

Demography of Dhampus: A Community Health Diagnosis Field Visit Report

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ABSTRACT

Community health diagnosis is a comprehensive assessment of health status of the community in relation to its social, physical and biological environment. The purpose of community health diagnosis is to define existing problems, determine available resources and set priorities for planning, implementing and evaluation health action, by and for the community. A cross sectional descriptive study was done at Dhampus VDC from 1 Sept 2016 AD (16th Bhadra, 2073 BS) to 16 Sept 2016 AD (31st Bhadra, 2073). The data was collected by questionnaires, anthropometric measurements, interviews and secondary data. The community health diagnosis field visit gave us the opportunity to build our team spirit and taught us the arts of problem solving. It taught us the importance of correct conduct and building a good rapport with the people who were unfamiliar to us.

INTRODUCTION

Demography is the scientific study of human population based on population composition, its distribution in space and changes in population size. Health in a group depends on dynamic relationship between these factors. Hence demography is of vital importance in community health diagnosis (CHD).

The term demography is derived from two Greek words: Demos= People, Graphian= to draw or describe. It deals with three observable human phenomena:

- a) Changes in population (Growth or decline)
- b) Composition of population
- c) Distribution of population in space

And five demographic processes namely fertility, mortality, marriage, migration and divorce. Besides disability, morbidity, literacy etc can also be noted. It gives general idea about the community for planning and formulating health policies and programs and to measure health status by the authorities.

OBJECTIVES

- a) To determine the demographic and socioeconomic indicators to assess the health status of the community.
- b) To present our findings to the community and receive feedback.
- c) To prepare a report on the survey and submit it to the Department of Community Medicine, Gandaki Medical College, Lekhnath, Kaski, Nepal.

METHODS

Study Area: Dhampus VDC

Study design: Cross-sectional descriptive study. In a cross-sectional study, measurement of exposure and effect are made at the same time.

Study period: 1 Sept 2016 AD (16th Bhadra 2073 BS) to 16 Sept 2017 AD (31st Bhadra 2073 BS)

Process: Household survey

Survey unit: 410 households out of 620

Survey Duration: 15 days

Survey techniques: Every available household was covered in survey but there was limitation as many houses were inhabited due to migration, earthquake and Teej festival.

Table 1: Survey techniques, tools and respondents

Techniques	Tools	Respondents
Household survey	Questionnaires	Household heads, mothers, eligible couples
Anthropometric measurements	Tailor's tape, weighing machine	1- 5 year old children
Observation	Observation check-list	-
In-depth Interview	Semi structured interview guidelines	FCHVs

FINDINGS OF THE COMMUNITY

Population size and its composition

Population is defined as total number of people living in a particular place in a particular time. According to the data collected from the VDC office of Dhampus, VDC consists of 620 households with total population of 2537.

According to the data collected from survey, we surveyed 410 households with total population of 1732.

- a) **Sex ratio:** It was found to be 92.01 being the population of males slightly higher than the females.
- b) **Dependency Ratio:** It was found to be 52.19 i.e. 100 economically active (15 - 59 years) have to support about 53 dependent people (children below 15 years and elders above 59 years).
- c) **Median age:** Median age was found to be 28.
- d) **Fertility:** Total live births in last one year were found to be 38. CBR was calculated to be 22.5 per thousand populations per year

- e) **Mortality:** Total deaths in last one year were found to be 10. CDR was calculated to be 5.8 per thousand population per year. IMR was found to be zero.
- f) **Morbidity:** Total number of diseased persons in last one month was found to be 6.29% of total population.
- g) **Disability:** Total number of disabled people was found to be four.

Table 2: Population size and its composition of Dhampus VDC

Indices	Figures obtained	National data (2011)
Sex ratio	92.01	94.2
Median age (years)	28	22.1
Average family size	4.23	4.88
Literacy rate	61.87%	65.9%
Dependency ratio	52.19 %	75.55 %
Disability rate	0.23%	1.94%
Fertility:		
A) Crude birth rate	22.5 per 1000	21.85 per 1000
Mortality:		
A) Crude death rate	5.8 per 1000	6.75 per 1000
B) Infant mortality rate	0	43.13 deaths per 1000 live births

IMR was found to be zero, probably because people didn't want to disclose about their family matters as it may revive the emotional trauma of the family and especially mother would be more affected.

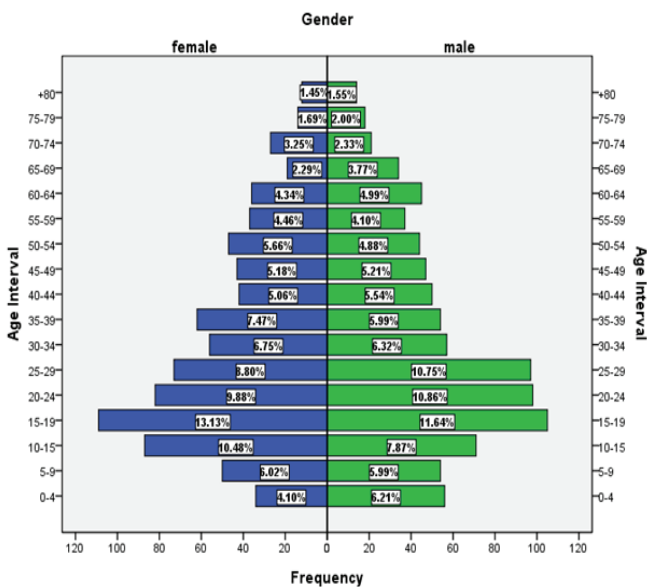
Age-sex composition

Age and sex is a vital component of population which have direct effect on the structure, social and economic aspects of population. The age-sex composition of Dhampus VDC is given in following Table

Table 3: Age and sex composition of Dhampus VDC

Age (Years)	Males	Females
0 - 4	56	34
5 - 9	54	50
10 - 14	71	87
15 - 19	105	109
20 - 24	98	82
25 - 29	97	73
30 - 34	57	56
35 - 39	54	62
40 - 44	50	42
45 - 49	47	43
50 - 54	44	47
55 - 59	37	37
60 - 64	45	36
65 - 69	34	19
70 - 74	21	27
75 - 79	18	14
80+	14	12

Fig 1: Age and sex composition of Dhampus VDC

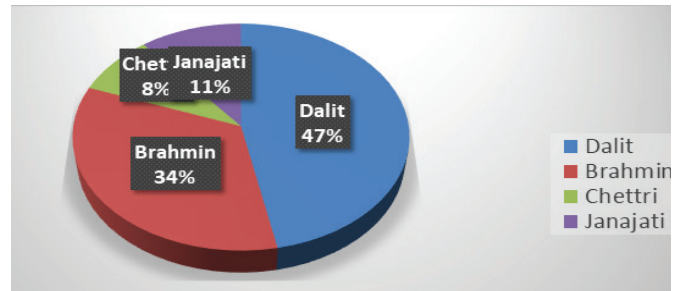


Population distribution by ethnicity

Out of 410 households, most of the people of Dhampus were Dalits (47%) followed by Brahmins (34%), Janjatis

(11%), Chettris (8%).

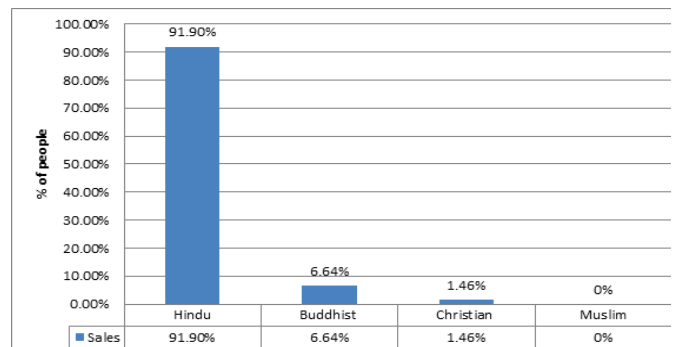
Fig 2: Population distribution of Dhampus VDC by ethnicity



Population distribution by religion

Most of the people of Dhampus were found to be Hindus (91.9%) followed by Buddhists (6.64%), Christians (1.46%), no religion (0.24%) and none were found to be Muslims.

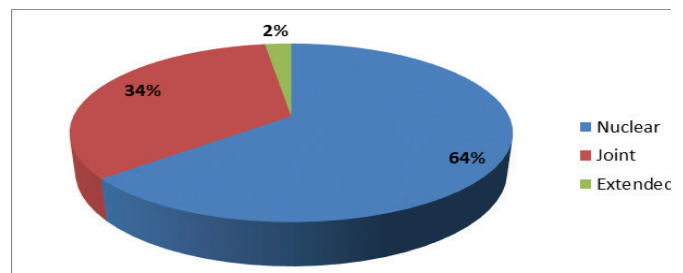
Table 3: Population distribution of Dhampus VDC by religion



Type of family

Most of the families in Dhampus VDC were found to be nuclear (64%) followed by joint (34%) and extended (2%).

Fig 3: Type of families in Dhampus VDC

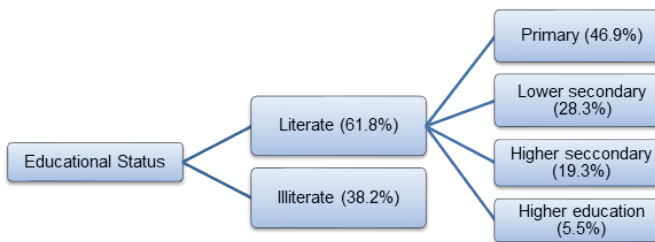


Educational status

Out of 1642 people with age above five years, most of the

people of Dhampus were found to be literate (62%). The educational status is given in the chart below.

Fig 4: Educational status of Dhampus VDC



Occupation

Out of 1166 people of age above 20 years, most of the people of Dhampus were engaged in agriculture (71%) followed by foreign employment (17%), business (7%), Government service (5%).

Fig 5: Occupational status of people of Dhampus VDC

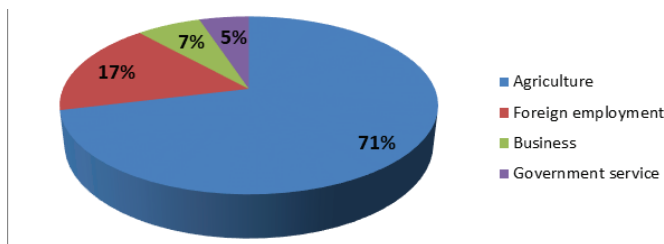


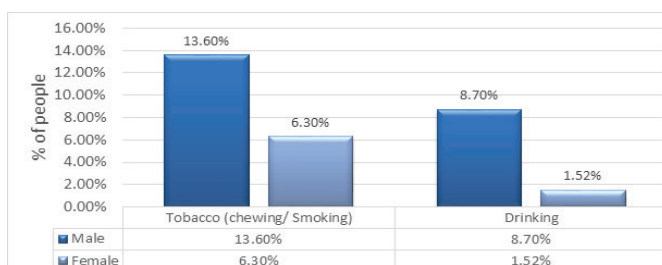
Table 4: Occupational status of people of Dhampus VDC

Occupational status	Percentage
Employed	55.66%
Unemployed	44.34%

Smoking and drinking habit

Out of total 1380 people of age above 15 years, 275 were found to be smoking and 141 were found to be drinking. The smoking and drinking habit of people of Dhampus VDC is shown in following bar diagram.

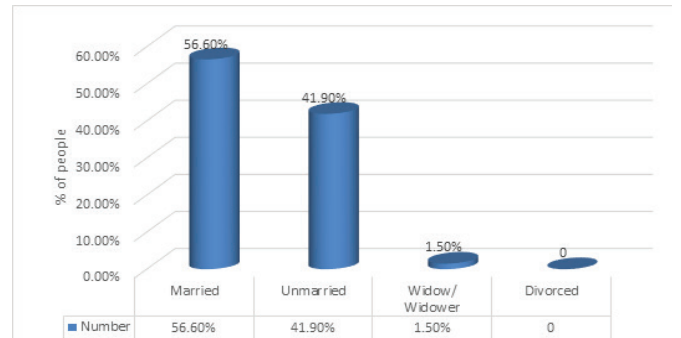
Fig 6: Smoking and drinking habit of people of Dhampus VDC



Marital status

The marital status of people of Dhampus VDC is given in the given pie chart.

Fig 7: Marital Status of people of Dhampus VDC

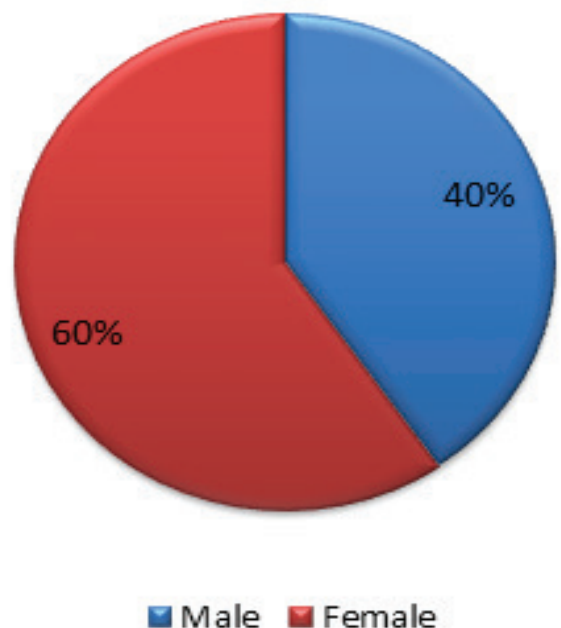


MORBIDITY

Morbidity refers to the diseases and illness, injury and disability occurrence in the population. By the knowledge of the disease one can know about the frequency and distribution of disease and also the causes and ways to control the spread of disease.

During our study in Dhampus, we came to know that, out of total population 6.29% people were diseased within 15 days. Among total diseased, 40.3% were males and 59.7% were females. The sex wise distribution of disease is given in following diagram.

Fig 8: Age wise distribution of disease among Dhampus population



Most of the people visited health institution for the treatment. The way of treatment adopted by people during disease is given in following diagram.

Table 5: Ways of treatment adopted for disease among Dhampus population

Ways of treatment adopted	No. of households
Self-medication	0.92%
Home remedy	6.48%
Traditional healer	0
Health institution	92.60%

Disability

Disability refers to the deviation from normal physical and mental functioning of the body. During our study in Dhampus we encountered four disability cases. Out of total study population, 0.23% were disabled. Among total cases of disability four were physical and none were mental.

Table 6: Functional distribution of disability

Physical	Mental
100%	0%

Birth

During our study in Dhampus, we found 39 live births within one year. Out of total live births within one year, 15 were females and 24 were males as shown in following table.

Table 7: Sex wise distribution of live birth within one year

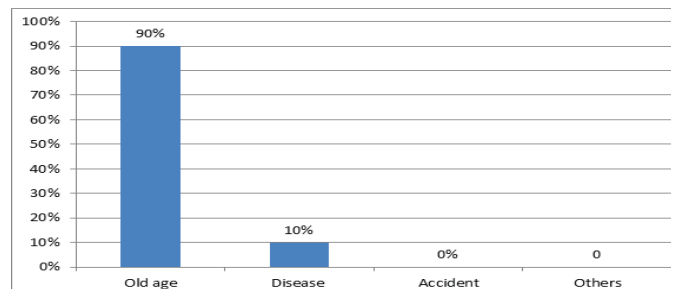
Males	Females
61.5%	38.5%

Mortality

Death is a permanent disappearance of evidence of life at any time after birth has taken place. It is a vital event that affects structure, size and growth of population.

During our study in Dhampus VDC we found 10 cases (0.57%) of death within one year among which six (0.35%) were males and four (0.22%) were females. Most of the people died because of old age as shown in following diagram.

Fig 9: Cause wise distribution of mortality



Migration

Migration is the geographical movement of individual from any usual place of residence for the purpose of establishing new permanent or semi-permanent residence. During our study in Dhampus we found three cases of migration among total population.

Vital Event Registration

It refers to the legal collection of data of vital events i.e. live birth, death, marriage and divorce of the specific population.

During our study in Dhampus, we found that most of the people have done vital events registration which is shown in following diagram.

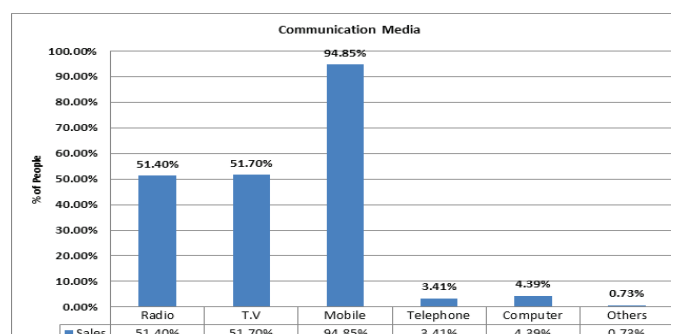
Table 8: Vital events registration

Vital Events Registration	Number
Yes	82%
No	18%

Communication Media

During our study in Dhampus, we found that most of the people uses mobile followed by TV, radio, telephone, computer and others which is shown in following pie chart.

Fig 10: Communication Media



CONCLUSIONS

The herculean task we thought earlier was made possible by the regular support and facilitation of the helping hands which are even now sparking in our eyes. Those unforgettable experiences, skills and learning that we learned in such a short period of time make us indebted to them. Our accomplishment was not only regarding the community, but also huge experience of the team work, cooperation and mutual partnership in solving the problems. Our small efforts though can not bring the drastic change; the fire has been ignited towards the approach of healthy living and well being. Yes Dhampus had taught us millions of knowledge!!!

Community field diagnosis worked as the platform to use our theoretical knowledge. To list out we learnt the following things from the field visit:

- To work in a group as a teamwork and with proper co-ordination.
 - To build good rapport with the community people and remain with them as their helpers as one family.
 - To listen to others problems and analyse their views on several health related issues.
 - To convince people on our program and collect maximum information required
 - Learnt about group dynamics and conflict management.
- Got acquainted with various religious and cultural aspects of community.
 - Accomplishing community based learning
 - Planning, implementation and evaluation of MHP
 - To face any hardships or problems during the stay and try to solve accordingly.

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