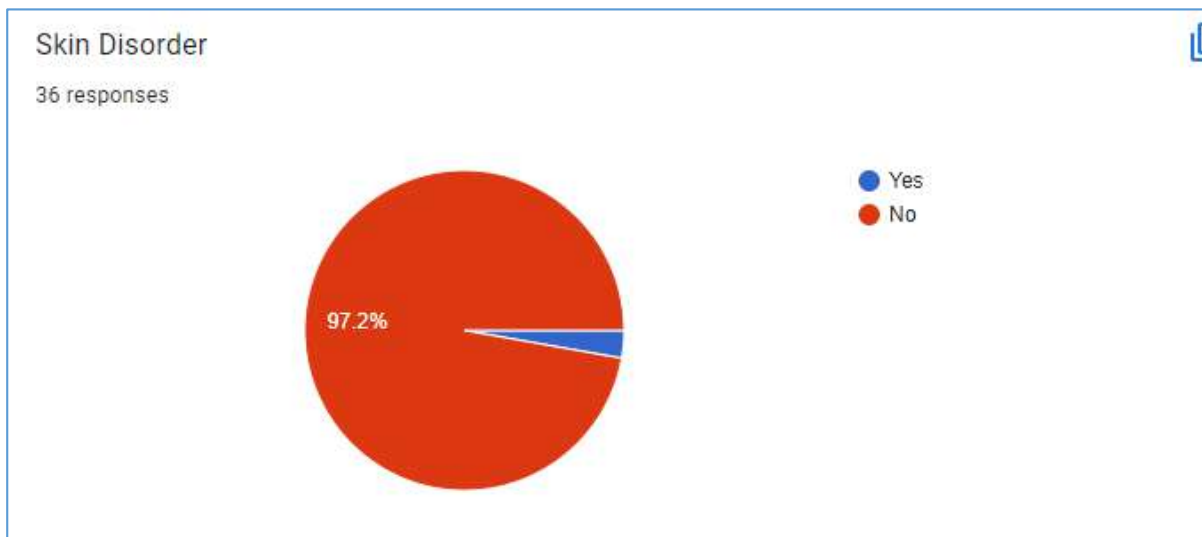
8) Out of 36 screened population 13.9 % people had vision and hearing difficulties.



Vision and hearing Problem

9) Screening of skin diseases:

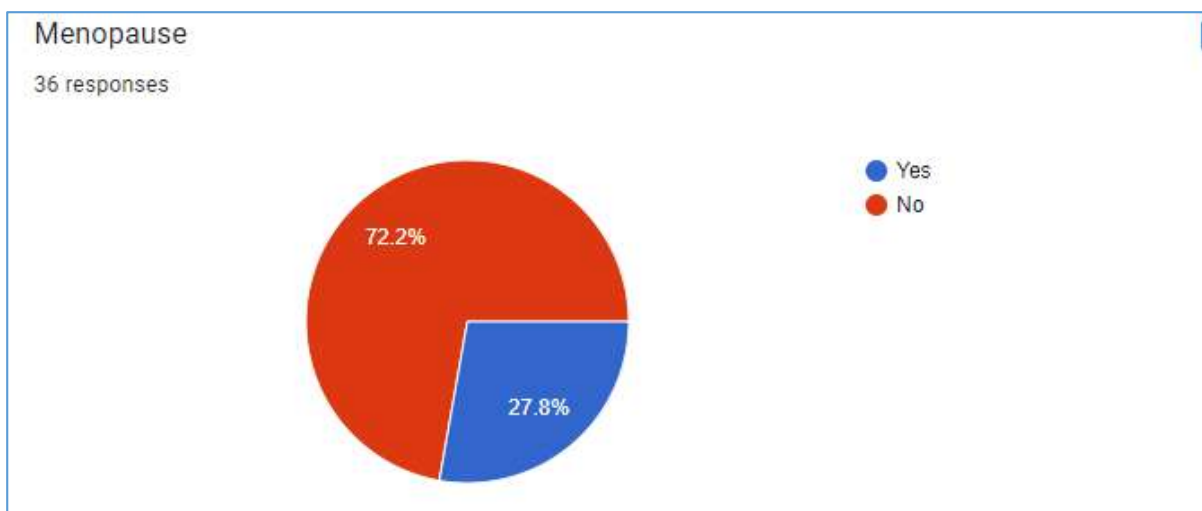
As most of the people were aware about cleanliness percentage of skin diseases were 2.8 % only



Skin Diseases

10) Screening for menopausal age group.

Out of screened population 27.8 % population were menopausal women.



Menopause in women among Screened population



