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A family health survey at Badi Ka Bas Gram Panchayat Sanganer, Jaipur (Rajasthan)

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Abstract

Background and Objective: Homoeopathy is one of the various alternative system of medicine prevalent in India. A family health survey was conducted on an occasion of World Health day from 8th April 2019 to 10th April 2019 at Badi ka Bas Gram Panchayat by the Dept. of Community Medicine, Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur. The Objective of the survey was to collect the general information regarding the status of the following:-

1. Socio-economic status.
2. Diet and Nutritional status
3. Cultural Practices
4. Immunization status
5. Living environmental status
6. General Health status of entire family

Methods: An observational community based Cohort survey was conducted among 400 families visiting door to door from 8th April 2019 to 10th April 2019 at Badi ka Bas Gram Panchayat, Jaipur. A set of questionnaire was used for the survey.

Results: It was found that the literacy rate is 67.5% while 45% of families are suffering from poor water supply, improper drainage, poor housing & inadequate ventilation. Most of the houses don't have sanitary latrines. Immunisation status in children was found to be incomplete in 11% of cases. In many families, children below 5 years were found under nutrition. In 40% of cases people have lack of knowledge regarding communicable diseases and their transmission and their different modes of prevention. General information was given about personal hygiene, balanced diet, immunization and homoeopathic treatment. 67.5% of people were literate and 72.7% of them are living in Pakka house.

Conclusion: Along with the health check-up camps, awareness programs must be conducted on regular basis in rural areas of Jaipur, in order to provide information about health, hygiene, general diseases and their prevention.

Keywords: Awareness, homoeopathy, Jaipur, medicines, survey

1. Introduction

Health is the most important aspect of a living individual. In fact, all communities have their concepts of health, as a part of their respective culture. Health is often taken for granted, and its value and its important is not understood until it is lost.

However, during past few decades, there has been a change in mind set of people that health is a fundamental human right and world-wide social goal that is essential to the satisfaction of human needs and to an improved quality of life and that is to be attained by all people^[1].

This would have been possible only if all are mobilised for health. This means not just governments and medical establishments, but people themselves. National Health Policy of India 1983 and 2002 failed to confer the status of Right to health, while other nations are planning newer strategies to put Right to Health and Medical services into practical use. Community participation in health is an aphorism that awaits genuine realisation in our country. The people should not forget that health is not a commodity that a benevolent government/ institution/ individual bestow on them. It has to be earned and maintained by the individual himself therefore public awareness and activism alone can remedy this alarming condition^[2].

Therefore, our institution Swasthya Kalyan Homoeopathic Medical College and Research Centre carried out three days of survey with objective to collect data that is essential to maintain health, their knowledge regarding communicable and non-communicable diseases and making them aware about the same.

2. Methods

An observational community based Cohort survey was conducted among 400 families visiting door to door from 8th April 2019 to 10th April 2019 at Badi ka Bas Gram Panchayat, Jaipur. A set of questionnaire was used for the survey. The questionnaire was in English language and students and faculty asked the questions in their local language. The questions were simple and direct which took approximately 10 minutes per family to get it filled. It was divided in 9 parts starting from first section which contains personal information about head of family, home address, contact, habitation, caste, religion, family income per month, type of family(joint/ nuclear), total persons living in the family.

Second part comprised of details of individual person in family, like individual's name, their age and sex, their relation with head of the family, marital status, education qualification, profession, individual's income per month and food habits.

In third part, questions were framed to know about their social economic and cultural factors like, spoken language, type of animal pet, source of income, standard of living.

The fourth part which is key for the survey is about their Environmental sanitation, which consisting basic questions like type of house, number of rooms in house, regarding overcrowding, ventilation of each room, their kitchen and the fuel used in their kitchen, their bath rooms and toilets, sanitary latrines, the drainage system, source of drinking water, disposal of waste and the availability of light.

Fifth part consists of the data regarding the immunisation status of children in family covering the basic government approved vaccinations. In sixth and seventh part, their present health status and past medical history was elicited along with the type of treatment they underwent. Eighth part dealt with questions regarding family planning of eligible and target couple. The ninth and the last part was about data analyses and patients knowledge and history of communicable and non-communicable diseases. People were also enquired about their knowledge regarding about homoeopathy and experience with same. The respondents were informed verbally about the purpose of the study and participation in the study was taken with their consent. Inclusion criteria for our survey included all the families of Badi ka Bas Gram Panchayat, Jaipur. All the families from all strata, religion and caste were included for the purpose of study. The data were checked and entered into the computer and was used for analysis of the same.

3. Results

Total of 400 families were visited door to door over period of 3 days from 8th April to 10th April 2019, the questions were asked in their regional language and data was filled in the questionnaire form. The survey was conducted under the Department of Preventive and Social Medicine (Swasthya Kalyan Homeopathic Medical college and research centre, Sitapura) on the occasion of World Health Day.

3.1 The following Data was collected during the Survey:

3.1.1 Socioeconomic status: 22% of residents of Badi ka Bas Gram Panchayat were belonging to lower socioeconomic status, where as 65% belonged to middle class and only 13% of population had high socio economic status.

Socioeconomic Status	
Lower Class	22%
Middle Class	65%
Upper middle Class	13%

3.1.2 Literacy rate

In area under survey 67.5% of people were literate and 32.5% were illiterate.

Literacy	
Literate	67.5%
Illiterate	32.5%

3.1.3 Environmental Sanitation: Very vital data that was collected in survey was regarding sanitation in which it was found that only 27.3% of families lived in kuccha house and 72.7% of families resided in pukka house. (Table 3.a)

When questions were put regarding ventilation of house it was found that 72.3% of people were living in adequately ventilated spaces and 27.7% were living in inadequately ventilated places. (Table 3.b)

Kitchen is a place from where health is served to family via food. 78% of kitchens in the area were smokeless and 22% were smoky. (Table 3.c)

85.4% of houses had sanitary latrines in their houses where as still 14.6% of population had no constructed in house sanitary latrines. (Table3.d)

Proper drainage of waste is essential for health, but only 53.3% of people had proper drainage system whereas 46.7% of families had proper drainage system. (Table 3.e)

Around 91% of people living in the marked area were consuming government supply of water, 7% of people were drinking the water from hand pump and only 2% were consuming water from sanitary wells. (Table 4.f)

65% of the families in the given area were having adequate water supply and 35% of families were facing problem regarding inadequate water supply. (Table 3.g)

Table 3.a: 27.3% of families lived in kuccha house and 72.7% of families resided in pukka house.

Type of House	
Kaccha house	27.3%
Pakka house	72.7%

Table 3.b: 72.3% of people were living in adequately ventilated spaces and 27.7% were living in inadequately ventilated places.

Ventilation	
Adequate	72.3%
Inadequate	27.7%

Table 3.c: Kitchen is a place from where health is served to family via food. 78% of kitchens in the area were smokeless and 22% were smoky.

Kitchen type	
Smokeless	78%
Smoky	22%

Table 3.d: 85.4% of houses had sanitary latrines in their houses where as still 14.6% of population had no constructed in house sanitary latrines.

Sanitary latrines	
Present	85.4%
Absent	14.6%

Table 3.e: Proper drainage of waste is essential for health, but only 53.3% of people had proper drainage system whereas 46.7% of families had proper drainage system.

Drainage	
Proper	53.3%
Improper	46.7%

Table 3.f: Around 91% of people living in the marked area were consuming government supply of water, 7% of people were drinking the water from hand pump and only 2% were consuming water from sanitary wells

Sources of drinking water	
Hand pump	7%
Sanitary well	2%
Govt. Water supply	91%

Table 3.g: 65% of the families in the given area were having adequate water supply and 35% of families were facing problem regarding inadequate water supply.

Adequate water supply	
Yes	65%
No	35%

3.1.4 Immunization status of Children: 89% of children in the area under study were immunized against basic diseases following protocol where as 11% of children were not immunized at all against any disease.

Immunization status of Children	
Immunized Yes	89%
Immunized No	11%

3.1.5 Awareness about Homoeopathy: When people of Badi ka Bas were questioned regarding their knowledge about Homoeopathic treatment 83% were aware about it. 27% of people were not aware about homoeopathy.

Awareness about Homoeopathy	
Yes	83%
No	17%

4. Discussion

Most of families of people of area under survey were literate (67.5%) and were from middle class (65%) living in pukka houses (72.7%) which are well ventilated (72.3%). Families are using smokeless kitchen (78%) and have proper sanitary latrines (85.4%), but drainage system in area is improper in 46.7% of population residing there. 91% of the families are consuming water that is supplied by government and still 45% are having inadequate water supply. People are aware about immunisation and 89% of children in the families are immunised against basic diseases. Still we see that there is lack of awareness regarding communicable diseases in 40% of people, children below 5 years of age are found undernourished, which is matter of concern for their physical and mental growth.

6. Conclusion

Our survey was small but was quite informative and a lot of data analysis was left to be processed in study. Still the very important point that was found in this survey was that literacy regarding health and hygiene is still lacking in people and we need more such surveys to plan better health policies. We should make awareness programmes more

active and feasible to people living in rural areas, so that all can enjoy right to health.

7. References

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