REPORT PRESENTATION ON URBAN COMMUNITY EXPERIENCE

BY 5TH SEMESTER B.SC NURSING STUDENTS
GCON , DMGMCH
GROUP C & D

<u>INTRODUCTION</u>

Community Health Nursing is a synthesis of nursing practice and public health practice applied in promoting the health of population. The nature of this practice is general and comprehensive. It is not limited to particular age group or diagnostic group. It is continuous not episodic. The dominant responsibility is to the population as a whole. Therefore, nursing directed to individuals, families or groups contributed to the health of the total population. Health promotions, health maintenance, health education, co-ordination and continuity of care are utilized in a holistic approach to the management of the individual, family of group and community. The nurse's action acknowledge the need for comprehensive health planning, recognize the influence of social and ecological issue, give attention to population at risk and utilize dynamic forces which influence change.

The community has been described as one of the most fruitful areas for improving the health of the people. Nurse's and all the health professionals must actively consider the influence of the community on the health status of the people.

We 95 students of BSc Nursing 5th semester of Government College of Nursing, Deben Mahata Government Medical College and Hospital went to Dhobghata, Ward no.16,18, Purulia-I, for urban community visit.

On the first day brief area orientation was given by our respected teachers Madam S.Kar, Madam S.Mandal and Madam A.Nayek.

DURATION OF THE VISIT

6 weeks

Time period – 22/09/2024 to 5/10/2024

10/11/2024 to 30/11/2024

12/01/2025 to 18/01/2025

OBJECTIVES OF URBAN COMMUNITY VISIT

➤ To provide need based comprehensive care that includes preventive, promotive and curative care to community people.

➤ To acquire knowledge and practical experience skill of doing survey.

➤ To identify health problems in the family.

➤ To identify family needs according to health problems.

➤ To assess the nutritional status, immunization, environmental conditions, personal hygiene etc.

➤ To provide information about various resourceful health services.

➤ To prepare a community report about Dhobghata.

➤ To maintain the records of the daily activities.

AREA ORIENTATION

Distance from college of nursing, Purulia to Dhobghata is about 4 km.

Here we visited some selected areas.

1.   Harijan Colony
2.   Reny Road
3.   Das Para
4.   Bauri Para
5.   Sankra Para
6.   Dom Para
7.   Rajwar Para

RESOURCES

The following resources are available

1. Dhobghata UPHC
2. Reny Road Primary School
3. ICDS Centre

RESOURCE PERSON

The resource person are as follows

1. MO of Dhobghata UPHC
2. BPHN of Dhobghata UPHC, Madam Purba Mukherjee
3. ASHA workers
4. ICDS workers
5. Head mistress of Reny Road Primary School

FACILITIES

1. **Transport facilities**- Bus (from Purulia bus stand), Toto, Auto and bicycle.
2. **Educational facilities-** There is a Primary School in Dhobghata named Reny Road Primary School.
3. **Health facilities-** The people of Reny Road get health facilities from Dhobghata UPHC.ASHA workers giving health care to the community people. Sometimes they get health facilities directly from Deben Mahata Government Medical College and hospital. Nearest medical shops are near Goshala more.
4. **Market facilities-** There is no organized market in Reny Road. Some small shops of grocery, vegetables, fruits and also fish and meat are present near Dhobghata , UPHC.

AREA MAP

POPULATION:-

Community medicine is vitally concerned with population. Health depends upon dynamic relationship between no. of people and the space they occupy. Health information system should be population based, without knowing the accurate no. of population we can't provide the basic holistic care, i.e , preventive, curative and rehabilitative services. During our urban community experiences in Dhobghata we visited 477 families.

POPULATION DISTRIBUTION:-

Total family- 477

Total population- 2516

Total male- 1260

Total female- 1256

Male : Female- 1260 : 1256

Table No. 1:- Frequency distribution of population according to age group and sex

n = 2516

Age Group	Male(frequency)	Female(frequency)
0-1	33	23
1-3	45	39
3-6	55	62
6-12	126	96
12-18	141	149
18-45	**571**	**584**
45-60	210	193
Above 60	89	100
Total	1260	1256

POPULATION PYRAMID
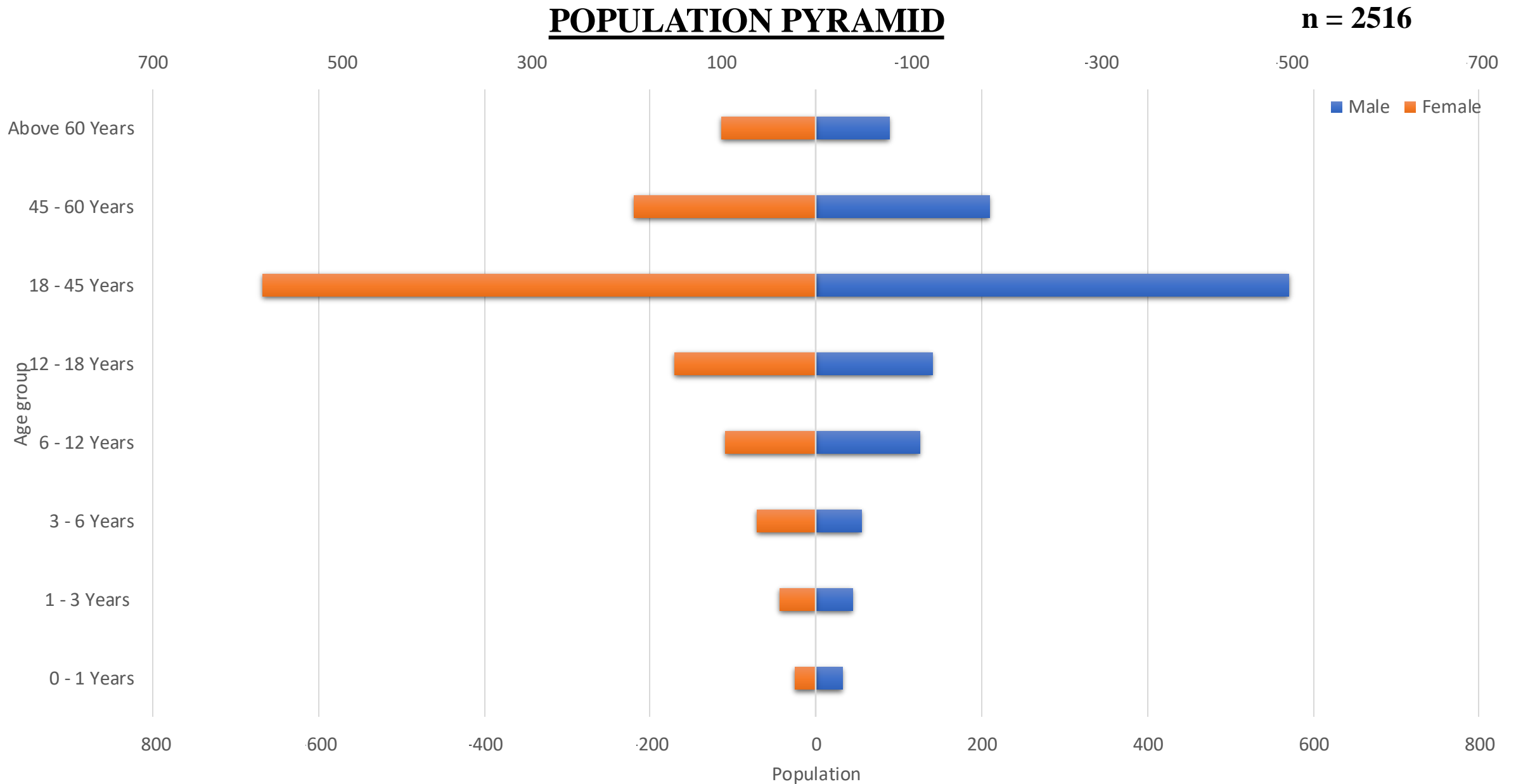
n = 2516

Male ■ Female ■

Fig No. 1:- The bar chart shows the frequency of age distribution of the population according to sex ratio

IMPRESSION:-

From the above Population pyramid, we have seen that most of the population are in the age group of 18 – 45 years that belongs to early adulthood to middle aged people.

And the least population are in the age of 0 – 1 Years that belongs to infant.

SEX RATIO:-

Sex ration is the ratio of females to males in a population . It is expressed as the number of females per 1000 males.

Table No. 3:- Percentage Distribution of population according to sex

n = 2516

Sex	Frequency	Percentage(%)
Male	1260	50.08
Female	1256	49.92

Total Males:- 1260

Total Females:-1256

Male: Female = 1260 : 1256   = **50.08 : 49.92**

n = 2516
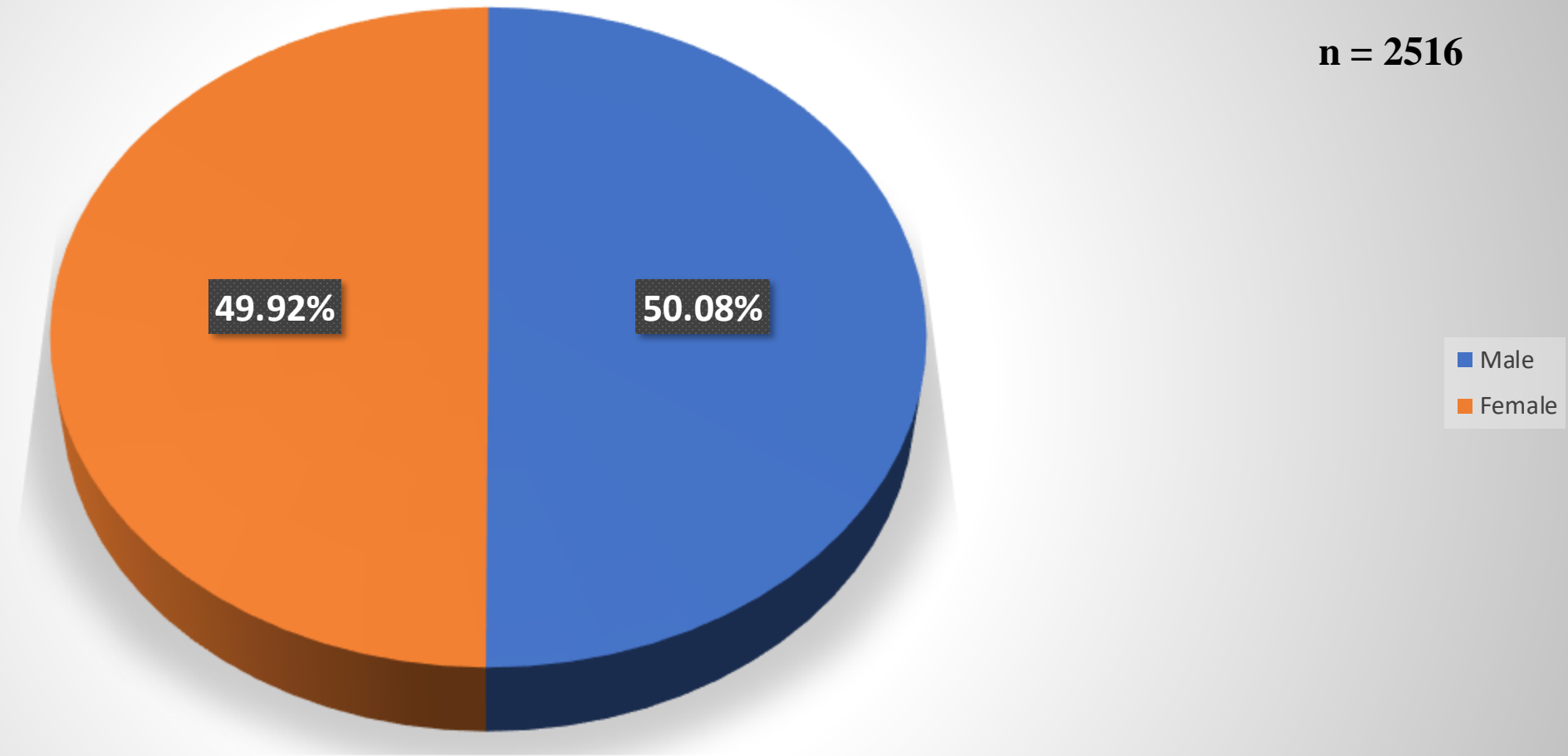
49.92% 50.08%

Male
Female

Fig No. 3 :- Pie chart shows percentage distribution of population according to sex

IMPRESSION :-

From the above pie chart, we have seen that the sex ratio of males and females are not equal. Percentage of males 50.08 % are slightly higher than number of females 49.92 %.

Types of Family :-

There are generally two type of family found in village – nuclear and joint family.

Table No. 2 :- frequency and percentage Distribution of houses according to family type

n = 477

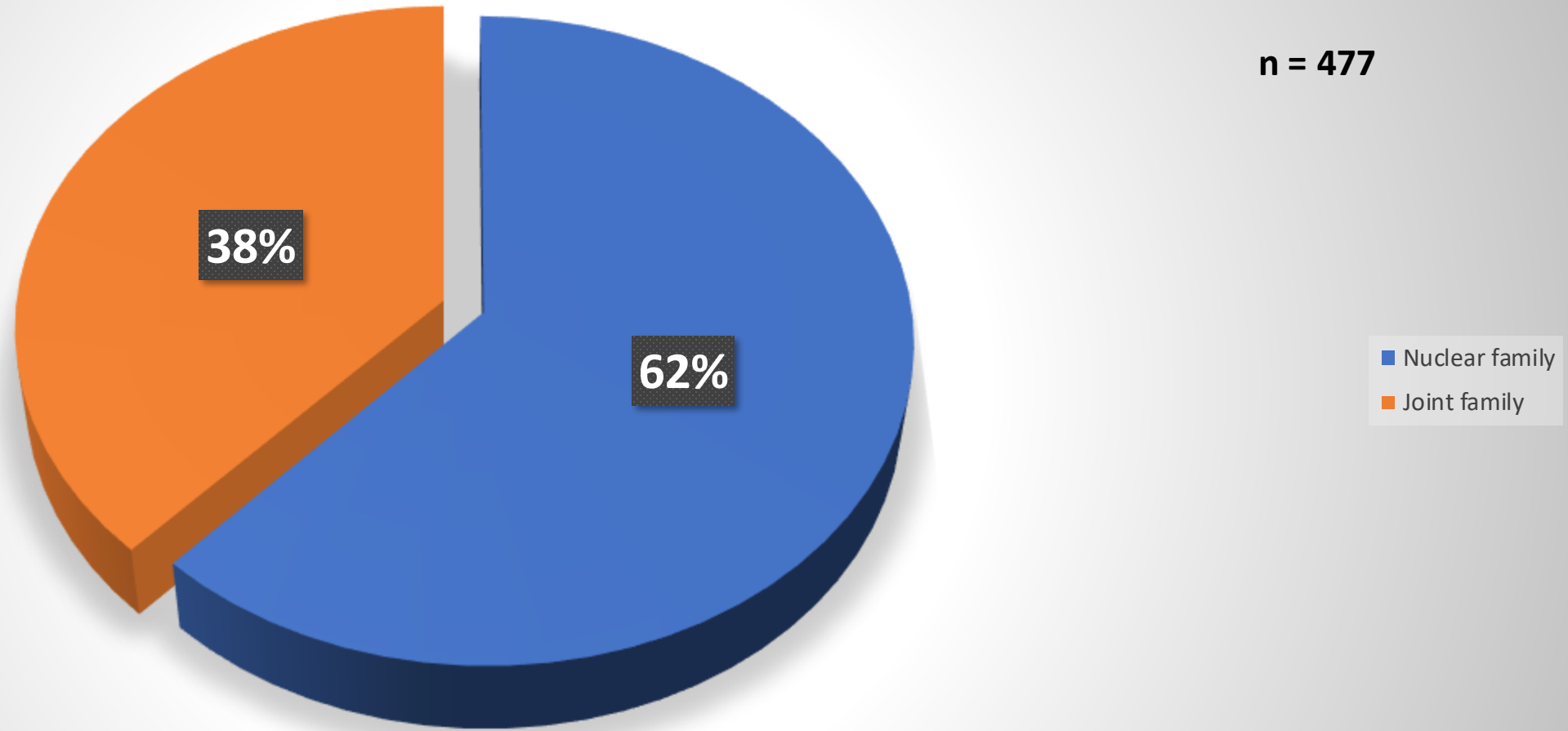| Type of family	Frequency	Percentage (%)
Nuclear Family	291	62
Joint Family	186	38

Fig No. 2 :- The pie chart shows the percentage distribution of houses according to type of family

IMPRESSION:-

From the bar diagram, we have seen that the maximum number of families are nuclear family(62%) and minimum number of families are joint families (38%).

EDUCATION

Education and literacy have an important role in a socioeconomic development community. It is very essential to know the educational status of the community people . Educational level should be improved . Adults with higher level of education are less likely to engage in risky behaviors such as smoking and drinking and are likely to have healthy behaviors related to diet and exercise . After completing the urban community visit we find the following data about the educational status of Dhobghata.

EDUCATION

Table No. 4 :- Table showing frequency and percentage distribution of population according to educational status.

n = 2259 (above 6 years)

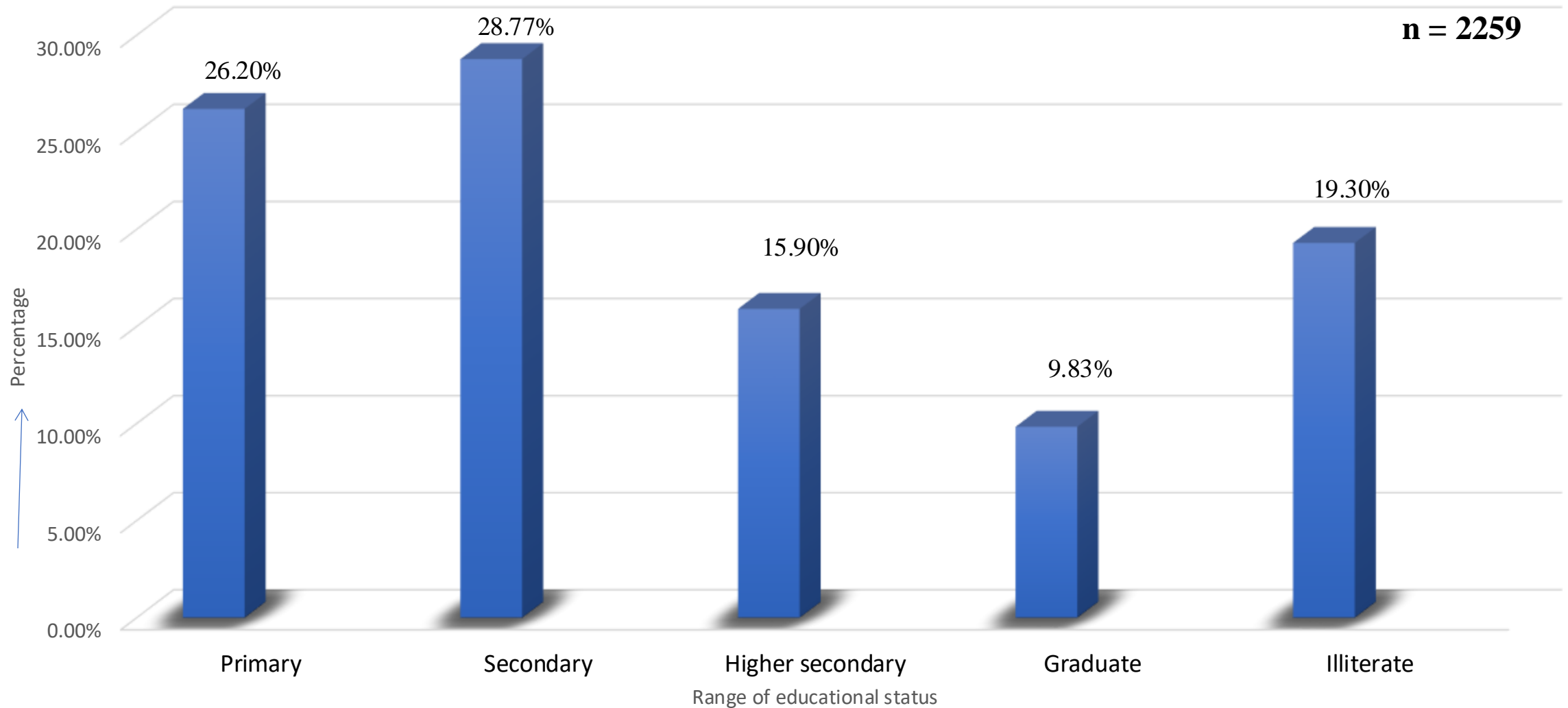| Education	Frequency	Percentage (%)
Primary	592	26.20
Secondary	650	28.77
Higher Secondary	359	15.90
Graduate	222	9.83
Illiterate	436	19.30

Fig No. 4 :- Bar graph shows percentage distribution of population according to educational status

IMPRESSION:-

From the above bar graph we have seen that most of the people (i.e.28.77%) are under secondary education and the least no of people (i.e. 9.83%) are graduate also a huge no of population are illiterate (i.e. 19.30%).

OCCUPATION

Occupation is the basis of social differentiation . It reflects the standards of living.Amoung the population we find a wide variety of occupation .In the community most common educational status are regular service , casual labors , homemakers and others .

Table No. 5 :-Table showing the frequency and percentage distribution of population (18-60 years) according to occupational status.

n(18–60Years) = 1558

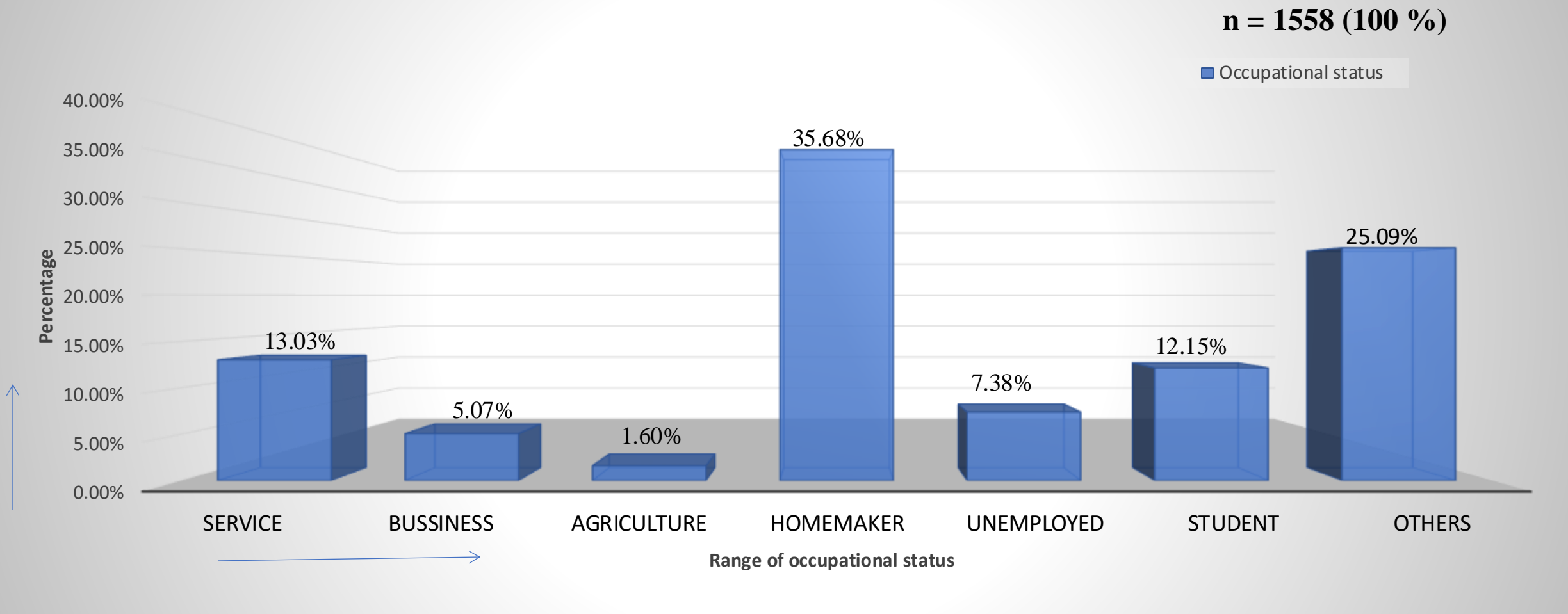| Occupation	Frequency	Percentage (%)
Service	203	13.03
Bussiness	**79**	**5.07**
Agriculture	25	1.60
Homemaker	**556**	**35.68**
Unemployed	115	7.38
Student	189	12.15
Others	391	25.09

Fig No. 5 :- Bar graph shows the percentage distribution of population according to occupational status

IMPRESSION:-

From the above bar graph, we have seen that most of the people are homemakers (35.68 %) and minimum number of people engage in agriculture (1.60 %).

TOTAL FAMILY INCOME :-

Household income is a measure of combined incomes of all people sharing a particular household or place at residence.

Per capita = $\underline{\text{Total family income}}$

               Family member

Table No. 6 :- Frequency and the percentage distribution of houses according to family income

n = 477

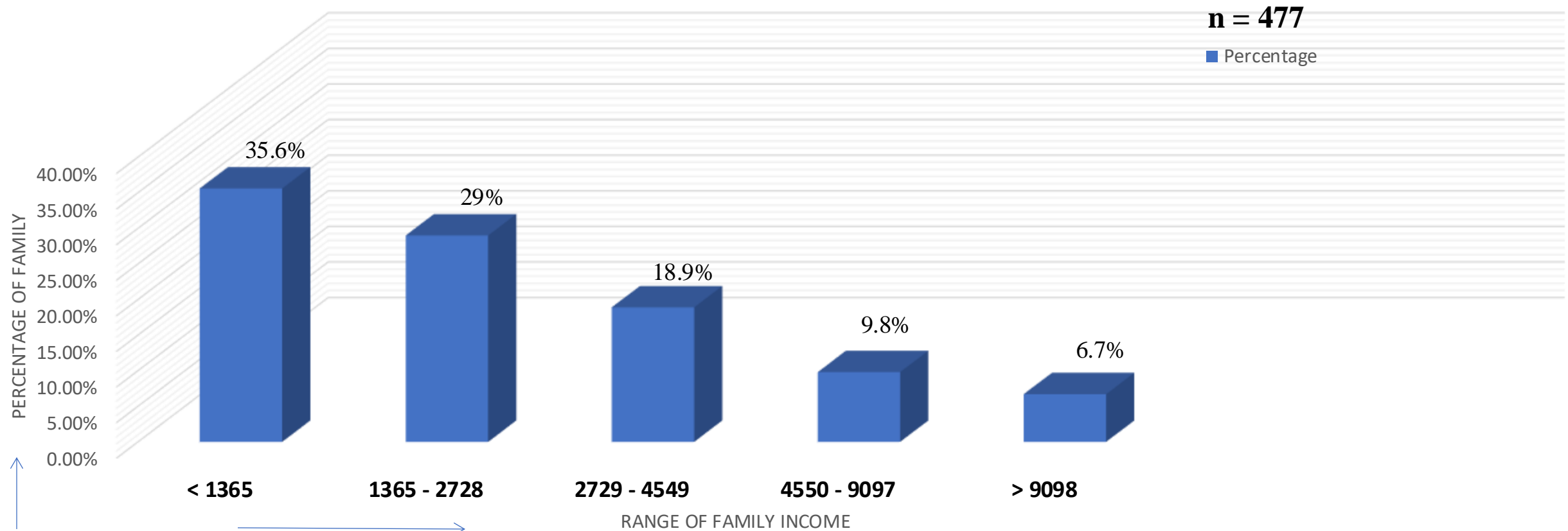| Range	Frequency	Percentage (%)
< 1365	170	35.6
1365 – 2728	138	29
2729 – 4549	90	18.9
4550 – 9097	47	9.8
9098 and above	32	6.7

Fig no. 6 :- Bar graph shows the percentage distribution of family as per family income

IMPRESSION:-

From the above graph, we have seen that most of the family income is between Rs. <1365. i.e. 35.6% & least number of family with income Rs. More than 9098 i.e. 6.7% .

ENVIRONMENTAL STATUS:-

➢ TYPE OF HOUSE:-

Table No. 7 :- The frequency and the percentage distribution of houses according to the types of house
n = 477

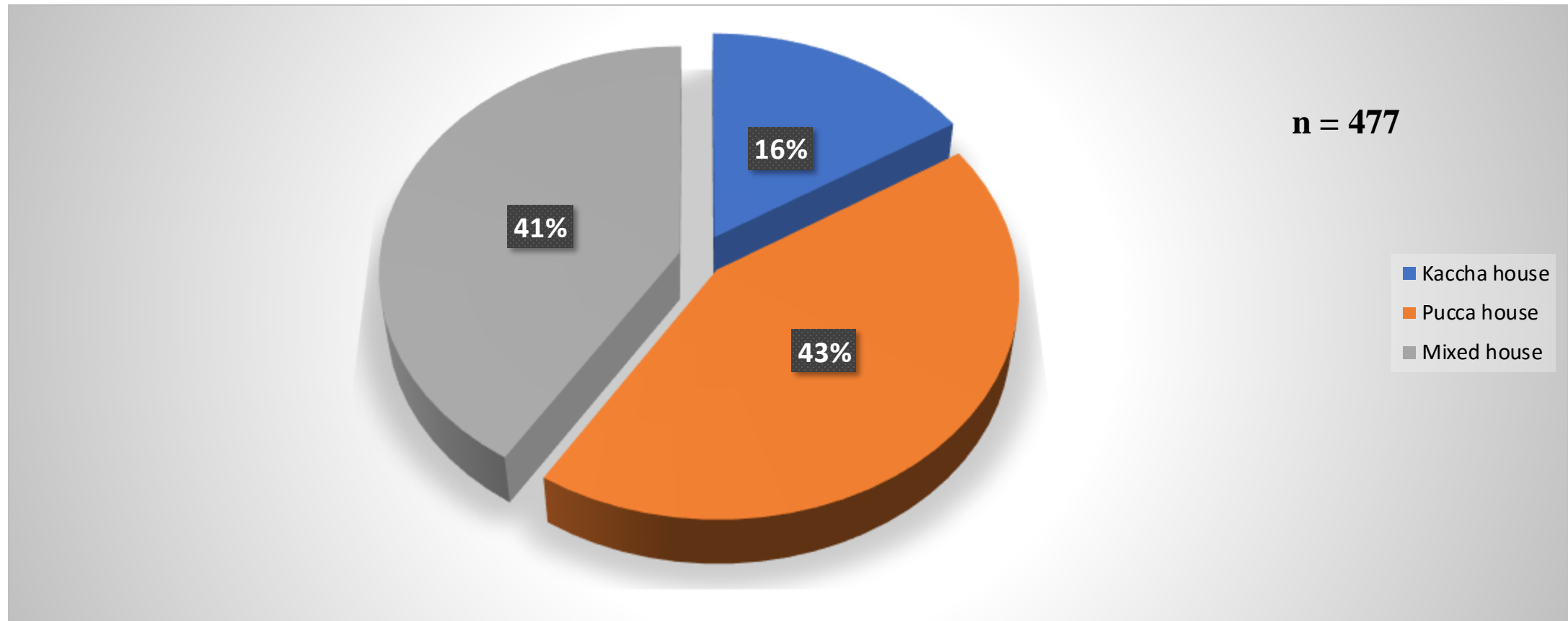| Type of house	Frequency	Percentage (%)
Kaccha house	75	16
Pucca house	208	43
Mixed house	194	41

Fig no. 7 :- Pie graph showing the percentage distribution of house according to types of house

IMPRESSION:-

From the above pie graph, we have seen that most of the families (i.e. 43%) have pucca house & least of the families (i.e. 16%) have kaccha house.

➢ VENTILATION:-

Ventilation has great impact on human health. Adequate ventilation leads to a healthy life. Here most of the houses have adequate ventilation.

Table no. 8 :- Table showing percentage distribution of houses as per   ventilation.   **n = 477**

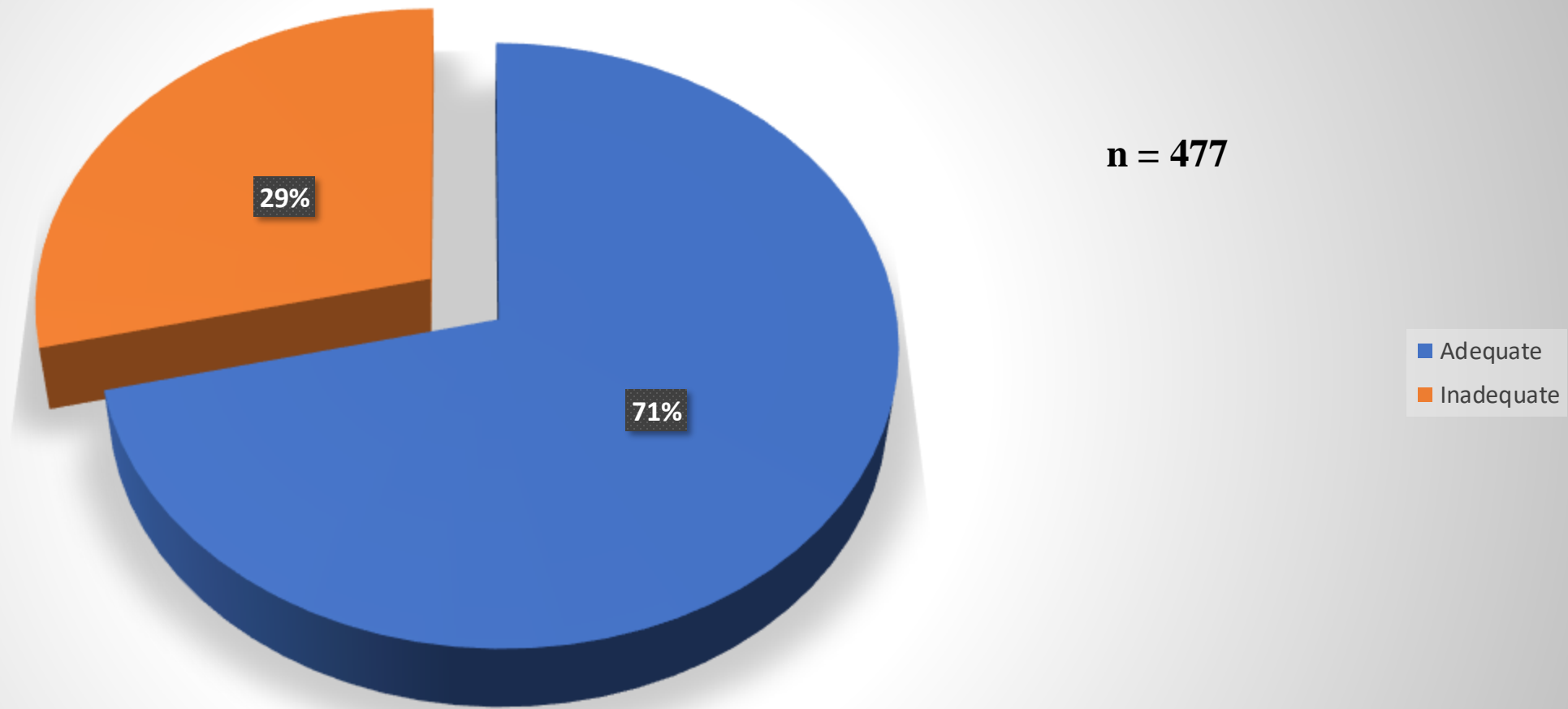| Type of ventilation	Frequency	Percentage (%)
Adequate	340	71.28
Inadequate	137	28.72

Fig. No. 8 :- Pie chart showing the percentage distribution of houses according to type of ventilation

IMPRESSION:-

From the above pie chart, we have seen that maximum families (i.e. 71.28%) have adequate ventilation and minimum families (i.e. 28.72%) have inadequate ventilation.

➤ TYPE OF KITCHEN FUEL:-

Most of the families of village use various kitchen fuel. They are smoke and smokeless.

Table No. 9 :- Frequency and percentage distribution of house according to type of kitchen fuel

n = 477

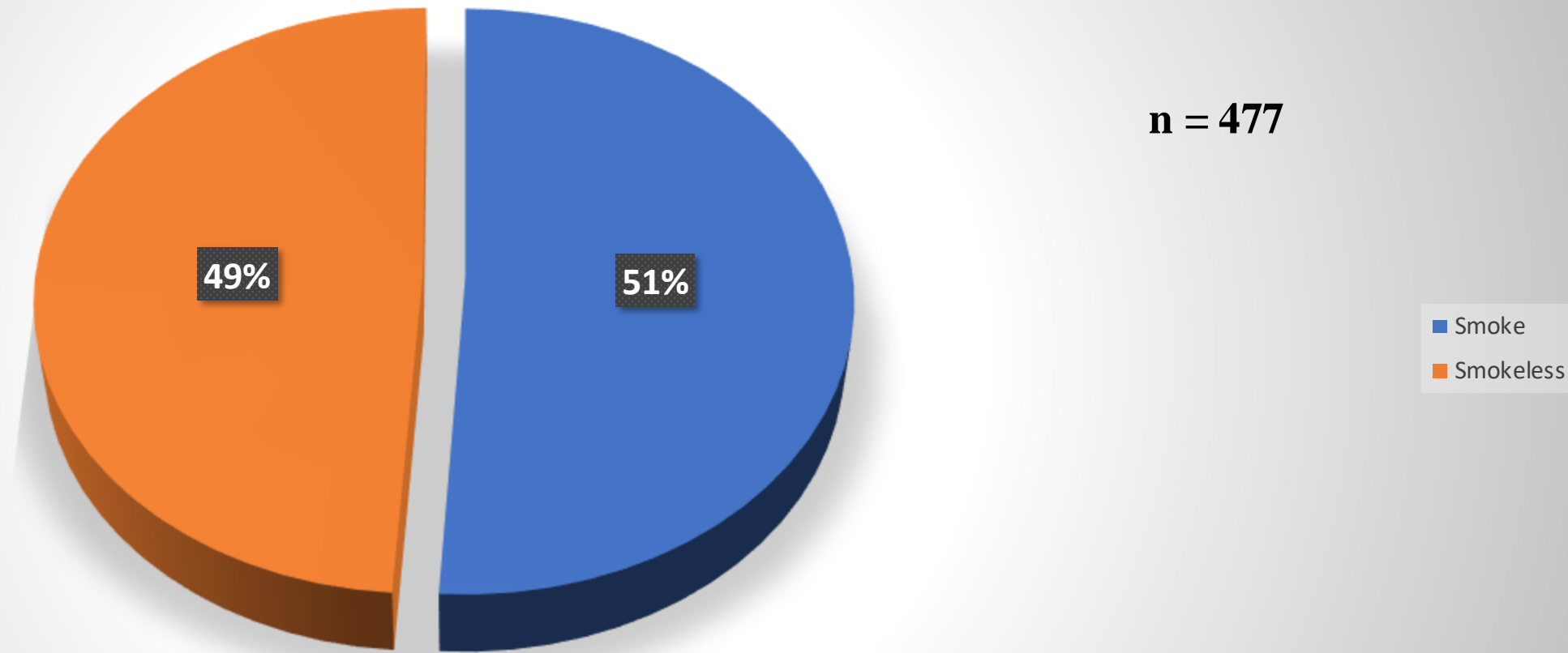| Type of kitchen fuel	Frequency	Percentage(%)
Smoke	244	51
Smokeless	233	49

Fig No. 9 :- Pie chart showing the percentage distribution of houses according to the type of kitchen fuel

IMPRESSION:-

From the above pie chart, we have seen that 51% of family use smoke and rest of them (49%) use smokeless.

➤ DRAINAGE SYSTEM:-

Most of the families of the area use various system. They use open, close and no drainage.

Table No. 10 :- Table showing percentage distribution of houses according to drainage system

n = 477

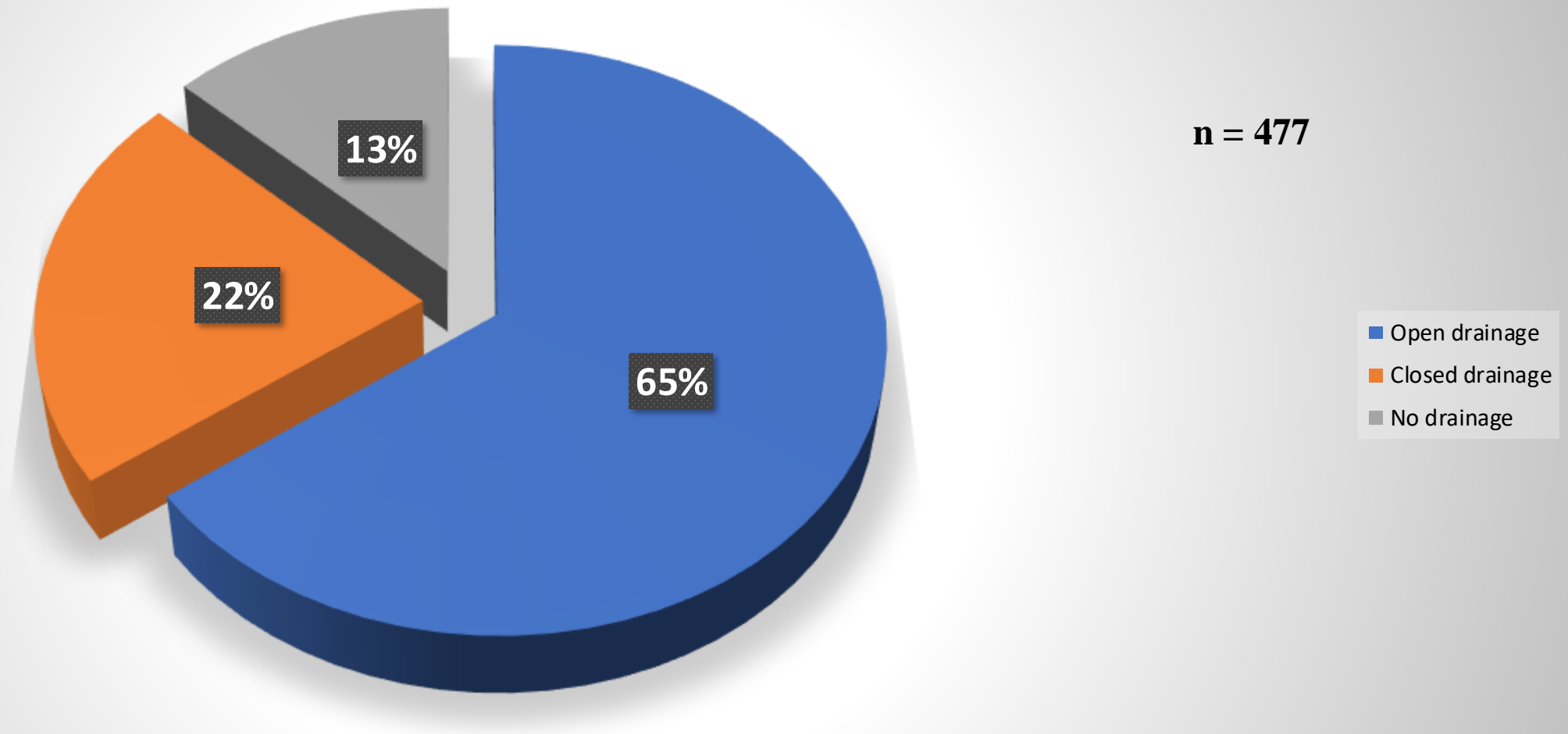| Type of drainage	Frequency	Percentage(%)
Open drainage	**311**	**65**
Closed drainage	105	22
No drainage	61	13

Fig No. 10 :- Pie chart showing the percentage distribution of houses according to the type of drainage system

IMPRESSION:-

From the above pie chart, we have seen that maximum people (65%) use open drainage. Rest of them use closed drainage (22%) and no drainage (13%).

➢ SANITATION:-

Most of the people use latrine and some of the people use open field.

Table No. 11 :- Table showing the frequency and percentage distribution of houses according to the sanitary condition

n = 477

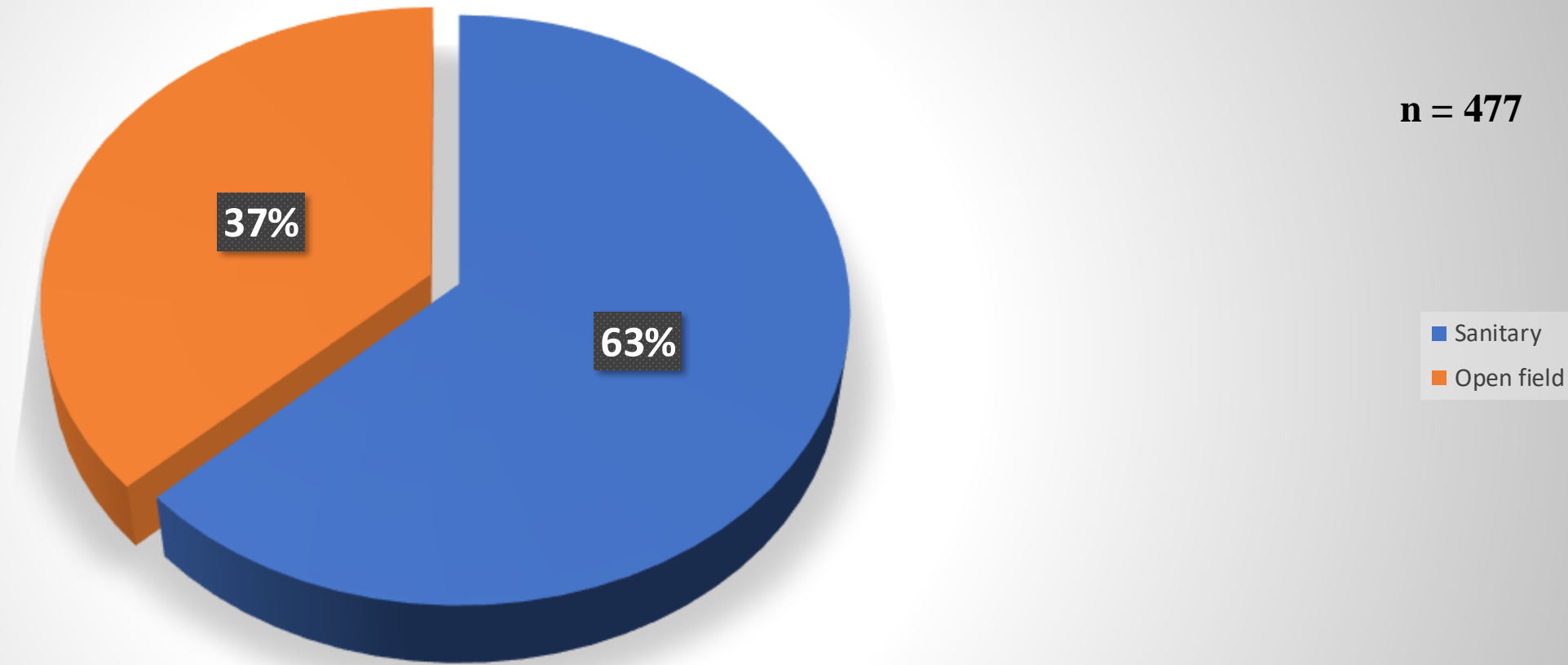| Type of sanitation	Frequency	Percentage(%)
Sanitary	**301**	**63**
Open field	176	37

Fig No. 11 :- Pie chart showing the percentage distribution of houses according to sanitary condition

IMPRESSION:-

From the above pie chart, we have seen that maximum people (63%) use sanitary, rest of them use open field (37%).

➢ WATER SUPPLY:-

In urban area, water is supplied by Municipality.

IMPRESSION:-

It is depicted that the population (i.e. 100%) use water supply by Municipality.

SEGREGATION:-

Waste segregation in a community means the practice of sorting house hold and commercial waste

Into different categories based on their material type (like Paper, plastic, organic, glass, hazardous waste) before disposal.

In Dhobghata all family's persons segregate their waste before disposal.

Table No. 12:- Percentage distribution of Families according to status of segregation

n = 477

Segregation	Frequency	Percentage (%)
Yes	477	100
No	0	0

IMPRESSION:-

It is depicted that the total population (i.e. 100%) segregate their waste for proper disposal.

➢ TYPES OF WASTE DISPOSAL:-

Waste disposal in community involves the collection, treatment and disposal of waste generated by individuals and household.

In Dhobghata all individuals and households waste are disposed by municipality.

Table No. 13:- Percentage distribution of Families according to types of waste disposal

n = 477

Type of waste disposal	Frequency	Percentage (%)
Dumping	0	0
Composting	0	0
Burial	0	0
Burning	0	0
Municipality	477	100
Throwing here and there	0	0

IMPRESSION:-
It is depicted that the total household population (i.e. 100%) uses municipal facilities as a method of waste disposal.

IMMUNIZATION:-

"**Prevention is better than cure**" some infection disease of children can be prevented by vaccine that are the 7 killer diseases are TB, Diphtheria, Pertussis, Tetanus, Measles, Polio, Hepatitis B. These vaccines are given according to the immunization schedule which should be planned according to the community.

Fully immunized children:-

Fully immunized children are infants who received one dose of BCG, three doses each of OPV, Pentavalent and Hepatitis B vaccines, and one dose of measles vaccine before reaching one year of age

During our community visit we annexed the immunization status of children of age (0-5 years)

Total no. of Family:- 477

Table No. 14 :- Table showing frequency distribution of children according to the status of Immunization

n = 56(upto 1 year)

Immunization	Boy	Girl
Fully Immunized	33	23

Table No. 15 :- Table showing frequency distribution of children according to the status of Immunization

n = 146(1to 5 year)

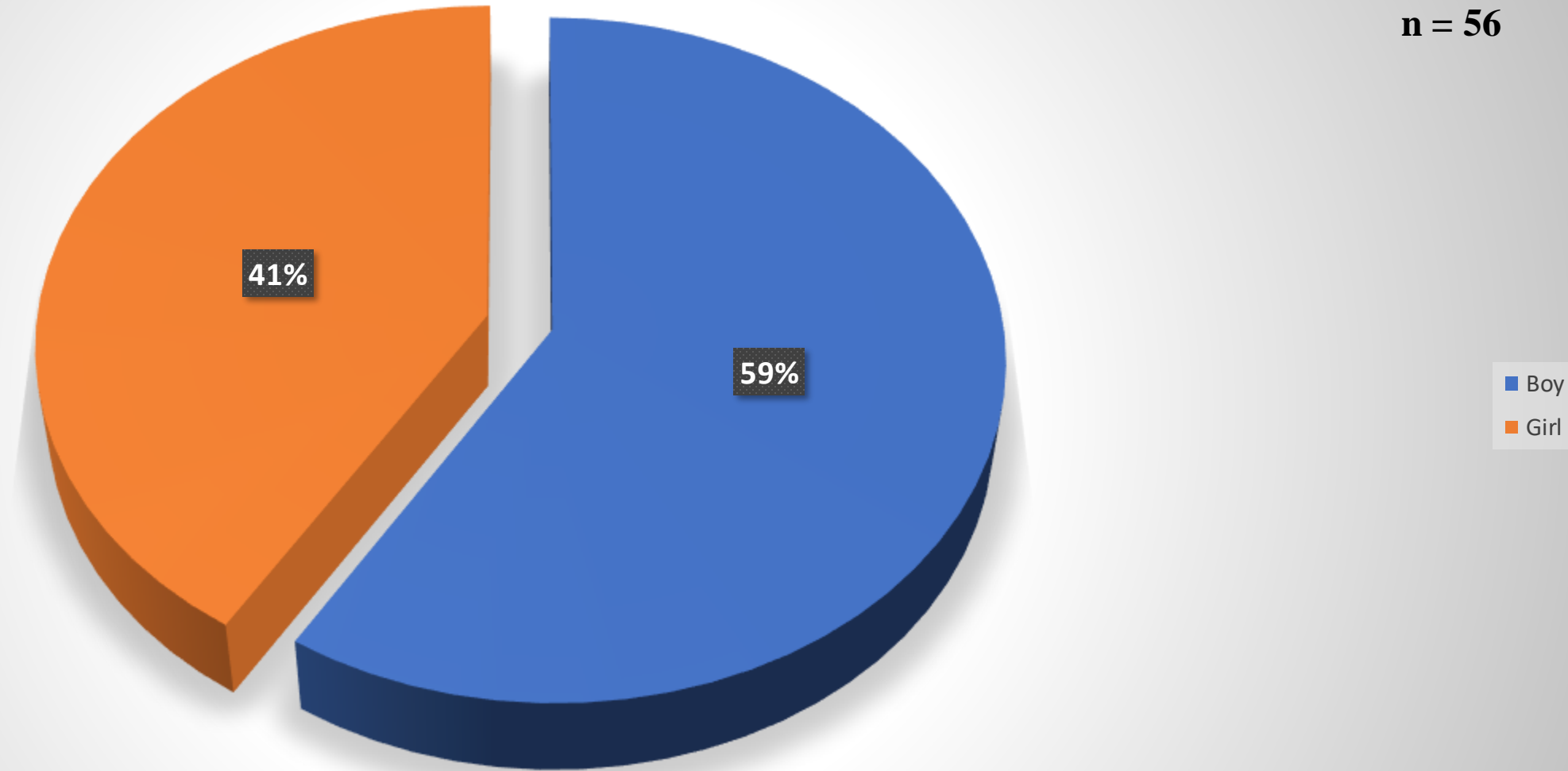| Immunization	Frequency
Completely Immunized	142
Incompletely Immunized	4

Fig No. 12:- Pie chart showing the percentage distribution of fully immunized children according to sex

IMPRESSION:-

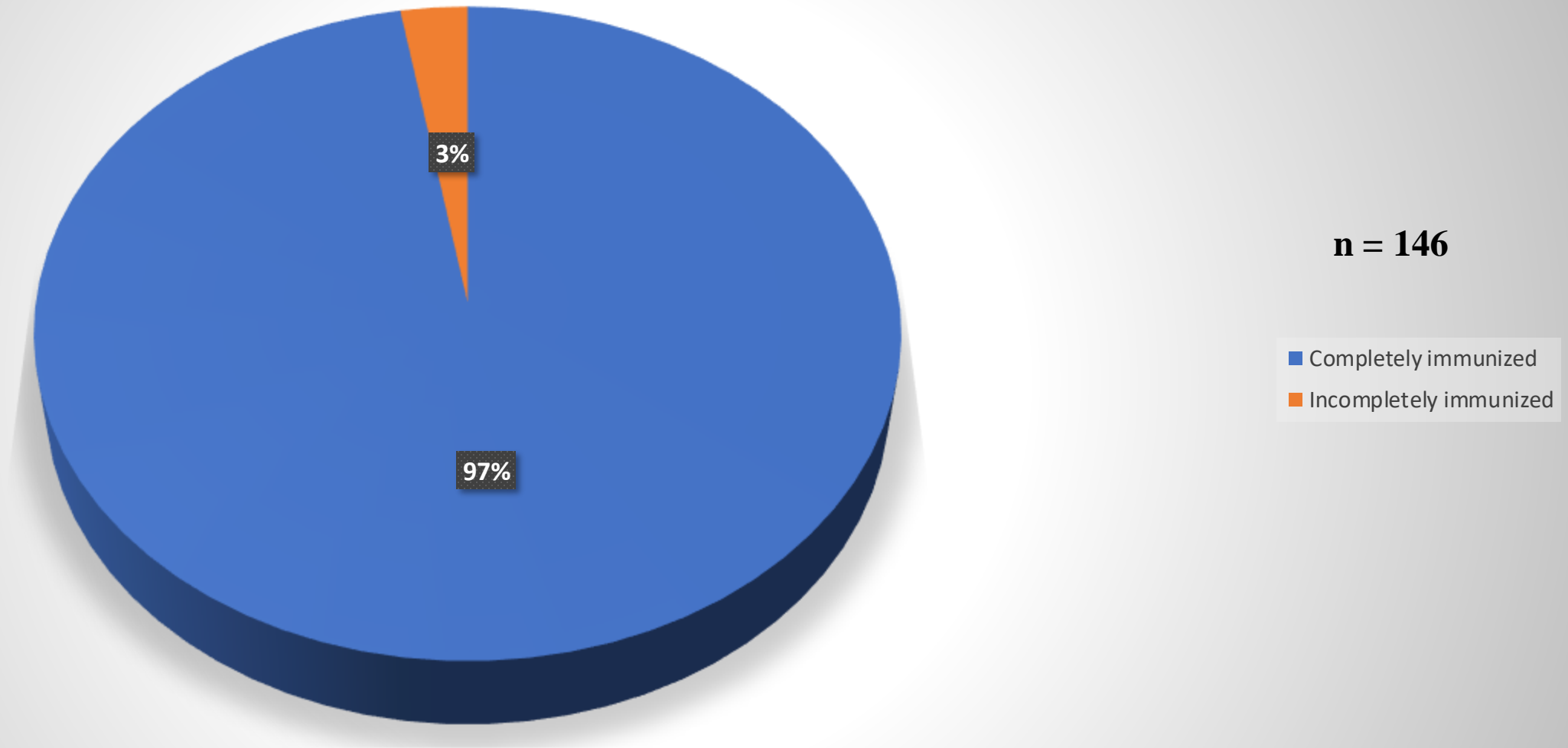All the infants are 100% fully immunized

Fig No. 13:- Pie chart showing the percentage distribution of complete and incomplete immunization

IMPRESSION:-

Most of the children are completely immunized but 3% of the children are incompletely immunized

From this survey we can reach the conclusion,

INTERPRETATION:-

➢ Here all the children are not fully immunized.

➢ All mothers are not aware about immunization.

➢ We have tried to make aware about importance of immunization.

FAMILY PLANNING:-

There are different dimension of family welfare. Family planning is the voluntary planning regarding child birth by person or couple i.e. Child birth should be according to the choice , not by chance. By family planning the size of the family can be limited population growth can be controlled.

The eligible couples are those married couples in which wife age is between 18-45 years.

We, 47 students visited 477 families, Dhobghata and We can see that they are practicing different family planning methods.

Distribution of eligible couple according to use of family planning method,

n = 514 No of total eligible couple

Total population = 2516

Table No. 16:- Frequency and Percentage distribution of eligible couple according to use family planning method   **n = 514**

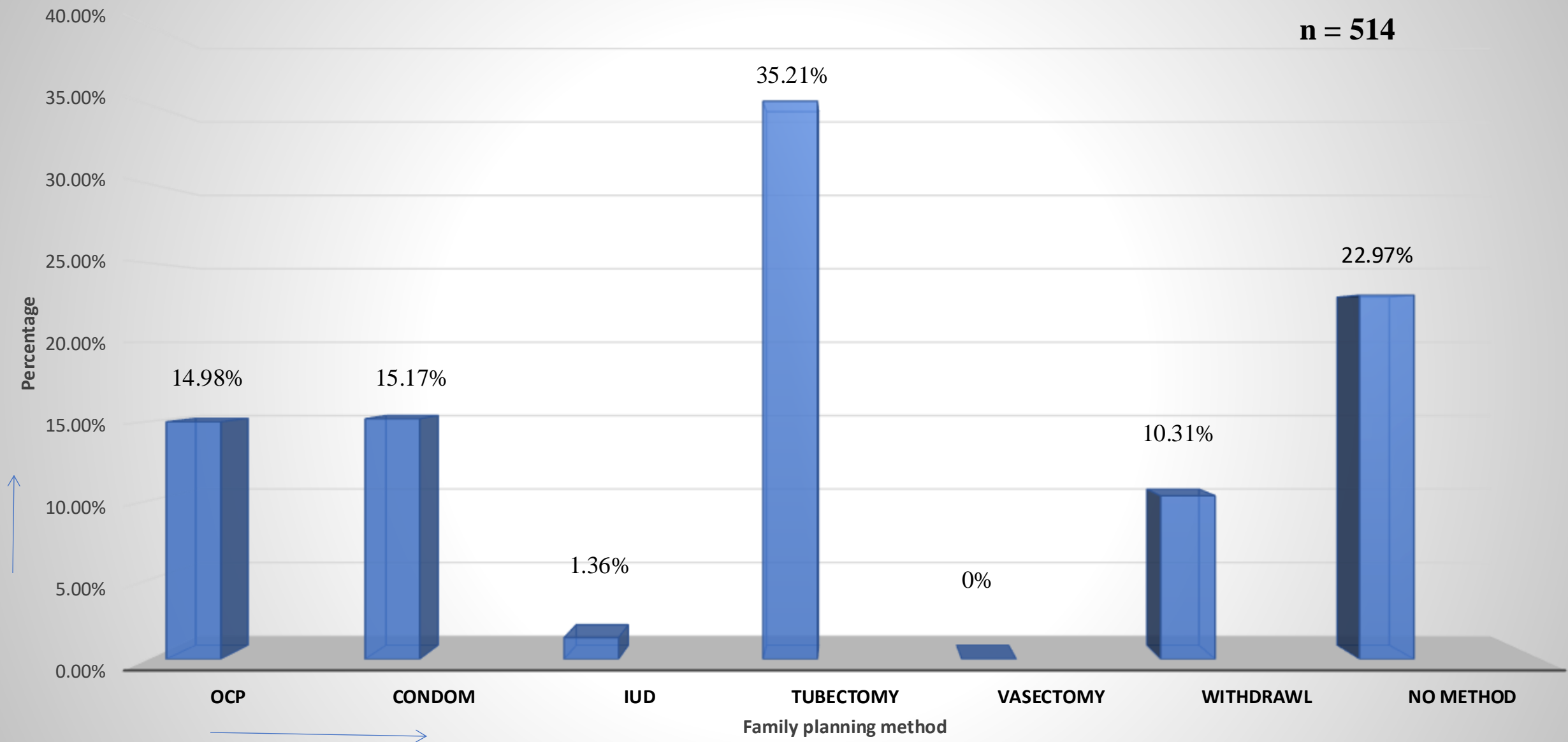| Method	Frequency	Percentage (%)
OCP	77	14.98
Condom	78	15.17
IUD	7	1.36
Withdrawal	53	10.31
Tubectomy	**181**	**35.21**
Vasectomy	**0**	**0**
No Method	118	22.97

Fig No. 14 :- Bar chart indicating the percentage of eligible couple according to the use of different types of family planning methods

COMMUNITY DIAGNOSIS AND HEALTH PROBLEM

DEFINITION OF COMMUNITY DIAGNOSIS:-

Community Diagnosis is the written statement of community health needs/health problem which are assessed from data collected . Community diagnosis is with reference to health status of people, demographic characteristics , social structure, life style , health knowledge, attitude and practices, environment and resources available etc , Thus , diagnosis can focus wide range factor influencing health and wellness status of the community.

According to survey result we have been able to find out some problem eg -poor environmental sanitation , lack of sanitary latrine facilities for the all the families , poor personal hygiene , open drainage system, alcoholism, communicable and non communicable disease among people of Dhobghata municipality .
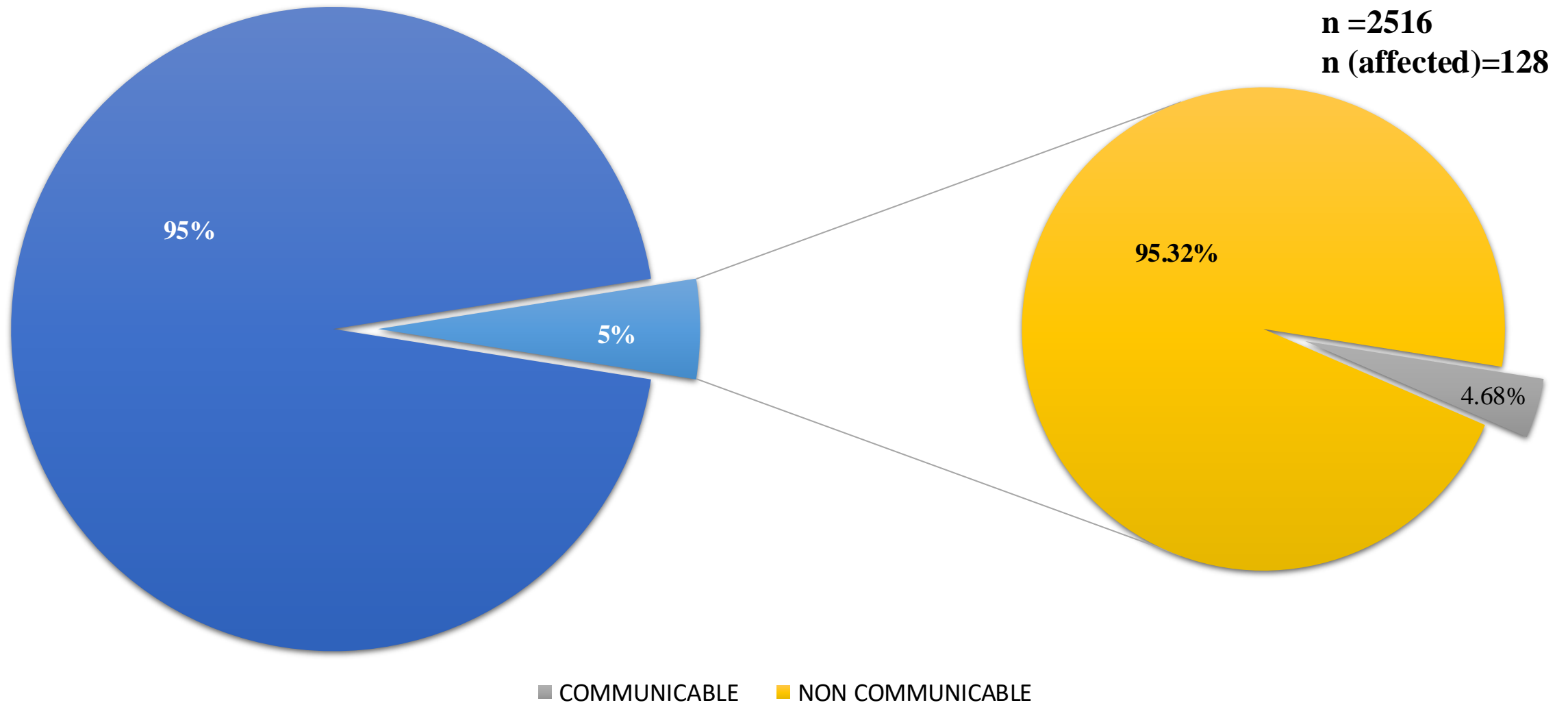
n =2516
n (affected)=128

95%

5%

4.68%

95.32%

4.68%

■ COMMUNICABLE   ■ NON COMMUNICABLE

Fig No. 15 :-Pie chart indicating percentage of affected people and healthy people.

INTERPRETATION:-

This pie graph showing that among 2516 people, 128 peoples (5%) are affected with communicable and non communicable disease and rest of the people are healthy.

TYPES OF DISEASE:-

There are two types of disease in community.

1.Communicable disease

2. Noncommunicable disease

Table No. 17:- Percentage distribution of population according to communicablity

n=128

People	Frequency	Percentage (%)
Communicable	6	4.68
Non-Communicable	122	95.32

The disease are as follows

Non-Communicable Disease:-

➢ Hypertension

➢ Diabetes Mellitus

➢ Asthma

➢ Hypothyroidism

➢ Hyperthyroidism

➢ **Problem Cause:-**

Hypertension-Lack of exercise , genetic factor , spicy and oily food habits , mental stress.

Diabetes Mellitus - Genetic factor, excessive stress , lack of exercises.

Myopia-Genetic predisposition and environmental factors.

Lumber spondylosis- Trauma , stress , obesity etc.

Asthma –Exposure to environmental allergens like pollen , dust, mites , pet dander , air pollution, cigarette smoke , weather changes etc

Hypothyroidism- Iodine deficiency, family history.

Hyperthyroidism –Excessive iodine intake, family history.

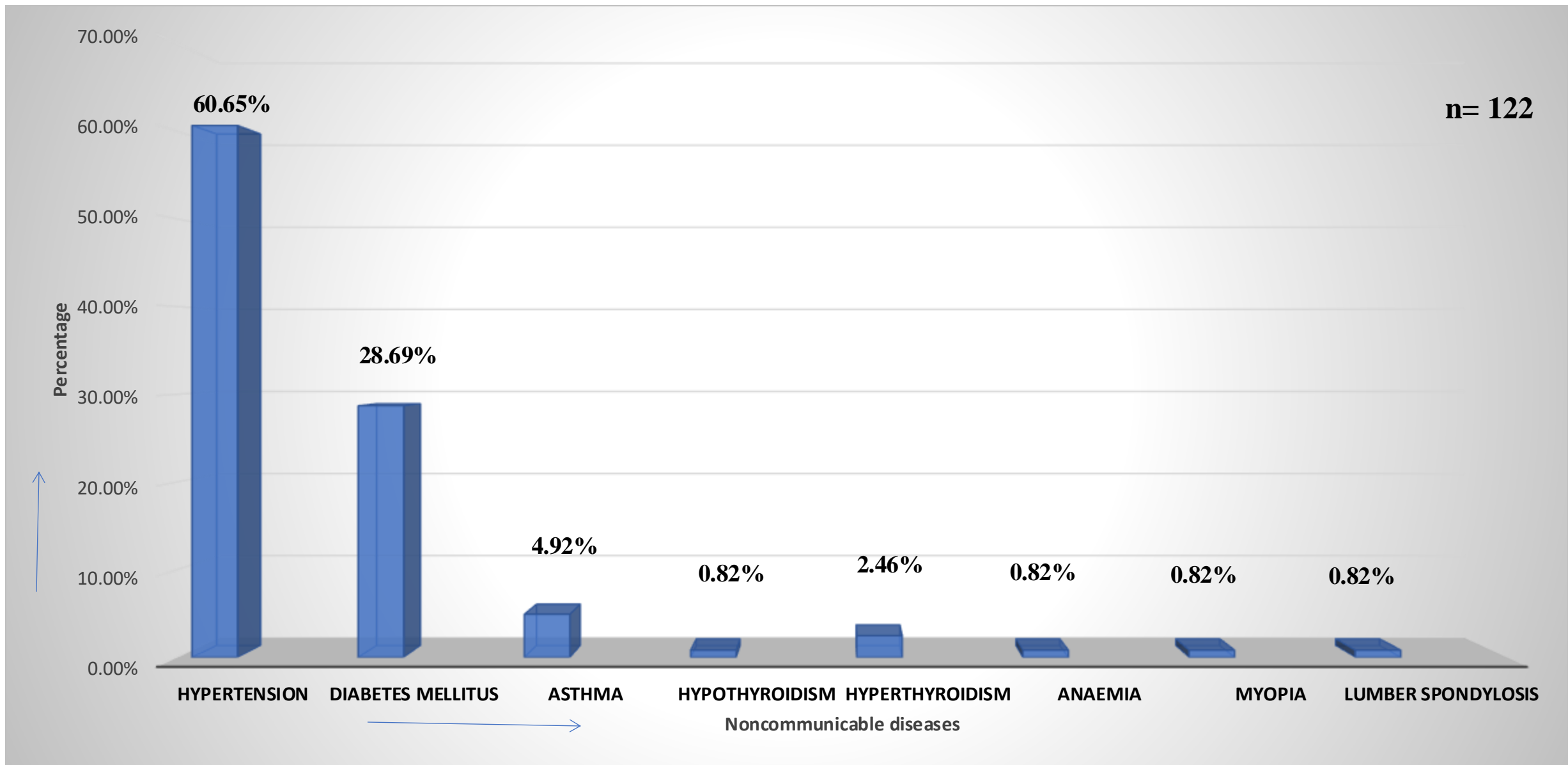**Anaemia** - Nutrient deficiencies, lifestyle habits, bleeding

Fig No. 16:- This bar diagram indicating frequency and percentage of different non communicable disease.

Interpretation:- In this diagram there are main 8 types of non communicable disease present on this urban community, 60.65%Hypertension , 28.68% Hypothyroidism , 0.82% Anaemia , 0.82% Myopia , 0.82% Lumber Spondylosis and 2.46% Hyperthyroidism

COMMUNICABLE DISEASE:

- Tuberculosis

- Filaria.

- Dengue

Table 18: **Percentage distribution of population according to communicable disease   n=6**

People	Frequency	Percentage (%)
Tuberculosis	2	33.34
Filaria	3	50
Dengue	1	16.66

➢ **INTERPRETATION:-** There are three types of communicable disease present at urban community.

OUR ACTIVITIES

After doing the survey of the area ward no 16 and ward no 18 we

found out that the communicable disease like tuberculosis,

dengue, filaria and some other NCD like hypertension,

 diabetes mellitus etc. We arranged and planned several

activities to prevent and spread awareness to promote

wellbeing among community people.

DURING HOME VISIT

Given valuable information regarding

➢ Hand washing

➢ Food hygiene

➢ Maintenance of personal hygiene

➢ Environmental hygiene

➢ Maintenance of nutrition of the family members

Provides information regarding health care facilities available which can avail during the minor illness and emergency.

PROJECT

After doing survey of Dhobghata,

Urban community field, we arranged

A group project on diabetes mellitus

One of the highest ranking NCD.

PROJECT TITLE:-

Diabetes Mellitus Awareness and
Prevention in the Community

IMPLEMENTATION:

- A role play is performed on diabetes mellitus.
- Health education is given regarding diabetes mellitus.
- Blood glucose level is checked by us of community people.
- Yoga is performed to promote their daily lifestyle modification.

SCHOOL HEALTH PROGRAMME:

A school health programme is a comprehensive approach to promoting the health and wellbeing of students.

DURING SCHOOL VISIT

Given valuable information about

➢ Hand washing

➢ Oral hygiene

➢ Good touch and bad touch

➢ Bites

➢ Prevention of RTA and home accident

Also assessment are done

➢ Vital sign checking

➢ Assessment on vision and speech

➢ Dental and hearing checking

➢ Integumentary assessment

Also role plays are performed on oral hygiene, good touch and bad touch, snake bite.

HEALTH EDUCATION:

Health education is an essential tool of community health. Every branch of community health has a health education aspect.

According mental, social, spiritual well-being and not merely an absence of disease or infirmity. Health education is concerned with promoting health as well as reducing behaviour induced disease.

COMMUNITY VISIT:-

DAIRY PLANT VISIT
Belguma, Purulia

COMMUNITY VISIT:-

WATER TREATMENT PLANT VISIT
(Purulia, Ranchi road)

COMMUNITY VISIT:-

COMMUNITY HEALTH CENTRE VISIT
(Bansgarh , Balarampur)

COMMUNITY VISIT:-

URBAN PRIMARY HEALTH CENTRE
(Dhobghata , Purulia)

DAY CELEBRATION

WORLD AIDS DAY CELEBRATION
2nd December, 2024
THEME: "Take the right path, when rights are protected, health are protected"

WORLD DIABETES DAY CELEBRATION
14th November, 2024
THEME: "Breaking barriers, binding gaps"
PLACE: Rabindra Bhawan, Purulia

VOTE OF THANKS:

➢ On behalf of students of 5th semester, B.Sc. nursing student(for the community health nursing experience) l would like to pay my heartfelt regards to the principal of Government College Of Nursing, Deben Mahata Govt Medical College and Hospital, Purulia , Professor Kabita Nandi for her permission and guidance in our community experience.

➢ We are also very grateful to counsellor ward no 16 and ward no18, BPHN Madam Mrs Purba Mukherjee and UPHC MO Sir Mr. Krishna Singha Mahapatra to allowed and permit us to survey the families of Dhobghata, Purulia.

➢ We are also highly grateful to Madam Ruma Das, our course coordinator, Senior lecturer.

➢ We are also thankful to Madam Nilima Gain Das, College faculty, Madam Anamika Nayek , College faculty for their valuable suggestion and continuous guidance and hardworking and helped in every moment and in every step with smile ,love and affection.

➢ We are also thankful to the urban community people of Dhobghata (Harijan Colony) ward no 16 and 18 and their staff UPHC for their cooperation and helping attitude.