Community Survey Report:
Lekhnath 2, Rithepani

Lammichane A*, Devkota A, Thakuri B, Sahi D, Magar K
B.Sc Nursing 2nd Year

College of Nursing Sciences, Gandaki Medical College, Lekhnath, Pokhara, Nepal

ABSTRACT

Community diagnosis is defined as the pattern of disease in a community described in terms of the important factors which influence the pattern -King Maurice ed (1982). It is based on collection and interpretation of the relevant data such as age, sex, population distribution by social groups, vital statistics and incidence and prevalence of important diseases of the area.

As per the curriculum of Tribhuvan University, B.Sc Nursing 1st year, we were provided an opportunity to fulfill the practicum of community health nursing in the city of seven lakes of Rithepani-2, Lekhnath, Kaski from July 17th to Aug 11th 2016. Total population of Rithepani ward no 2 was 4529, male population was 2100 and female population was 2429 respectively. Each of the five students was assigned with ten 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 community as a whole.

All the findings were presented among the key members of the community. On survey total population of 50 houses was found 239, among them 126 were male population and 113 were female population. Sanitation of the community was found appropriate. Moreover immunization services among under five children was adequate. Likewise, antenatal, intranatal and postnatal care was found appropriate and effective in all the houses. This signifies that people are utilizing the all health services in an appropriate manner.

Corresponding author
*Ms Anju Lammichane
B. Sc Nursing, 2nd Year
College of Nursing Sciences
Gandaki Medical College
Lekhnath, Kaski, Nepal
Email: kanju91@gmail.com*

INTRODUCTION

Community diagnosis is defined as the pattern of disease in a community described in terms of the important factors which influence the pattern -King Maurice ed (1982). It is based on collection and interpretation of the relevant data such as age, sex, population distribution by social groups, vital statistics and incidence and prevalence of important diseases of the area.

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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 community as a whole.

- Find out the services provided by the selected health related institutions through observation visits

- Carry out community diagnosis in the assigned community

- Communicate effectively with all concerned in providing client-centered care

- Prepare a list of the existing facilities in the community concerning environmental sanitation

- Apply the epidemiological approaches in solving the identified problems

- Carry out the responsibilities of a community health nurse in the health promotion of community people through environmental sanitation

Table 1: Plan of action

| Date	Program	Place
17th July - 19th July, 2016	Tool orientation	College
17th July - 25th July, 2016	Community orientation	Community
17th July - 31st July, 2016	Community map	College and community
19th July - 27th July, 2016	Data collection	Community
21st July- 31st July, 2016	Data analysis and interpretation	College
26th July - 12th Aug, 2016	Home visiting	Community
27th July - 7th Aug, 2016	Health teaching	Community
1st Aug, 2016	Data presentation	Community
8th Aug, 2016	Health action	Community
9th Aug - 12th Aug, 2016	Follow up	Community
11th Aug - 12th Aug, 2016	Evaluation	College and community

RESULTS

Table 2: Demographic variables

Variables	Frequency (f)	Percentage (%)
1. Gender		
Males	126	53%
Females	113	47%
2. Types of family		
Nuclear	35	70%
Extended	15	30%
3. Religion		
Hindu	47	94%
Buddhism	3	6%
4. Caste		
Upper caste group	20	40%
Relatively disadvantages Janajati	19	38%
Disadvantages Janajati	8	16%
Dalit	3	6%
5. Types of Houses		
Kachha	19	38%
Pakka	31	62%
6. Ventilation		
Well ventilated	36	72%
Poorly ventilated	14	28%
7. Latrine		
Water Sealed latrine	50	100%
8. Drainage system		
Closed	41	82%
Open	9	18%
9. Hand washing Habits		
Soap	48	96%
Ash	1	2%
Mud	1	2%
10. Treatment of water		
Treated	42	84%
Not treated	8	16%
11. Method of purification of water		
Boiling	20	40%
Filter	30	60%

In the data depicted in Table 2 shows more than half (53%) of the respondents were male population whereas more than one third (47%) were female population. Median age of population was 44 and the sex ratio was 4 : 3 male and female respectively. The dependency ratio was 28% and literacy rate was 92%. Disability rate was found to be zero. Similarly, majority (70%) of the family lives in the nuclear family. Regarding religion, majority (94%) of the respondents are Hindus and only 6%of respondents were Buddhist. In terms of caste, less than the half (40%) of the respondents were of upper caste group. More than the half (62%) of the families live in pakka type of houses. Similarly, majority (72%) families have well ventilation and all the families were found to use water sealed latrine. In terms of drainage system, majority (82%) of

the families used closed drainage system. Regarding hand washing practices, majority (96%) families use soap. Similarly majority (84%) of the families were found to treat water before drinking and more than half (60%) of the families drink water by filtering it.

Maternal Health on Lekhnath-2, Rithepani

Fig 1: Family planning (Eligible couples = 20)
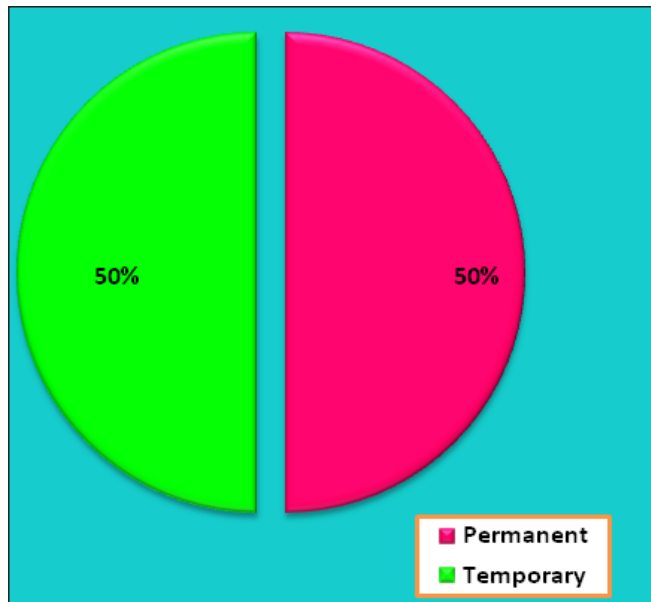
From the above pie-chart it is depicted that among eligible couples half (50%) of the population were using permanent family planning methods whereas remaining half (50%) were using temporary family planning methods.

All the pregnant women of the Rithepani-2 have received antenatal care services from the respected heath care institutions. And all the pregnant women had received tetanus toxoid during antenatal visit from the respected health care institutions.

Majority of the population went to health care centers during illness. Majority (92%) of the population follow the non-vegetarian food habits. Most of the families (62%) have separate kitchen and majority (78%) of the families have kitchen garden in their houses. Environmental sanitation was found to be good. Majority of the houses (86%) were found to have insects like cockroaches, mosquitoes, houseflies which clearly indicate the risk for diseases.

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. As a health action, drama on the theme of diarrhoeal disease, alcohol addiction, smoking, care during pregnancy and postnatal period and domestic violence was conducted. Nutritional exhibition was also carried out along with real articles.

Acknowledgement

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