

Survey Spotlight

Assessing the Health Status of Loharpatti Municipality, Madhesh Province, Nepal: A Community Health Diagnosis Need Assessment Survey

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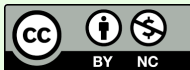
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ABSTRACT

INTRODUCTION: The health status of a country depends on the socio-economic status of the country's people, their level of education, access to health services and so on. Therefore, this study aims to define existing problems in the community, identification of local resources (manpower, money, and material) of the community, identification of the basic health needs and problems of the community, set priorities of health needs for community health action, implementing and evaluating health action by and for the community. **MATERIALS AND METHODS:** We, the students of the 15th Batch of the MBBS program at Janaki Medical College (Tribhuvan University) did a comprehensive Community Health Diagnosis (CHD) from 16th February 2021 to 25th March 2021 in Loharpatti Municipality, Ward No-03 of Mahottari District. Primary and secondary data were collected for the study. Two hundred forty six households and their members were selected by simple random sampling method. **RESULTS:** About 90% of participants went to health centres and health post for the treatment during illness. Our observation showed that 82% of households maintained appropriate environmental cleanliness around the house. About 74% of the remaining 26% used temporary methods and the most commonly used method was IUD by females. By analyzing the finding and discussing with the community leaders and the people real needs were identified and prioritized based on available resources. The prioritized needs were: KAP on child marriage and dowry system. **CONCLUSIONS:** Loharpatti municipality was a rural settlement with low education status and had little idea about the consequences of early child marriage. The practice of child marriage has historical roots in the municipality. Therefore, prioritizing economic empowerment programs can help reduce socioeconomic constraints; conversely, working with religious and community leaders is essential to promoting change and encouraging discourse.

Keywords: Community health diagnosis, need assessment, micro health project



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INTRODUCTION

Community can be used as a basic functional unit to represent the health and socio-economic status of a country. The health status of a country depends on the socio-economic status of the country's people, their level of education, access to health services and so on. The community can be a basic unit for the analysis of these health determinants as they form a system of a community. Thus, Community Health Diagnosis (CHD) helps in knowing the overall health scenario of the country. CHD is focused on the identification of the basic health needs and hidden health problems of the community through the comprehensive assessment of health determinants and resources available. Thus, it helps to suggest priority areas for intervention and feasible solutions. Besides this, it can act as a data reference to public health which can serve as a benchmark

for the evaluation and coverage of different public health

programs under it. The information obtained after conducting CHD can be used by concerned sectors for planning, resource allocation, and formulation of health policy for the community. Moreover, CHD provides exposure to real-life situations thus developing their decision-making skill and ethical manner, knowledge, skill, attitude, cooperation and participation in improving the condition and organizing the community. It is a comprehensive assessment of the health status of the entire community about its social, physical and biological environment. Therefore, this study aims to define existing problems in the community, identification of local resources (manpower, money, and material) of the community, identification of the basic health needs and problems of the community, set priorities of health needs for community health action, implementing and

evaluating health action by and for the community. Community health diagnosis is, therefore, a process of examining the overall health status of the community to promote health, prevent disease and manage health services for the community through the optimum utilization of locally available resources. Thus, it can be achieved with the following specific objectives: determining the major health problems and need, identifying the resources to deal with these problems, ensuring community participation, identifying health problems and public vulnerability to adverse social and health events in the community & identifying the social and environmental interlinked to the health and health problems. Thus, it help to analyze and find the health status of a community and the nation as a whole at a micro level [1].

MATERIALS AND METHODS

Based on the curriculum of MBBS, four weeks of Community Health Diagnosis was conducted by MBBS 15th batch (group B) of Janaki Medical College and Teaching Hospital from 16 February 2021 to 25 March 2021 under the supervision and support of the Community Medicine Department, Janaki medical college Teaching Hospital. Our group was supervised by faculties and was assisted by a Female Community Health Volunteer (FCHV) of each ward of Loharpatti municipality. For this purpose, the department conducted a feasibility study beforehand in Laxminiya VDC-Dhanusha situated near the college. Based on the findings of the feasibility study, Loharpatti municipality was selected for community health diagnosis.

Study design and setting

A descriptive cross-sectional study including both qualitative and quantitative methods was applied for this study. Our study area was at Loharpatti municipality-Mahottari, with the sample population proportionate to the population of Loharpatti municipality as the study population. The total population of the wards were approx.7000 and the number of households was 1200 according to the Municipality record [2].

CHD Site profile

Loharpatti municipality is located in Madhesh Province, Mahottari district of Nepal. There were 9 wards, out of which we select ward no.3 for our study. There were four villages in two wards, they were Mahadaiya, Tapanpur, Laxmipur & Jagatiya. The geographical location of Loharpatti municipality is 26.8011°N, 85.8537°E which is bounded by Janakpur municipality-Dhanusha in the north & east, Railway track in the south & bighi river in the west. This is situated 73 m above sea level having a



population of 45,773 (Male- 47.9% & Female- 52.1%. The literacy rate was 56.1% lies in an area of 50.06 sq. [2].

Participants, sample size and sampling technique

About 1200 households existing in the municipality, we decided to cover 25% of households (that is 300 households) for the survey by considering time and feasibility. A total number of 300 households in Loharpatti municipality were taken as the sampling frame, recognized primarily by the name of the head of the family. Households were selected by use of a simple random sampling technique. We covered the allocated number of households in each ward by visiting every ward of the municipality and household in each ward selected household (the household member above 18 years of age was considered as part participant of the interview, a mother under five children of the sample household for the MCH survey), married couples of reproductive ages of the sample household for family planning & under-five children for nutritional status assessment. We visited 300 households, however, 246 households member participated in the study with response rate of 82.0%. The participants with severe health conditions like mental illness or cognitive impairment were excluded. Individuals who do not provide informed consent for participation are also excluded.

Data collection procedure and study variables For the collection of primary data, social mapping, interview,

Table-A Tools and Techniques		
Technique	Tools	Study group
Quantitative methods		
Interview	Questionnaire	Household head Mothers of under 5 children School children Pregnant women Eligible couples
Anthropometry	Weighing machine Tailor's tape Shakir's tape	Under 5 years of children
Qualitative methods		
Observation	Observation checklist	Household
FGD	FGD guideline	General people
IDIs	IDIs guideline	Female community health volunteer (FCHV)

observation and anthropometric measurement, self-administered questionnaire, Focus Group Discussion, and formal & informal meetings were conducted. Secondary data was collected from the municipality office, Loharpatti Health Post. Face to face interview was conducted to collect quantitative data. Anthropometric measurement were taken for the nutritional status, observations were made at the households. Similarly, FGD and IDIs were conducted at different groups of people to collect qualitative data. The tools used for the survey were pre-tested questionnaires, an observation checklist, GGD guide, weighing machine (for children and adults) and measuring tape, Shakir's tape. The topics covered in the household survey questionnaire included: demographic profile, educational status, occupation, educational level, morbidity, health and sanitation measures, MCH-related parameters and family planning. General information on selected tools and techniques are presented in Table-A. Household head, mothers of under-five children, married women reproductive as a group were unit of analysis.

Statistical analysis and data management

The collected data was carefully compiled and analyzed using the Statistical Package for the Social Sciences (SPSS) version once data collection was finished. Frequency and percentage were calculated for a thorough grasp of community health indicators. The results were then presented. Graphical presentation are shown for the population pyramid. All focus group discussions (FGDs) were properly documented, ensuring that all participants' thoughts and opinions were captured. The recorded data,

which was in the form of audio files, was subjected to a rigorous transcription procedure in order to turn spoken words into written text. The qualitative data analysis was done manually after transcription.

Ethical Consideration

A separate ethical clearance for this study was not acquired because this study was conducted as part of the community health diagnosis program within the MBBS curriculum, which is mandatory for every batch of medical students. This study was carried out in accordance with the guidelines of the declaration of Helsinki, and was approved by the Department of Community Medicine, Janaki Medical College, Ramdaiya, Janakpur. Informed consent was obtained from each respondent after explaining the objectives and methods of the study and anonymity was maintained. In case of children, consent was taken from their legal guardians. There was no potential harm to participants.

RESULTS AND DISCUSSION

In our survey, largest population were found between the ages of 20-24 years with 22.0% of the total population. Regarding gender, there were 12% males and 10% females in that age group followed by age groups 5-9 years (21%) and 10-14 years (15%). The least number of populations was found in the age group of 85-89 years covering 1% of total population, with of 0.5% males and 0.5% females.

Table 1 | Socio-economic status of participants at Loharpatti municipality (n= 246)

Characteristics	Number	Percentage
Education level		
Illiterate	127	52%
Literate	119	48 %
The main source of income		
Agriculture	164	67%
Foreign employment	38	15%
Business	24	10%
Labour	20	8%
Religion		
Hindu	145	59%
Muslim	101	41%
Type of family		
Nuclear	118	48%
Joint	96	39%
Extended	32	13%
Language		
Maithili	239	97%
Hindi	5	2%
Urdu	2	1%

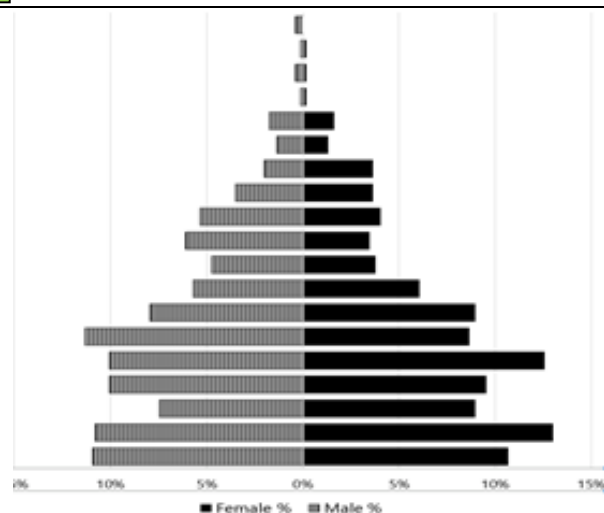


Figure-2A | From sample data field survey

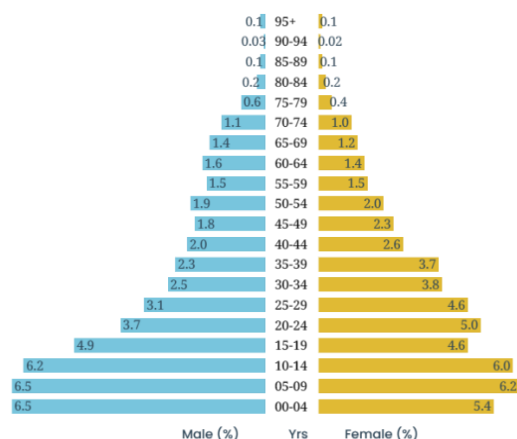


Figure-2A | From census data CBS (2)

Figure-2 | Population pyramid of Loharpatti municipality

Table 2 Environmental status at municipality (n=246)		
Types of toilets	Number	Percentage
Modern	200	81%
Pit holes	34	14%
No toilet	12	5%
Water waste management		
Field	206	84%
Drainage	18	7%
Road	22	9%
Solid waste management		
Dumping & Field	201	82%
Dumping & and manual pit	15	6%
Burning	30	12%
Source of water		
Hand pump	241	98%
Tap water	5	2%
Major Crops/ Staple food		
Rice & Wheat	160	65%
Rice	71	29%
Wheat	15	6%
Type of house		
Pakka	135	55%
Kaccha	74	30%
Semi pakka	37	15%
Type of chulo used		
Smoky	164	67%
Smokeless	82	33%
Distance of Cattle-Shade from house		
Cattle-shed	184	75%
<25 meters	154	84%
>25meters	30	16%
No cattle shed	62	25%

Moreover, the largest age group population in Loharpatti municipality was 5-9 years with 12.7% of the total population followed by the age groups 10-14 & 15-19 years. The least populated age group was 95+ followed by 90-94.

The population pyramid found in our sample survey is aligned with the pyramid of Loharpatti municipality given by the Central Bureau of Statistics, (CBS), Nepal [2] both show expansive type (Figure-2).

Table 1 shows socio-economic status of participants at Loharpatti municipality. The finding includes a literacy rate of 52%, a major source of income is Agriculture 67% followed by foreign employment. Hinduism is the main religion, among 59% of the total population. The second most followed religion is Muslim which comprises 41% of the total population. Most of them have the nuclear type family 48% and Maithili is the most frequently spoken language by the population of Loharpatti municipality 97%. The literacy rate of the sample was low as compared to national Statistics which is about 76.2%, Agriculture is the main source of income (57.3%) which almost aligns with the sample & and Hindu is the main religion of our country (81.2%) which is higher compared to sample [2]. Table 2 presents environmental status of Loharpatti municipality. The majority of them use a modern type of toilet (84%) followed by pit hole (14%) and open defecation (5%). Out of 246 households, 84% use fields for wastewater management followed by drainage 7%. Environmental sanitation is highly determined by the managed solid waste disposal. In the sample, 82% of households used dumping in the open field followed by burning or burying in pits. 98% of the population use hand pumps primarily followed by tap water. The major

crop is rice & wheat about (65%) followed by rice 29% others (Maize).

Age of marriage (Years)	Number	Percentage
14-18	133	82%
19-23	26	16%
>24	4	2%
Age of 1st pregnancy (Years)		
14-17	46	28%
18-21	90	55%
>22	27	17%
ANC Visit		
≥4times	60	37%
<4times	36	22%
Didn't respond	67	41%
Test performed during pregnancy		
Yes	91	56%
No	67	41%
Didn't respond	5	3%
Iron Supplements	90	55%
PNC visit		
No	91	56%
Yes	72	44%
Weekly	59	82%
Monthly	8	10%
During complication	5	8%
Colostrum feeding		
Yes	128	79%
No	30	18%
Didn't respond	5	3%
Breastfeeding	154	95%
Exclusively breastfeeding	92	57%

Around 55% had pakka houses (Made up of cement and rod bricks) 30 % of the households had kachha houses (Made up of Bamboo, Wood, Mud & straw) & 15% of households had pakka houses (made up of cement, rod, Bricks). 67% of households used smoky chulo and 33% have non-smoky one. 16% have animal sheds at a distance greater than 25meter whereas 84% have attached sheds. More than half (55.1%) population of Nepal used modern toilets which is lower compared to the sample & 34.6% population of Nepal used Tap/piped water which is higher as compared to our finding and 29.8% population used handpump as source of water which is lower as compared to our study [2]. Condition of social status at Loharpatti municipality are shown in Table 3. Males (91%) were economically active persons in the family followed by females. The majority of the population supports the dowry system about 64%, 51 % support underage

Economically active person in the family	Number	Percentage
Male	112	46%
Female	9	4%
Both	5	2%
None	120	
Support dowry system	157	64%
Support under-age marriage	125	51%
Gender discrimination	204	83%
Cattle rearing	187	76%
Foreign employment	145	59%

	Number	Percentage
The practice of brushing teeth	243	99%
Brushes teeth with		
• Toothpaste	172	70%
• Daitwan	37	15%
Frequency of brushing teeth		
• Once a day	200	81%
• Twice a day	46	17%
Washing hands before a meal	244	99%

marriage 83% support gender discrimination & and 59% had at least one member involved in foreign employment. 65.5% of the population is economically active which is higher as compared to our study. 8% of women aged 20-24 years were married before the age of 18 years which is lower as compared to our findings [3] and 14% of the total population are working abroad primarily in the Gulf country which almost aligns with our findings [4]. Out of 246 households, 99% brushed their teeth and 70 % used toothpaste followed by daitwan. Maximum about 81% brush once a day and 99% washed hands before a meal (Table 4).

Maternal and child health care indicators are shown in Table 5. Out of 246 female respondents, 82% were married at the age of 14-18 years, 16% were married at the age of 19-23 years & and 2% were married after 24 years. About 55% had their first pregnancy at the age of 18-21 years, 28% had it at the age of 14-17 years & and 17% of respondents after 22 years. Only 37% of the households had gone to ANC visits at least 4 times, 22% had gone for visits less than 4 times whereas 41% didn't go to ANC

Table 6 | Knowledge, Attitude and Practice (KAP) on common disease among participants (n=246)

Characteristics Response	Knowledge		Attitude		Practice	
	Yes		Positive		Yes	
Diseases	Number	Percentage	Number	Percentage	Number	Percentage
Fever	236	96.00	150	61.00	127	52.00
Tuberculosis	147	60.00	61.5	25.00	140	57.00
Leprosy	155	63.00	132	54.00	88	36.00
Pneumonia	209	85.00	157	64.00	135	55.00
HIV/AIDS	68	28.00	152	62.00	177	72.00
Night blindness	140	57.00	108	44.00	86	35.00
Malaria	199	81.00	214	87.00	221	90.00
Diarrhoea	233	95.00	223	91.00	226	92.00
Anemia	140	57.00	150	61.00	162	66.00
Malnutrition	127	51.56	105	43.00	68	28.00
Kala-Azar	128	52.00	108	44.00	118	48.00
COVID-19	218	89.00	211	86.00	214	87.00

Table 7 | Nutritional status of under 5 children of Loharpatti municipality (n=140)

MUAC	Number	Percentage
Normal	121	86%
Moderately malnutrition	15	11%
Severe acute malnutrition	4	3%
Weight for age		
Normal	91	60%
Underweight – Grade I	31	22%
Grade II	15	11%
Grade III	10	7%
Height for age		
Normal	95	68%
Grade I	25	18%
Grade II	17	12%
Grade III	3	2%
Weight for height		
Normal	98	70%
Grade I	25	18%
Grade II	14	10%
Grade III	3	2%

visits. 56% had done pregnancy tests during ANC visits. Only 44 % had gone for a PNC visit. About 79% of females

Table 8 | Knowledge and practice regarding Family planning of Loharpatti municipality (n=246)

	Number	Percentage
Knowledge about family planning (Yes)	130	53%
Family planning used by respondents (Yes)	63	26%
Method of family planning n=63		
Permanent method	17	26%
• Tubectomy	1	5%
• Vasectomy	16	95%
Temporary method (n=46)	46%	74%
• Condom	11	25%
• DEPO & pills	16	33%
• IUDs & others	19	42%

have fed colostrum to their babies & and 95% breastfed their babies. Overall, 14% of women aged 15-19 had been 1st pregnant which is lower, 94% of women reported receiving ANC for ≥4 times which is higher & and 96% of women took iron-containing supplements during pregnancy which is very high as compared to our study. 55% of children engaged in early initiation of breastfeeding which is lower and 56% of Children under 6 months were exclusively breastfed feed which is similar to our study [5].

Knowledge, Attitude and Practice on the Disease among people are described in Table 6. Out of 246 households, the percentage of the population knowing Fever is 96%,

Tuberculosis 60%, leprosy 63%, pneumonia 85%, HIV/AIDS 28%, Night blindness 57%, malaria 81%, Diarrhoea 95%, Anemia 57%, Malnutrition 51.56%, kala-

Azar 52% & Covid-19 89%. Out of these diseases, tuberculosis in adults & pneumonia in children is the most prevalent disease in Loharpatti municipality. Various research conducted at different places shows knowledge of TB was 80%, Leprosy was 77%. Similarly, 61% had a positive attitude about fever, 25% about TB, 54% about leprosy, 55% about pneumonia & 72% about HIV- AIDS, 35% about night blindness and so on. Whereas 52% had positive practice fever, 52 % had TB, 36% had leprosy, 55% with pneumonia, 72% with HIV/AIDS and so on. Various study has shown that 71% and 89% of the responders were unaware of the TB cases in Nepal and TB-related morbidity(6). 65% of young women and 88% of young men know that consistent use of condoms can reduce the risk of getting HIV. Only 16% of young women and 27% of young men have a thorough knowledge of HIV prevention methods [5].

Table 7 depicts the nutritional status of under 5 children at Loharpatti municipality. Of 140 children normal MUAC was found in 86%, moderately acute malnutrition was 11% and severely acute malnutrition was 3%. Out of 140 children under 5 years old 60% were normal (weight for age), 22% were Grade I malnourished, 11% were Grade II malnourished and 7% were Grade III malnourished acc. To GOMEZ classification [7]. About 68% had normal nutritional status (Height for age), 18%, 12% & and 2% of children were found to be stunted of 1st degree, 2nd degree & 3rd degree respectively. We observed that 70% of children were of normal weight and 18%, 10% & and 2% of children were found to be underweight of 1st degree, 2nd degree and 3rd degree respectively. The nutritional status of children under age 5, according to the three anthropometric indices: 25% of children under age 5 are stunted, 8% are wasted, and 19% are underweight which is lower as compared to our study [5].

Findings related to family planning at Loharpatti municipality shown in Table 8. Out of 246 respondents, 53% of respondents knew about family planning. Among them, only 26% of respondents used Family planning. Only 26% of people used the permanent method while 74% preferred for temporary method of family planning. DEPO & and pills (33%) were the most common methods among temporary methods whereas vasectomy (95%) is mostly preferred among permanent methods. 57% of currently married women are using a method of contraception which is higher as compared to our sample. The most popular method was female sterilization at 13% which is lower as compared to our study [5].

FGD and its Findings

Focus Group Discussion (FGD) was conducted among group of people in which they were asked about their

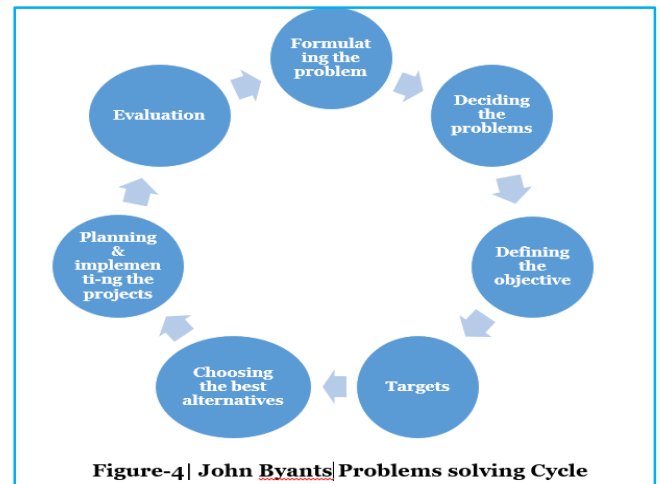
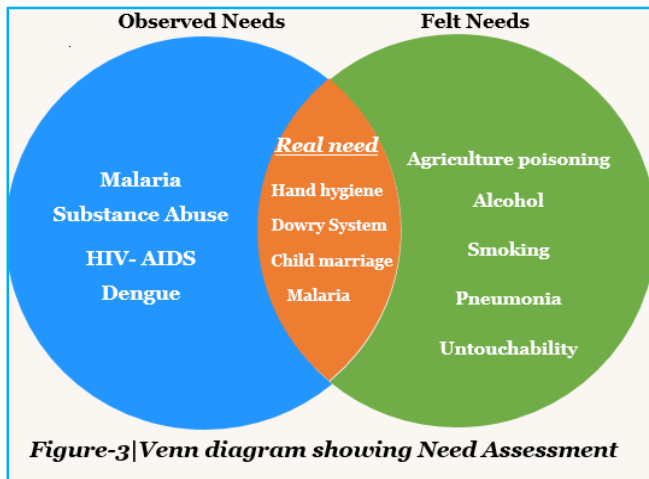
perceptions, opinions, beliefs and attitudes towards EARLY MARRIAGE. The objective includes; accessing information on knowledge about EARLY MARRIAGE and its impacts. FGD was done among local people, members of health institutions and students with the aims to know the current scenario, root cause and the practice on EARLY MARRIAGE and how is it being controlled. The methods for FGD involved: Group B was divided into 5 sub-groups, B1, B2, B3, B4 and B5. Each subgroup organized separate FGD at several locations in Mahadaiya municipality. Each subgroup comprised one moderator, one recorder & and one note-taker. Findings of FGD revealed that early marriage was the most prevalent practice in study area. Adolescents between the ages of 13-14 were married. The main factor that leads to early marriage was due to love affairs in teenagers. Parents to protect their social status marry their teen sons and daughters so they won't elope. Parents also shared that the predisposing factor of early marriage can be the misuse of smartphones. Moreover, to assist family, parents marry their adolescent to protect their social personality. There were some answers that in some cases early marriage was done to assist the mother in households' chores. Conversely, some participants in the discussion said they will not marry their school-going daughters when we asked the questions "Will you marry your school-going daughters? They also shared that they will educate their daughter till they want to and support them to pursue their dream. As per views of some participants, now, there has been a decrease in the practice of early marriage, and one of the factors resulting in this downfall might be literacy. Some of them were also aware that "early marriage is an act of crime and the physical, mental and financial complications that the bride and groom have to face".

NEED ASSESSMENT AND MICRO HEALTH PROJECT INTERVENTION

Top 10 health problems found at Loharpatti municipality were: dowry system, hand hygiene, child marriage, substance abuse, agricultural poisoning, dengue, malaria, tuberculosis, and pneumonia. We determined real needs through both observed and felt needs, as shown in Figure 3. Initially, we scientifically identified the real need of the community, prioritized health issues (illustrate in Table 9), and sought available resources. Subsequently, employing the 7-steps of problem-solving (shown in Figure 4), we implemented a micro health project on child marriage through a drama. Representatives ward office, along with school students and local people of Loharpatti municipality, attended and gained insights from a drama aimed at raising awareness and imparting knowledge

Table 9| Prioritization table

Problems	Importance	Community Concern	Seriousness	Prevalence	Manageability	Total
Dowry system	++	+++	+++	+++	++	13
Handwashing	++	++	++	++	+++	11
Child marriage	+++	++++	+++	++	+++	15
Dengue	++	+	+	+	+++	8
Malaria	++	+++	++	++	++	11



about the detrimental effects of child marriage to the community. This drama effectively illustrates the social issue of child marriage as two families, prompted by cultural norms, arrange the marriage of a 15-year-old girl and a boy, leading to legal consequences when the police intervene on the wedding day, emphasizing the criminalization of child marriage in Nepal.

CONCLUSION

The community health diagnosis (CHD) conducted in Loharpatti municipality wards 3 and 4 provides a comprehensive overview of the socio-economic and health situation. The region is mostly based on agriculture and displays a preference for conventional work, with 52% of participants being literate and the majority of them being in their 20s and 30s. Despite the fact that modern

toilets are widely utilized, hand pumps are the primary source of water. Uncomfortably, 82% of women marry between the ages of 14 and 18, resulting in early pregnancies and limited access to healthcare for mothers. A substantial number of children are underweight, stunted, or wasting, according to child health indicators. Furthermore, varied degrees of awareness are demonstrated in knowledge, attitudes, and practices related to certain health conditions. The dowry system and the prevalence of child marriage provide serious risks to expectant mothers and their unborn infants, highlighting the necessity of focused interventions in this rooted problem in the society. CHD is an essential step to understand and manage these issues, encourage positive change, and promote overall health and wellbeing.

ADDITIONAL INFORMATION AND DECLARATIONS

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