

Study of socio-demographic and health status of the people of Duwakot VDC, Bhaktapur district

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Abstract

Aims and Objectives: To know the population pattern, socio-economic status, socio cultural aspect and common prevailing disease of the Duwakot VDC of Bhaktapur district.

Methodology: This is a cross sectional descriptive study. Out of total 206 household, only 120 houses were purposively selected for the survey. A set of semi-structured questionnaire was administered to the representative member of the sample households.

Results: Report obtained from the household survey, ward no. 3 and 4 of Duwakot, the total population of 120 household was found to be 658 and out of that male population was 329 and female population was also 329. That means 50% of population was male and 50% of population was female. Family size refers to the total number of people in the family. The family size depends upon numerous factors like duration of marriage, education of the people. Family planning services will promote the democratic principle that individuals be free to make choices for themselves. It is clear from the table that the more number of males than female respondents knew the family planning methods. Family planning helps not only to attain birth control, proper spacing and limitation of birth but also reduce the population growth and improve over all maternal and child health status including socio economic status. Out of 43 children, BCG, DPT, polio was taken by all children whereas 38 (88.4%) children had taken measles vaccine due to the age less than 9 months and only 5 (11.6%) children were found taken hepatitis B vaccine. It may be due to new invention.

Key words: socio-demographic, Health status.

Health is essential for leading a socio-economically productive life. The provision of health should be considered a fundamental human right. This paper presents the socio-demographic and health status of the people of Duwakot Village Development Centre (VDC).

Health can not be isolated from its social context. Social and economic factors have as much influence on health as medical interventions. These factors have a direct bearing on the incidence, course and outcome of a wide variety of communicable and non communicable diseases as well as on many other health problems. They have an important effect on the provision of the health care poverty, malnutrition, poor sanitation, lack of education, inadequate housing, unemployment, poor working conditions, cultural and behavioural factors etc. Health is influenced by four sets of variables that are individual, ecological, and current and opportunities. These variables are in turn influence by the major sources of social changes economic, political, and educational and other systems¹. Good health is a prerequisite of human productivity and the developmental process. It is essential to economic and technological development². (Basavan Thapa, 2006) Health is multifactorial, the factor which influences health lie both within the individual and

externally in the society in which he or she lives. Disease and weakness compromise the working capacity of an individual, thus lowering his economic productivity³. This is true at the level of the individual but also of the community, the industry and the nation as a whole.

It has been said, "Health is not mainly an issue of doctors, medical services and hospitals. It is an issue of who gets what available resources. If poor health patterns are to be changed, then changes must be made in the entire social- economic political system in any given community. Health of the people in a country cannot be isolated from health of the mankind in general. Health is not an independent system. It is a subsystem in society and basically reflects the socioeconomic, political, economic, educational, religious, environmental and ideological systems. These subsystems contribute overall functioning of the community it is better to examine the concept of sub system of the community in brief and their influence on community health.

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Community health is defined in a broader way of community organized efforts for maintaining, protecting and improving the health of the people.

It involves motivating individuals and families to change patterns of behaviours and take such action including seeking of medical care, as would enable them to achieve optimum health.

Most of the world's major health problems and premature deaths are preventable through changes in human behaviours at low cost. It is often assumed that knowledge determines attitudes and attitudes determine behaviour. Health education can help to increase knowledge and to reinforce desired behaviours patterns and bring about changes in life styles and risk factors of diseases⁴.

Objectives of the study

To know the socio-demographic and health status of the people of Duwakot VDC of Bhaktapur District

Materials and methods

This is a cross sectional descriptive study. Total population of ward number 3 & 4 is 1068, out of which female constitute 530 (49.6%) and male constitute 538 (50.4%). Ward number 3 includes 119 households and ward no 4 comprises 87 households.

The Survey area was Ward No. 3 & 4 of Duwakot Village Development Committee (VDC) of Bhaktapur District of Nepal.

Out of total 206 household, only 120 houses were purposively selected for the survey. A set of semi-structured questionnaire was administered to the representative member of the sample households to acquire information regarding demography, socio cultural status, socio economic status, family planning, environmental sanitation, access and use of health services etc.

All completed questionnaires were initially checked for its correctness and internal consistency to exclude missing or inconsistent data before entry. Data was entered manually.

The collected data were analyzed qualitatively. Necessary tables have been presented in proper context and other relevant procedures have also been followed in the process of data analysis.

Result

1. Population

The total population of 120 household was found to be 658 and out of that male population was 329 and female population was also 329. That means

50% of population was male and 50% of population was female.

2. Family size and type

This table shows that the family having 4 members is high in frequency, which shows that family planning is well managed in that community. The decrease in family size does not appear due to any reduction in fertility rather it appears due to the result of deliberate family planning. The average family size in this village is 5.18.

3 Age and sex composition

Of the 120 household, the total population was 658 where equal number of male and female was found i.e., 329 each male and female.

4. Age of Population

The highest population of male was observed in 26-30 age group which was 11.5% (38) whereas in female 43 (13%) were found to be in 16-20 age group. There are 6 (1.8%) people who are above 80 out of which 3 (0.9%) are male and 3 (0.9%) are female. The least number of female was of age group 70 above and that of male was of age group above 80. Similarly, 23 (6.9%) males and 20 (6%) females are found on 0-5 age group. So, this shows that there is not so much discrimination regarding male and female birth. There is more independent and working age population, which shows the better economic status of the community.

5. Distribution of population by caste

The study area inhabited by heterogeneous ethnic groups with major domination of Brahmin (i.e. 62%) followed by Chhettri (22%) and Newar (5%).

6. Educational status

According to table No 6, 11.24% male and 21.40 % female was literate and 11.54% male and 18.06% female were illiterate. The literacy rate in the community has improved but even now there is a clear gender discrepancy in literacy rate. Majority of female were illiterate than male.

7. Type of diseases

People of the community were found to be suffering from different diseases. According to data seen, maximum people i.e. 25.6 % were suffering from GI problem and Joint pain i.e. 16.5%. It is found old age people were suffering from HTN, High/Low Blood pressure, Diabetes, Cardiac disease and uterine disease.

8. Occupation

34% involves in agriculture and rest 66 % are involved in non- agriculture sector. Out of which

36 % are jobholder, 10% involve in business, 10% are involved in paid work as labour, 1% are driver, 1% are carpenter and 2% are in other type of work. The rest 6% are pension holder.

9. Usage of contraceptives

It is clear from the table that the majority of respondents are familiar with pills (14.01%) and condom (8.3 %). According to the data, 63.1% had done permanent family planning method in which 29.3% male had done vasectomy, 22.3% female had done mini laparotomy and 11.1% female had done laparoscopy.

10. Immunization status

Out of 43 children, BCG, DPT, polio was taken by all children whereas 38 (88.4%) children had taken measles vaccine due to the age less than 9 months and only 5 (11.6%) children were found taken hepatitis B vaccine.

11. Type of house

According to our survey, 40.8% of the people had cemented house, 23.33% of the people had (brick+mud) house and 35.83% had mixed house.

12. Type of Kitchen

95% of houses had attached kitchen and only 5% house had separate kitchen.

13. Type of drainage

85% of drainage was open and 14.16% was closed.

14. Kitchen garden

Among the 120 houses of our community 95.8% of the houses have kitchen garden.

15. Type and source of drinking water

According to the survey, 86.6% of the people were using raw water and only 7% of the total were

using boiled water .We know water is the major agent for the transmission of many diseases, so we should take in consideration that water should be pure and germ free before use. For this the people should be highly encouraged to use boiled or filter water.

16. Source of Drinking Water

54.1% of the people used tap water. That means majority used the water distributed from Changunarayan VDC. Majority of them used ground water such as tube-well, well .For the people using both tap water and well water, they use well water for drinking purpose and tap water for other purposes like washing, cooking, bathing etc.

17. Refuse disposal

26.04% of people dispose their wastage by burning, 11.5% of people by dumping, 56.3% by decomposing and 6.16% on open field.

18. Type of fuel used

From the above data it is apparent that, 43.64% used gas, 38.79% used firewood, 7.88 % used kerosene (stove) and 4.85 % used kerosene as well as firewood.

19. Sources of health care

From the above figure, it shows that, 52.5 % uses hospital services and 58.3 % goes to health post for their health problem. The survey found that members of 22.5% household sought care even from the medicine shop. Meanwhile, quite a few of them 13.3% household may at the same time consult community health volunteer, the traditional local healers. Similarly the rest 13.3% household follows other type of health care system like ayurvedic, homeopathic medicine and also home treatment.

Table 1: Population Size and Composition

No. of households	120
Total population	658
No. of females	329
No. of males	329

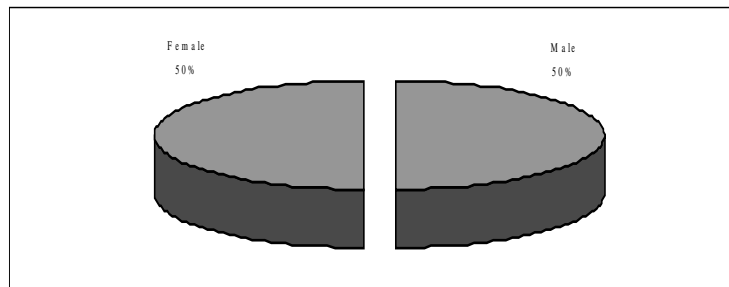
Source: Field survey, 2006

Table 2: Family Sizes

Number of family members	Frequency
1	1
2	3
3	5
4	34
5	33
6	18
7	10
8	3
9	4
10	4
11	2
12	1
13	1
14	1

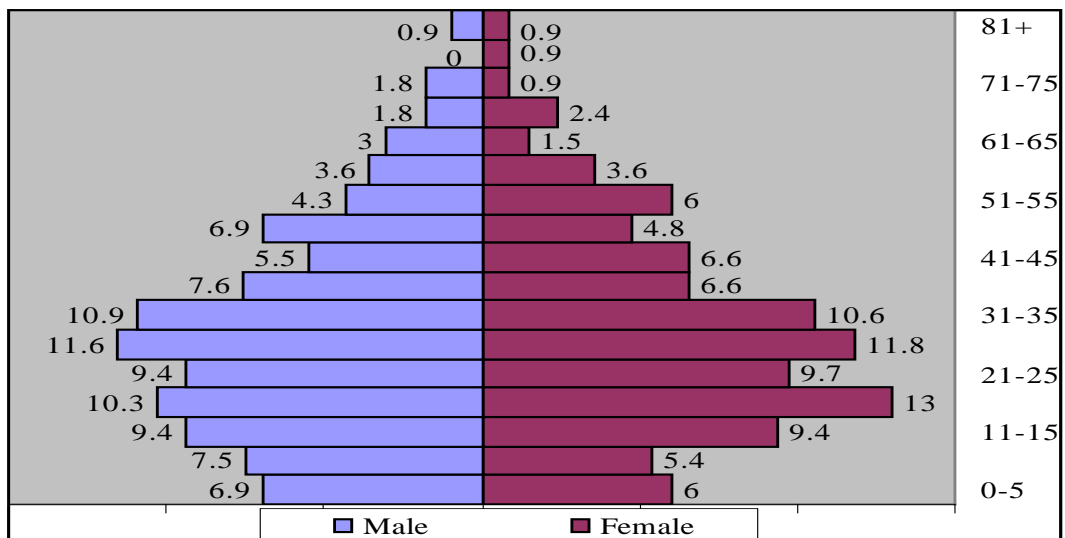
Source: Field survey, 2006

Fig 1: Sex Composition



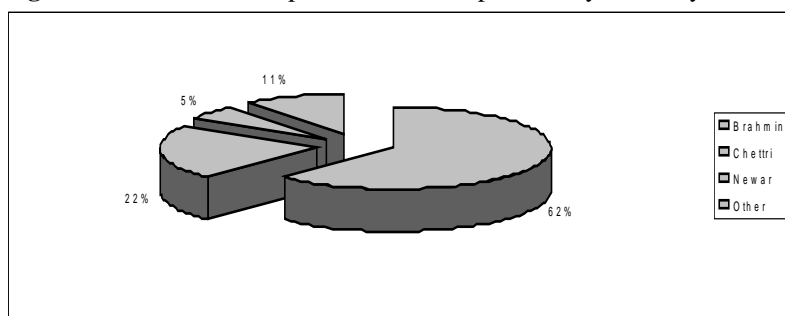
Source: Field survey, 2006

Fig 2: Age of Population



Source: Field survey, 2006

Fig 3: Distribution of Sample Household Population by Ethnicity



Source: Field survey, 2006

Table 3: Educational Statuses

Educational Status	Male		Female	
	Number	Percentage	Number	Percentage
Illiterate (cannot read & write)	39	11.54%	54	18.06%
Literate (can read & write)	38	11.24%	64	21.40%
Primary education	55	16.27%	44	14.72%
Secondary education	94	27.81%	63	21.07%
Higher secondary	65	19.23%	47	15.72%
Higher education	47	13.91%	27	9.03%

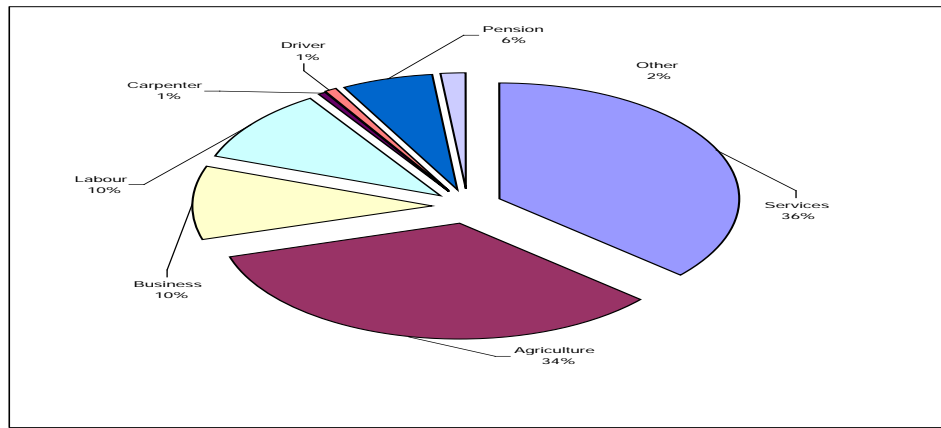
Source: Field survey, 2006

Table 4: Types of Diseases

Type of disease	No. of people	Percentage
Communicable		
GI	42	25.6
Jaundice	9	5.5
Typhoid	5	3.0
Diarrhoea	3	1.8
Non-Communicable		
Joint pain/leg swelling	27	16.5
HTN	16	9.8
Asthma	11	6.7
BP	7	4.3
Eye problem	6	3.7
Headache	6	3.7
UTI	5	3.0
Cardiac disease	5	3.0
Uterine disease	4	2.4
Allergy	4	2.4
Diabetes	4	2.4
Kidney problem	2	1.2
TB	2	1.2
Mental disease	2	1.2
Filaria	1	0.6
Paralysis	1	0.6
Otitis	1	0.6
Pneumonia	1	0.6

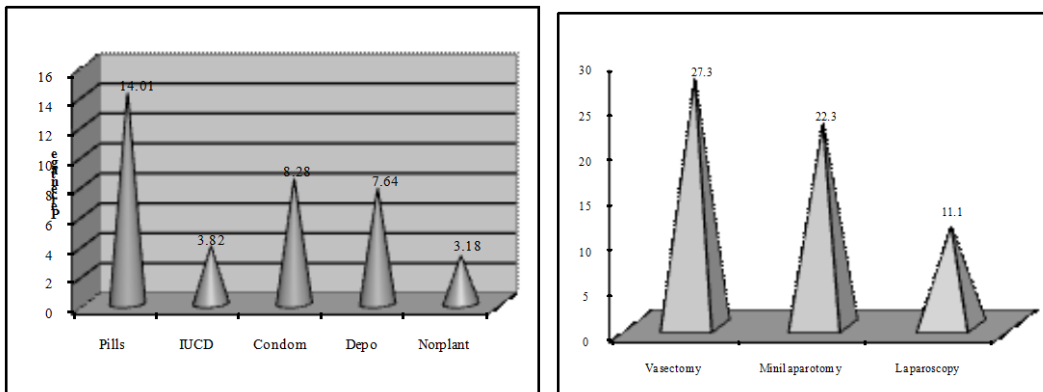
Source: Field survey, 2006

Fig 4: Percentage Distribution of Households by Occupational Status



Source: Field survey, 2006

Fig 5: Usage of Contraceptive by Temporary and Permanent Method



Source: field survey, 2006

Table 5: Numbers of Children Immunized by Type of Vaccines

Type of Vaccines	No. Of children Immunized	%
BCG	43	100
DPT	43	100
Polio	43	100
Measles	38	88.4
Hepatitis B	5	11.6

Fig 6: Distribution of Household by Type of House

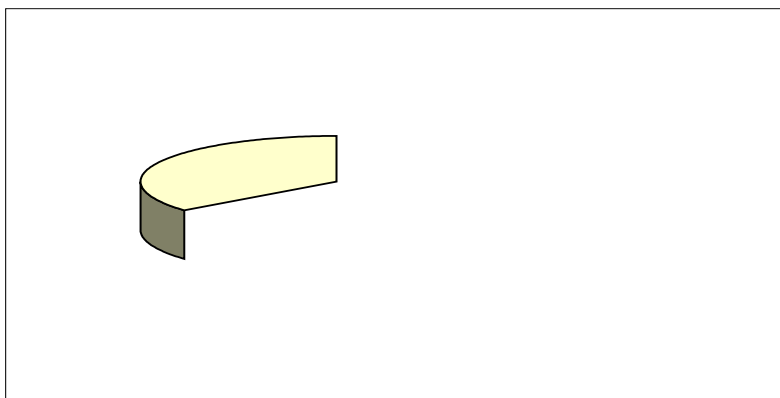
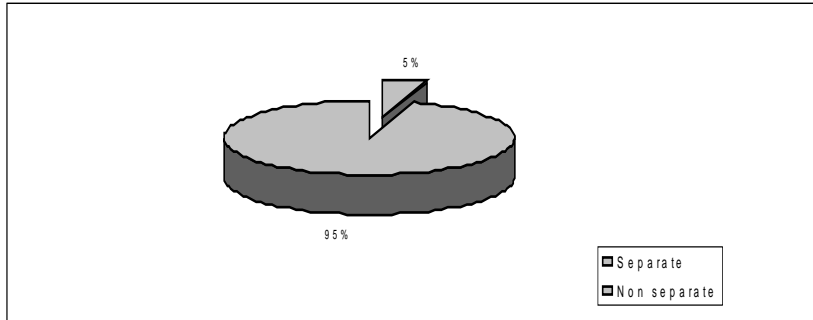
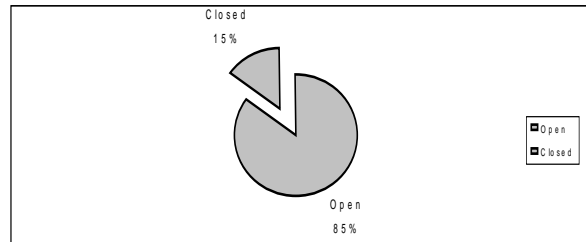


Fig 7: Types of Kitchen



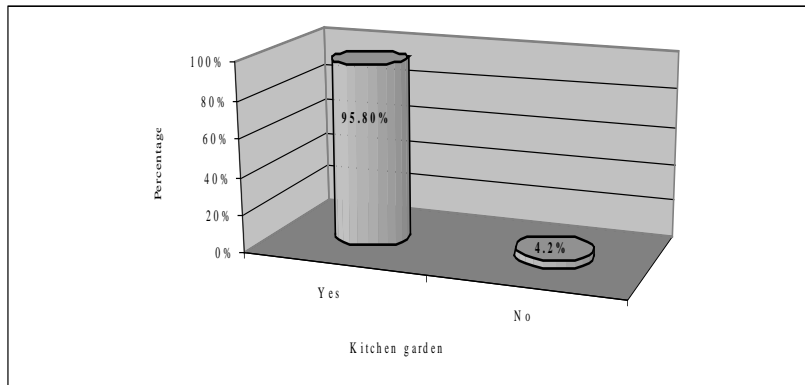
Source: Field Survey, 2006

Fig 8: Type of Drainage



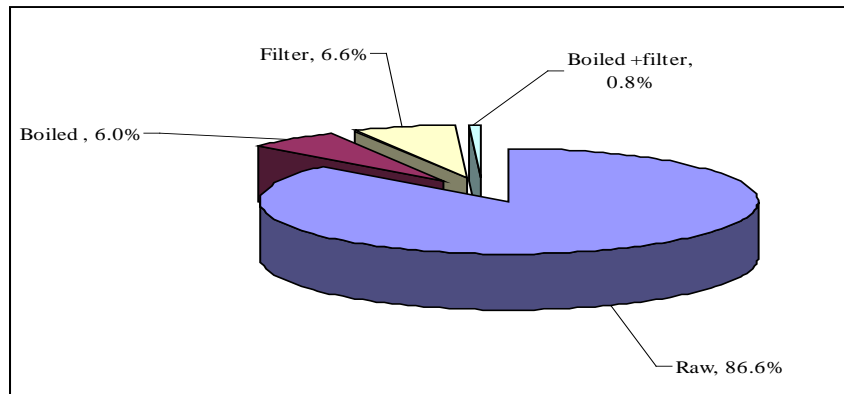
Source: Field Survey, 2006

Fig 9: Kitchen Gardens



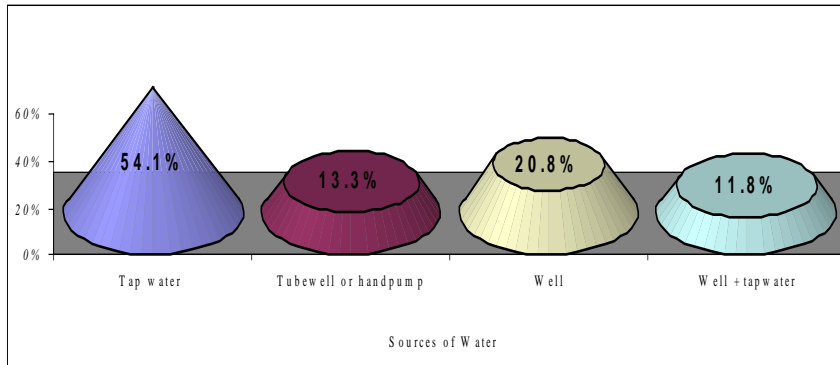
Source: Field Survey, 2006

Fig 10: Type of Drinking Water in Community



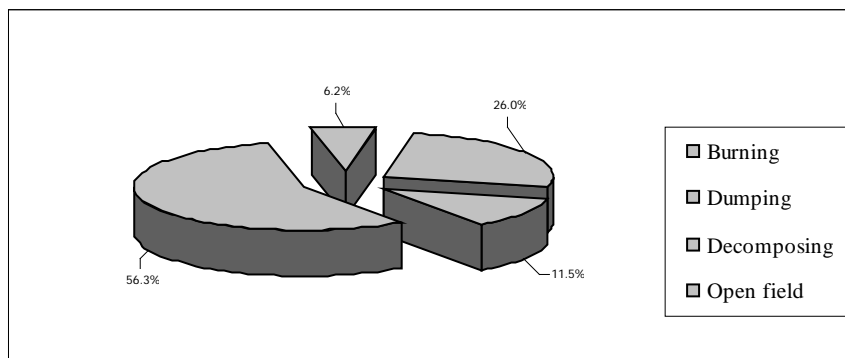
Source: Field Survey, 2006

Fig 11: Source of Drinking Water



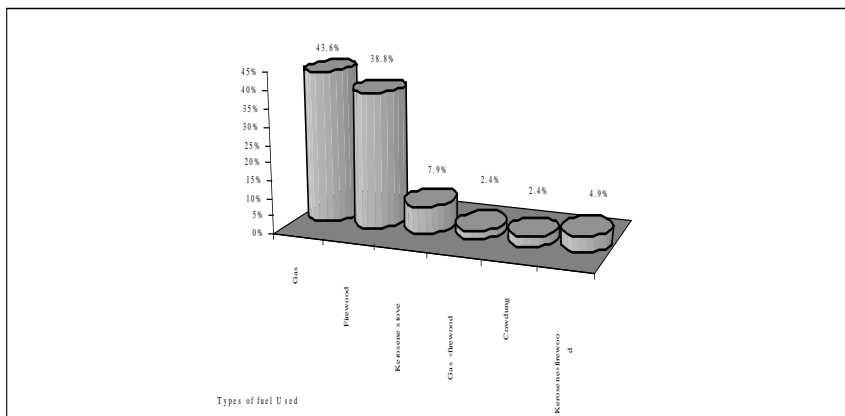
Source: Field survey, 2006

Fig 12: Types of Refuse Disposal



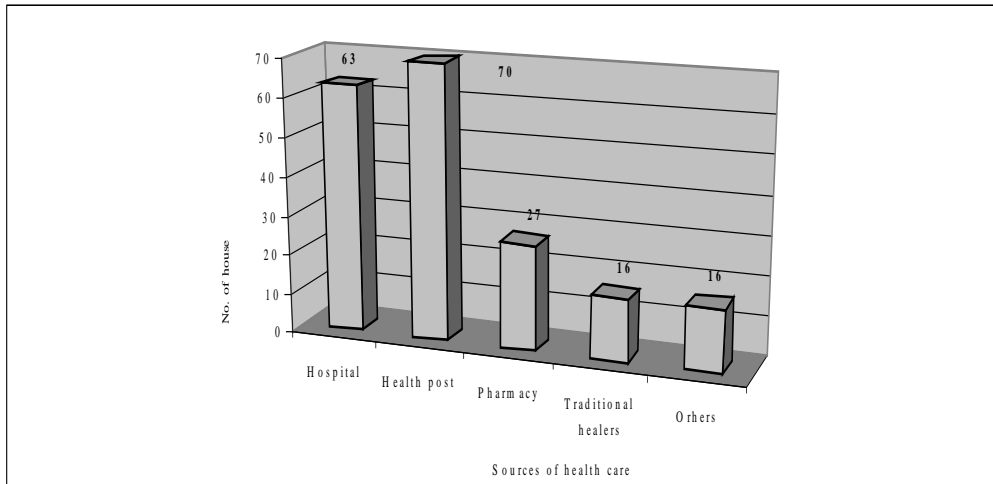
Source: Field survey, 2006

Fig 13: Types of Fuel Used In the Kitchen



Source: Field Survey, 2006

Fig 14: Sources of Health Care



Source: Field Survey, 2006

Discussion and Conclusion

People, whether rural or urban, have their own beliefs and practices concerning health and disease. Different people have different views about health. Health is affected by factors such as physical, sociological, emotional etc. all these factors have direct and indirect relation to health to various levels of dysfunction and which leads to morbidity and mortality. Health can not be isolated from its social context. Social and economic factors have as much influence on health as medical interventions. These factors have a direct bearing on the incidence, course and outcome of a wide variety of communicable and non-communicable diseases as well as on many other health problems. They have an important effect on the provision of health care: poverty, malnutrition, poor sanitation, lack of education, inadequate housing, unemployment, poor working conditions, cultural and behavioural factors etc.

Socio-demographic and health status of the people of Duwakot VDC shows that the population of Duwakot VDC ward no 3 and 4 consists of 119 and 87 households respectively. Total population of Ward No. 3 and 4 is 1068, out of which females constitute 530 (49.6%) and males constitute 538 (50.4%).

Family size refers to the total number of people in the family. The family size depends upon numerous factors like duration of marriage, education of the people, the number of live births and living children, preference of male children etc.

Within 120 households, the total population was 658 where an equal number of males and females was found i.e., 329 each male and female. The population pyramid shows that there is not so much discrimination regarding males and females.

There is more independent and working age population, which shows the better economic status of the community.

Nepal is well known for the diversity of the people, caste, culture, religion and tradition. During the survey in Duwakot VDC Ward No.3 and 4, we found the diversity in the caste but not in the religion. All the people i.e. 658 were Hindu.

Although we accept that education is the basic human right of every individual, it is a fact that women in our country have hardly any access to it. It is not accessible to a major section of society especially in rural population, lower socio-economic class, girls and women. This increase in the level of education in the society has been accompanied by a decline in the poverty.

Diseases vary according to the development of various regions. However, GI problems found 26.5% and 16.5% suffer from joint pain. It is found that old age people were suffering from HTN, High/Low Blood pressure, Diabetes, Cardiac disease and uterine disease.

The economy of the study area is subsistent and is agro based. Among the total surveyed population, more than 37% are in the favour of their traditional occupation. But the young generation shows their negative attitude towards their traditional occupation which shows that the majority of people are shifting to another job rather than traditional agricultural occupation.

Family planning services will promote the democratic principle that individuals be free to make choices for themselves. It is clear from the table that the more number of males than female respondents knew the family planning methods.

Family planning helps not only to attain birth control, proper spacing and limitation of birth but also reduce the population growth and improve over all maternal and child health status including socio economic status.

Out of 43 children, BCG, DPT, polio was taken by all children whereas 38 (88.4%) children had taken measles vaccine due to the age less than 9 months and only 5 (11.6%) children were found taken hepatitis B vaccine.

So from this analysis, most of the house were cemented .So living standard of most of the people are high. In the mud house the chances of unhygienic practice is found more and may be chances of spread of various disease. Therefore, hygienic behaviours should be performed in their daily practices.

95% of houses had attached kitchen and only 5% house had separate kitchen. 85% of drainage was open and 14.16% was closed. Open drainage is the cause of communicable diseases in the community.

120 houses of our community 95.8% of the houses have kitchen garden.

In rural Nepal, millions of people do not have access to safe drinking water or basic sanitation sources. Out of the total population of Nepal, only 84% have access to safe drinking water. Only 27% of the population as a whole has access to sanitary facilities. Water is the major agent for the transmission of many diseases, so we should take in consideration that water should be pure and germ free before use. For this the people should be highly encouraged to use boiled or filter water.

People dispose refuse on open field because of lack of consciousness and because of laziness. So, it had become our duty to impart them health education and not to let them to dispose waste in open field

43.64% used gas, 38.79% used firewood, 7.88 % used kerosene (stove) and 4.85 % used kerosene as well as firewood.

In search of health care, 52.5 % uses hospital services and 58.3 % goes to health post for their health problem

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