

Report on the present position and challenges of a Locality with regard to Healthcare in Purulia Town.

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One of the key elements of Human development is the ability to live a long and healthy life. It is that obtainability of Health Care Services at a reachable distance, with effective and complete utilization of the Health Care Services which play a significant role as the prominent determinant in achieving the Nations Health. India has almost 6.5 lakh small towns, and if basic Health Care does not cater these areas, no matter how much progress is achieved, overall growth as a Nation will be retarded. Improving access to basic healthcare services to these population is perhaps most persistent from a straight forward human development viewpoint.

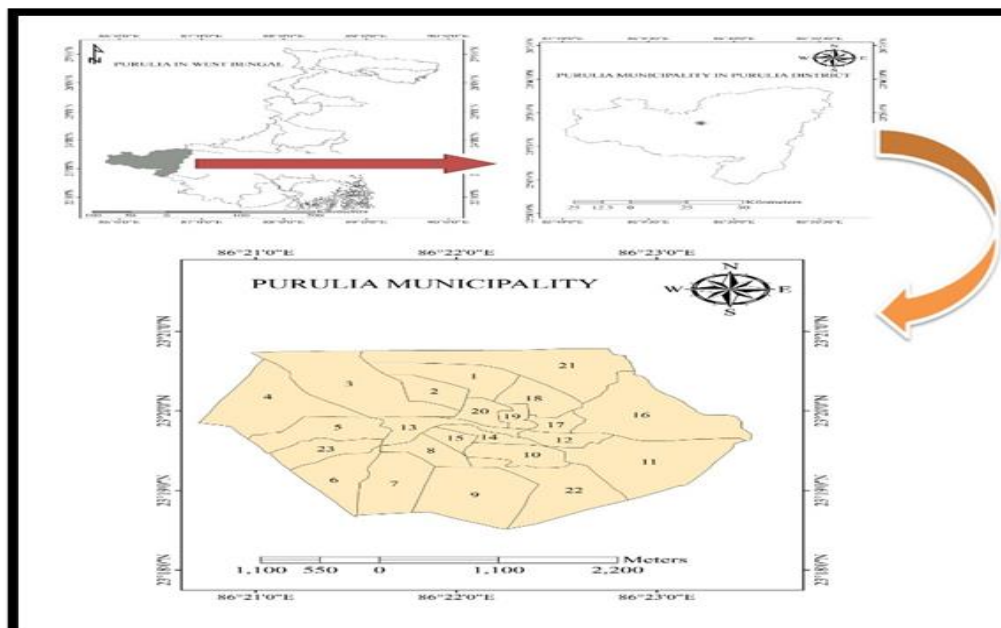
This survey has been conducted to observe the disease incidence and severity of the population suffer and overall objective of the survey was to find out the current status of the diseases in the locality and challenges faced with regard to health facility at community level.

Study area

Purulia district came into existence as a district of West Bengal in 1956, before that the district was a part of undivided Bihar. It is situated in the western most part of West Bengal. The latitudinal extension of the district is 22°42'35" north to 23°42'0" north and the longitudinal extension of the district is from 85°49'25" east to 86°54'37" east.

There are 3 Municipalities in the district; those are Purulia, Raghunathpur, and Jhalda. Purulia Municipality has been established in the year 1876. The latitudinal extension of this municipality is from 23°18'30" north to 23°21'00" north and the longitudinal extension is from 86°21'00" east to 86°23'45" east.

Figure: 1 Location of the study area



Specific Objectives

The survey was conducted with the following objectives:

- Disease incidence
- Nutritional status of the population in the study area
- Sources of drinking water in the study area
- Doctors availability and other health facility available
- Education related to health care, hygiene and nutrition

Materials and Methods:

The survey was conducted during the month of December 2021. My survey was conducted in the locality of Purulia Municipality . It was based on a specific set of questions in the questionnaire and group discussions (GD) with the locals. The questionnaire was administered in local language with the head of the head of the family and in his absence interaction was done with the next senior member in the family. The samples were randomly selected without any bias.

The questions varied from numbers if male and female members of the family, source of drinking water, family income, members of family suffering from various kinds of diseases with special reference to genetic, endocrine and their respective familial history. It also has emphasis of the health care personnel of the area and what kind of medications they prefer and in case of an emergency what is the primary health facility available in the area. The questionnaire of the present study is appended at the end.

Results:

The total number of populations in the conducted survey in the locality was 102 of which 52 were males and 50 were females. The following table lists the male to female ratio and percentage wise distribution.

Table1: Exhibiting the total population, number of male and female ad percentage of male and female.

Locality	Total population	Male	Female	Male%	Female %
Purulia Municipality	102	52	50	50.98%	49.01%

It was found that the percentage of Male Population was more than the percentage of Female population.

Table 2: Various ailments suffered by the locals and their specific percentage

	Endocrine disorder	Arthritis	Neurological disorder	Diabetes	Polydactyly	Filaria	Migraine	Handicap
Male	-	1	2	1	1	1	1	1
Female	2	2	-	1	1	-	-	-
Total	2	3	2	2	2	1	1	1
Male%	-	1.92%	3.84%	1.92%	1.92%	1.92%	1.92%	1.92%
Female%	4%	4%	-	2%	2%	-	-	-

From the above table we can assimilate that about 4% of the local population is suffering from various kinds of endocrine disorders; whereas about 2.94% of the population suffers from Arthritis.

On the other hand the male population being victim of Neurological Disorders is 3.84% , which could be linked to their poor economic status. Only 2 persons(one male and one female) have Diabetes. Polydactyly not being uncommon is about 2% of females and 1.92% in males.

Table below shows Tobacco users(smoke and smokeless forms assimilated together)and Alcohol Consumption by the locals:

	Tobacco User	Alcoholic
Male	14	12
Male %	13.72%	11.76%
Female	6	-
Female %	1.76%	-

From the above table it is evident that about 50% of the male population is addicted ; males are far more addicted than the females as only 1.67% of female population is addicted. None of the females are consumers of Alcohol whereas 11.76% of males consume Alcohol on a regular basis. Hence , Females do not prefer to consume alcohol.

It is also remarkable that none of the females below the age of 50 are addicted, only the older age women are addicted; this might be linked to the lack of education and awareness in them.

The main source of water in the area of survey is Municipality Supply Water. Contagious diseases are very rare. The families have a good nutritional status on an average.

The locals depend on Purulia Sadar Hospital to availing Primary medication and in emergencies which is within a range of 900 metre away from their home.

Discussion:

Rural Health Care Delivery system based o the Primary Health Care Approach was started way back in 1977 in India. Alma Ata declaration of the society “Health For All” in 1978 was a big challenge to achieve till India launched its ambitious programme of National Rural Health Mission, (NRHM 2005-2012) to improve the health status of rural community, especially the Women and children of the weaker section of the society. NHRM focused on building up the infrastructure, improving the manpower at all levels of Health care Delivery centres like Primary

health centres, Sub centres as its core strategy. Between the Central and state governments, several programmes have been launched , including the National Health Mission (NHM; an amalgamation of the rural and urban health mission), Pradhan Mantri Swasthya Suraksha Yojna(PMSSY), Ayushman Bharat (including an insurance scheme covering 40 % of Indian's population and the strengthening of primary healthcare through Health and Wellness Centres(HWCs), Universal Immunisation Programme. The interventions have been numerous- targeted at family health, communicable and non- communicable diseases- and have contributed to progress on various fronts.

The survey of the locality reveals the following:

- Being able to bear the cost of critical illness drugs is still a big issue in the study area.
- The awareness level of the community is not satisfactory with respect to the available Health Care Services.
- Efforts are needed to bring in behavioural changes in utilizing the available healthcare facilities and reap the benefits.
- A prominent and shocking survey reveals that most members are spending more money on liquor/ tobacco than health care.
- Good emergency obstetric care requires improving the availability, accessibility, quality and use of services for the treatment of complications that arise during pregnancy and childbirth.
- The locals of this area: Delay in deciding to seek care and Delay in actually receiving the care after arriving at the facility.
- According to household survey, the awareness level of households is not satisfactory with respect to the availability of the different type of health facilities as they are not very reluctant to get their treatment done.
- Irrespective of their demographic background like caste, income, education, the households are not aware of the different types of medical facilities available in the Purulia Town.

Suggestions for upliftment or improving health care facility:

India has made considerable progress on several health fronts such as eradication of polio, smallpox, reduction in total fertility rate, improvement in immunisation coverage and others. The government has developed progressive health policies over years, aimed at addressing health-related inequalities across the state.

Now it is the time to focus on the quality of health care services to ensure the better health care services for the community.

- ✓ Introduce the accreditation system to localities for Health Care Facilities for their infrastructure, human resources, drugs and medical supplies based on monthly visits.

- ✓ Introduce the system of awards for the best performing Health Facilities in various categories.
- ✓ Enlighten the locals about the necessities of Healthcare system and basic first aid techniques.
- ✓ Universal health insurance schemes and compulsory inclusion of underprivileged.
- ✓ Conduct awareness camps related to feminine hygiene and various Reproductive abnormalities giving special emphasis on house wife and adolescents.
- ✓ Distribution of free sanitary napkins.
- ✓ Direct cleanliness Competition among different societies to ensure a hygienic living in environment and awarding the winners.

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