

# Community Survey Report: Pokhara-Lekhnath, Ritthevani-27, Nepal

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## ABSTRACT

Community diagnosis is defined as a comprehensive assessment of the state of an entire community in relation to its social, economic, physical and biological environment<sup>1</sup>. It is a process of examining the patterns of disease or health status in the community in order to promote health, prevent disease and manage health services for the community people<sup>2</sup>.

As per the curriculum of Tribhuvan University, B.Sc. Nursing first year, we were provided an opportunity to fulfill the practicum of community health nursing in the assigned area Shanti Tole and Teentara Tole, Pokhara, Lekhnath, Ritthevani-27 from 18<sup>th</sup> June to 14<sup>th</sup> July 2017. Total population of Ritthevani was 4529, male population was 2100 and female population was 2429. Each of the 13 students was assigned with 10 different families for community diagnosis in order to promote the health of the individual, family and community.

The main objective of community diagnosis was to find out the health related aspects and to provide preventive, promotive, curative and rehabilitative services to the individual and the community as a whole.

All the findings were presented among the key members of the community. On survey, total population of 130 houses was found 565, among them 296 were male population and 269 were female population. Sanitation of the community was inappropriate. People were not using the health facilities effectively so they were found suffering from different kinds of diseases most commonly gastritis. The common health seeking practice was going to governmental hospital and traditional healers.

## Keywords

*Community survey, Maternal health, Ritthevani.*

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## INTRODUCTION

Community diagnosis is defined as a comprehensive assessment of the state of an entire community in relation to its social, economic, physical and biological environment<sup>1</sup>. It is a process of examining the patterns of disease or health status in the community in order to promote health, prevent disease and manage health services for the community people. It is based on collection and interpretation of the relevant data such as age, sex, population distribution, incidence and prevalence of important diseases of the area<sup>2</sup>.

As per the curriculum of Tribhuvan University, B.Sc. Nursing first year, we were provided an opportunity to fulfill the practicum of community health nursing in the assigned area Shanti Tole and Teentara Tole, Pokhara Lekhnath, Ritthevani-27 from 18<sup>th</sup> June to 14<sup>th</sup> July 2017. Total population of Ritthevani was 4529, male population was 2100 and female population was 2429. Each of the 13 students was assigned with 10 different families for community diagnosis in order to promote the health of the individual, family and community.

### OBJECTIVES OF THE FIELD VISIT

The main objective of community diagnosis was to find out the health related aspects and to provide preventive, promotive, curative and rehabilitative services to the individual and the community as a whole.

- To identify health need, problems and resources in defined areas population
- To carry out community diagnosis in the assigned community i.e. Pokhara-Lekhnath, Rithepani-27
- To communicate effectively with all concerned in providing client-centered care
- To prepare a list of existing facilities in the community concerning environmental sanitation
- To find out the services provided by the selected health related institutions through the direct contact with the community people
- To apply the epidemiological approaches in solving the identified problems through health action and exhibition programs
- To carry out the responsibilities of a community health nurse in the health promotion of the community people through health teaching and environmental approaches

**Table 1:** Plan of action

Date	Program	Place
18 <sup>th</sup> June - 20 <sup>th</sup> June, 2017	Tool orientation	GMC College Premises
18 <sup>th</sup> June - 25 <sup>th</sup> June, 2017	Community orientation	Community
18 <sup>th</sup> June - 30 <sup>th</sup> June, 2017	Community map	College and community
21 <sup>st</sup> June - 30 <sup>th</sup> June, 2017	Data collection	Community
2 <sup>nd</sup> July - 7 <sup>th</sup> July, 2017	Data analysis and interpretation	Community
20 <sup>th</sup> June - 5 <sup>th</sup> July, 2017	Home visiting	Community
22 <sup>nd</sup> June - 11 <sup>th</sup> July, 2017	Health teaching	Community
7 <sup>th</sup> July, 2017	Data presentation	Community
9 <sup>th</sup> July, 2017	Health action	Community
12 <sup>th</sup> July - 14 <sup>th</sup> July, 2017	Follow up	Community
13 <sup>th</sup> July - 14 <sup>th</sup> July, 2017	Evaluation	Community

### RESULTS

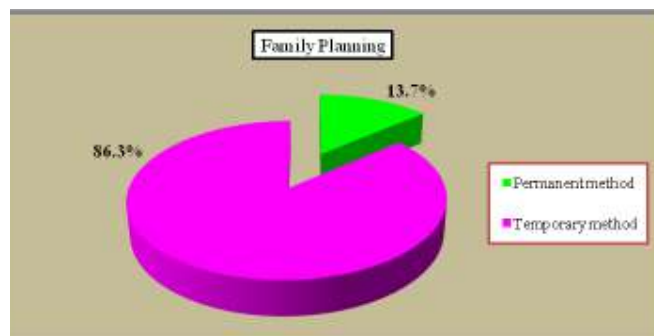
**Table 2:** Demographic variables

Variables	Frequency (f)	Percentage (%)
<b>1. Gender</b>		
Males	296	52%
Females	269	48%
<b>2. Types of family</b>		
Nuclear	87	67%
Extended	43	33%
<b>3. Religion</b>		
Hindu	377	67%
Buddhism	138	24%
Christian	50	9%
<b>4. Caste</b>		
Upper caste group	21	16.5%
Janajati	54	41.5%
Dalit	55	42%
<b>5. Types of houses</b>		
Kachha	25	19%
Pukka	105	81%
<b>6. Ventilation</b>		
Well ventilation	53	41%
Poorly ventilation	77	59%
<b>7. Latrine</b>		
Water sealed latrine	122	94%
Bore hole latrine	8	6%
<b>8. Drainage system</b>		
Closed	15	11.5%
Open	115	88.5%
<b>9. Types of refuse disposal</b>		
Burning	52	40%
Composting	9	7%
Burning and composting	28	22%
Throwing	42	32%
<b>10. Types of kitchen</b>		
Separate	95	73%
Attached	35	27%
<b>11. Drinking water</b>		
Public tap	110	85%
Spring	13	10%
Boring water	7	5%

In the data depicted in Table 2 shows that majority (52%) of the respondents were male population and remaining (48%) were female population thus the sex ratio was 1.1 : 1 male and female respectively. The dependency rate was (57%) and the literacy rate was (77%). Similarly, more than half (67%) of the family lived in nuclear family. Regarding religion, more than half (67%) of the respondents were Hindus, 24% were Buddhist and 9% were Christian. With regards to caste, minority (16.5%) of the respondents were of upper caste group. Beside these, majority (81%) of the people live in pukka type of house. Furthermore, less than half (41%) of the houses were well ventilated and majority (94%) of the families were found to use water sealed latrine. In case

of drainage system, minority (11.5%) of the families used closed drainage system and minority (7%) of the families used composting type of refuse disposal. Regarding types of kitchen, more than half (73%) of the families used separate kitchen. Similarly, majority (85%) of the families were drinking water from public tap.

**Fig 1:** Maternal Health on Pokhara-Lekhnath, Ritthevani -27 (Eligible couple=132)



From the above pie-chart it is illustrated that among 132 eligible couples, majority (86.3%) of them were using temporary method of family planning such as diaphragm, oral pills, condoms, Intra-uterine contraceptive devices and remaining (13.7%) were using permanent method.

More than half (75%) of the pregnant women have received antenatal care including tetanus toxoid from the respected health care institutions.

The data of current morbidity revealed that people are suffering from different diseases like back ache, sinusitis, leg pain, common cold, diarrhea, fever with the percentage of 35%, then 28% from gastritis, 17% from hypertension, 11% from headache, six percent from diabetes and remaining (Three percent) from asthma. In case of health seeking practice, most of the people (43%) go to governmental hospital and traditional healers.

Among 130 different houses, vital events i.e. birth, death, migration and marriage took place in only 15 houses with the more than half 60% of birth and 20%, 13.3%, 6.7% of marriage, migration and death respectively.

On the day of health action all the key members from the community, faculties from the college and community people were invited and the program was conducted in formal manner. Data presentation was done successfully. As a health action, drama on the theme of difference between the educated family and uneducated family along with early marriage, alcoholism and its consequences was conducted. Nutritional exhibition was also carried out

effectively along with real articles.

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