COMMUNITY SURVEY PRESENTATION (03/03/2025)

Introduction

To enhance the knowledge and encourage the students of the B.Sc. Nursing IV Year. The survey was conducted as part of the Community Health Nursing-II curriculum, and it covered both rural and urban areas, focusing on the health indicators, socio-economic conditions, and healthcare services provided in these regions.

B.Sc IV year 106 students were posted in Bakaniya & Rajiv Nagar (Rural Health Training Centre, Bhouri) from 01/01/2025 to 28/01/2025 and Khanugaon (Urban Health Training Centre, Malipura) from 29/01/2025 to 15/02/2025. Divided into 04 groups.

Objectives of the Survey

The primary objectives of the community survey were:

1. To assess the health indicators in the rural and urban areas of community.
2. To analyze the socio-economic conditions of the communities in terms of education, occupation, sanitation, and family structure.
3. To provide preventive, curative, and rehabilitative healthcare services in rural and urban communities.
4. To evaluate health needs and identify the strengths and challenges faced by the community in accessing healthcare services.
5. To foster practical knowledge in nursing students through community engagement and fieldwork.

The survey was conducted in the adopted communities of CMCH in the following areas:

1. **Urban Area**
    - District – Bhopal
    - Block –Huzur
    - PHC – UHTC centre Malipura
    - Area –City - Khanugaon
2. **Rural Area**
    - District – Bhopal
    - Block – Huzur/ Bhouri
    - PHC – Bhouri
    - Village – Bakaniya and Rajiv Nagar

Background of Khanugaon-

Khanugaon is a locality situated in Bhopal, Madhya Pradesh, India. It falls under the Bhopal division and is part of the Bhopal district. The area is known for its proximity to the Upper Lake (BadaTalaab), a significant landmark in Bhopal.Khanugaon covers an area of approximately 0.81 square kilometers (810,000 square meters)

Background of the Bakaniya and Rajiv Nagar -

Bakaniya is a village is located in district Bhopal Madhya Pradesh, India. It is located in the Huzur tehsil and the Phanda Block. It belongs to Bhopal Division. It is located 20 km towards west from District head quarters Bhopal 14 km from Phandakalan 20 km from state capital Bhopal. Bakaniya pin code is 462030 and postal head office is Bairagarh.Barkheda Salam (2km), KhajuriSadak (3 km) ,Kolukhedi (4km), Phandakalan (6km) are the nearby village to Bakaniya.There is one primary government school and one higher secondary private MaaShardeAdarshVidhiyaMandir Bakaniya.

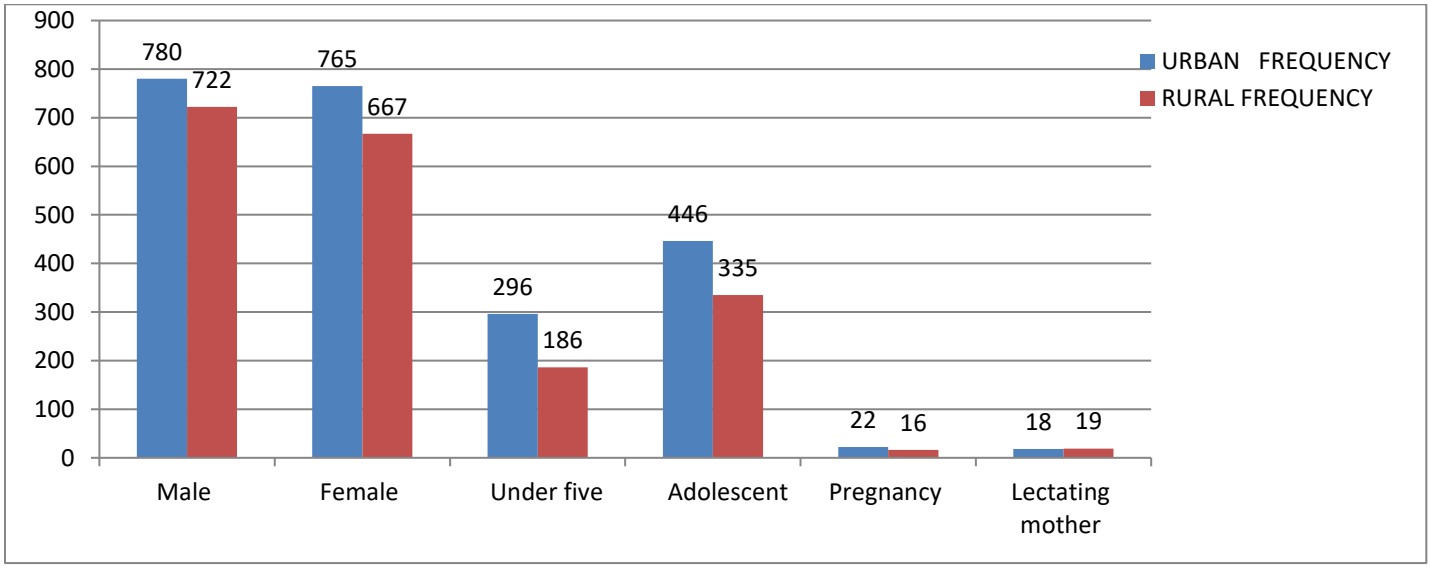
Demographic Profile:

UHTC-Total Population of Khanugaon: 2287 (780 Males, 765 Females,296under five, 446 Adolescent,22 Pregnancy,18 Lactating Mothers)

- Number of Houses in Khanugaon: 570
- Area:0.81 km²
- Facility: It is accessible via various modes of transportation. The nearest railway stations are Habibganj and Bhopal Junction. Local bus services connect Khanugaon to different parts of Bhopal, with nearby bus stations.

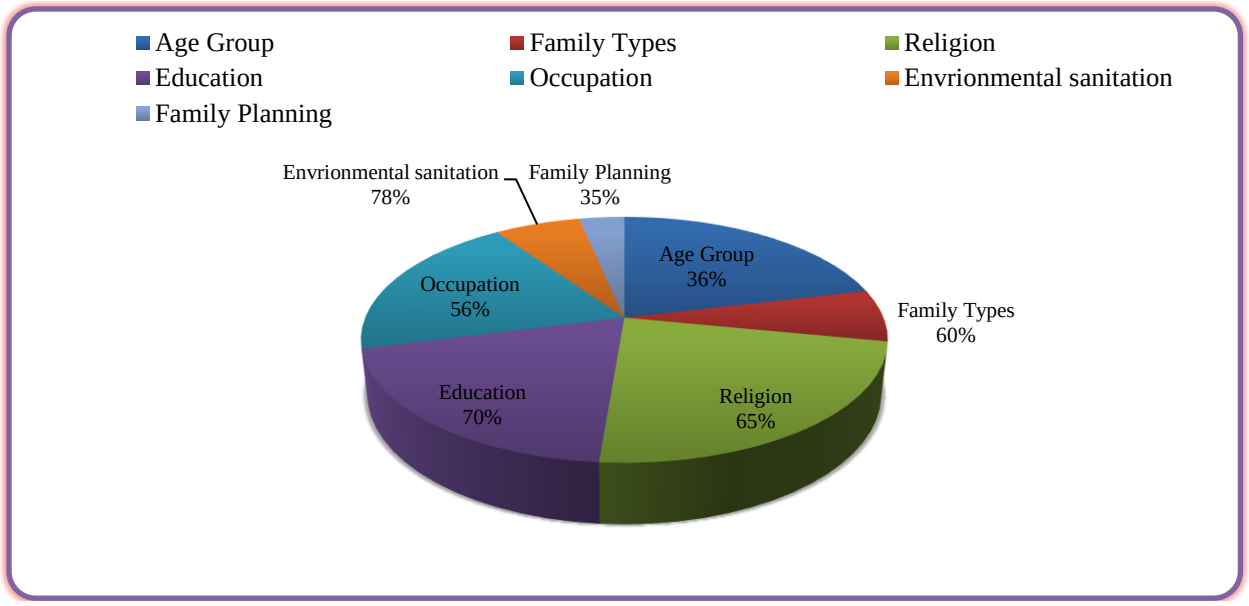
RHTC-Total population of Bakaniya and Rajiv Nagar: 1910(722 Males, 667 Females, 186under five, 335 Adolescent, 16 Pregnancy, 19 Lactating Mothers)

- Total number of houses Bakaniya in 279 and Rajiv Nagar is 96.
- The speciality of the village is agriculture. There is a small lake inside the village. There is RHTC and Sub centre as health facility in Bhouri.



Key Findings:

- **Age Group**: The highest proportion regarding age group majority (36%) in both rural and urban areas falls in the 26-60 years age group.
- **Family Type**: Regarding Family type majority 60% of families in both areas are nuclear families.
- **Religion**: Regarding religionmajority 65% of the population in both areasfollows Hindu religion.
- **Education**: Education70% of the population is literate, with a majority of both areas having completed primary or secondary education.
- **Occupation**: Regarding occupation majority 56% of individuals in the rural areas are farmers. And cities include street work, private jobs, and self-employment.
- **Environmental Sanitation**:Regarding environmental sanitation majority 78% of households have toiletsin both rural and urban community.
- **Family Planning**: Assess to services often differ significantly between urban and rural area ,with urban areas generally higher majority in 35% of families use contraceptive adoption methods (condoms, IUCDs) and lower fertility rates.



Common Health Problems Identified:

UHTC (City- Khanugaon)

- Hypertension
- Diabetes Mellitus
- Arthritis
- Anemia

RHTC (Village- Bakaniya and Rajiv Nagar)

- Malaria
- Diarrhea
- Respiratory Infections

S.No.	Health Problem (%)	Causes/Risk Factors	Complications	Community Intervention	Community Evaluation
1.	**Hypertension** 36% (general population)	Unhealthy diet, Physical inactivity, Poor access to healthcare, Tobacco and alcohol use, obesity etc.	1.Heart disease (e.g., heart attack, heart failure) 2. Stroke 3.Kidney damage 4.Vision loss 5.Cognitive decline	**1. Health Education:** Conducted door to door health assessment and teach the importance of regular BP monitoring and healthy lifestyles. **2. Screenings:** Organize regular BP screening camps, clinics and community centers. **3. Exercise Programs:** Implement group physical activity programs (e.g., walking groups, yoga sessions). **4. Dietary Support:** Promoted low-sodium diet and provided nutrition counseling in the community.	1. Health Education given to prevention of hypertension 2. Follow-up: Regular follow- up for those with elevated B.P. 3.Health education given 4. They have assured to adhere

2.	**DiabetesMellitus** 20% (general population)	Poor diet, Lack of physical activity, Family history/genetics, Lack of education, Obesity etc.	☐Heart disease ☐Kidney damage (diabetic nephropathy) ☐Nerve damage (diabetic neuropathy) Eye damage (retinopathy, leading to blindness) ☐Poor wound healing and infections ☐Stroke ☐Increased risk of infection	**1. Health Education:** Educated the community about the importance of blood glucose monitoring and healthy lifestyle choices. **2. Screening Camps:** Conducted regular blood glucose testing and diabetes risk assessments in high-risk areas. **3. Diet and Exercise** Programs: Encourage physical activity (e.g., walking, local sports) and provide access to diabetes- friendly meals or cooking classes.	1.Health education given **2.Screening Results:** Monitored the number of people screened and diagnosed with diabetes. **3. Behavioral Changes:** Track the changes in diet and exercise habits through community surveys done
3.	**Arthritis** 15% (general population)	Aging population, Obesity, Injury and overuse of joints, Sedentary lifestyle, Genetic factors etc.	☐Joint deformities and loss of function ☐Chronic pain ☐Disability and reduced mobility ☐Reduced quality of life ☐Increased risk of depression due to chronic pain and physicals limitations	**1. Community Workshops:** Organized community workshops on joint health, managing pain, and maintaining mobility. **2. Physical Therapy:** Offer community-based physical therapy sessions or exercise programs focused on joint health (e.g., stretching,strengthening exercises). **3. Pain Management:** Promote over-the-counter pain relief options, such as NSAIDs, and refer to local clinics for more advanced care if needed.	1.Health education given **2. Physical Activity Participation:** Monitor the participation rates in exercise program and the improvement in physical function **3. Medication Use:** Evaluate the appropriate use of pain medications and to prescribed treatments.
4.	**Anemia** 10% (general population)	Nutritional deficiencies, Menstrual blood loss, Infectious diseases, Poor sanitation and hygiene and	☐Fatigue and weakness ☐Heart problems (e.g., arrhythmias or heart failure) ☐Decreased immunity and	**1. Nutrition Education:** Educated the community people on iron-rich foods (e.g., leafy greens, beans, red meat) and the importance of a balanced diet.	1. Health education given. **2. Dietary Changes:** Track the

		Chronic diseases etc.	increased susceptibility to infections ☐Difficulty concentrating ☐Growth and development issues in children ☐Pregnancy complications (e.g., premature birth, low birth weight)	**2. Supplementation:** Provide free or subsidized iron supplements at local health centers. **3. Screening Camps:**Conduct community-wide anemia screenings, especially targeting vulnerable populations (e.g., pregnant women, children and the elderly).	dietary intake of iron- rich foods in the community through surveys. 3.health checkup done
5.	**Malaria** 5% (in endemic areas)	Plasmodium parasite transmitted by mosquito bites, Lack of mosquito control measures, Limited access to healthcare, Poor sanitation etc.	☐Severe anemia ☐Organ failure (kidneys, liver) ☐Cerebral malaria (which can lead to seizures and death) ☐Death if untreated, particularly in children and pregnant women ☐Long-term neurological damage ☐Increased susceptibility to other infections	**1.Community Education:** Conducted educational programs on preventing mosquito bites (e.g., avoiding standing water, using repellents). **2. Treatment and Monitoring:** Provided access to antimalarial medications in community clinics and ensure that treatment is available for suspected malaria cases.	11. Health education given. **2. Treatment Completion:** Follow up with malaria patients to ensure the full course of medication is completed.
6.	**Diarrhea** 10% (general population)	Bacterial, viral, or parasitic infections, poor sanitation, contaminated food or water, Inadequate hygiene practices etc.	1.Dehydration and electrolyte imbalances, leading to shock or death 2.Malnutrition, especially in children 3.Weakened immune system, leading to increased vulnerability to other infections 4. Long-term growth and developmental issues in children due to chronic diarrhea. 5.Death in severe	**1. Hygiene Promotion:** Launched community-based hygiene education programs focused on hand washing with soap, safe water handling, and food safety. **2. Water and Sanitation:** Improved access to clean drinking water by boiling and educating on sanitation home practices. **3. Treatment:** Set up Oral Rehydration Therapy (ORS) stations and provide zinc supplements to affected individuals.	1. Health education given. **2. Hygiene Practices:** Monitor improvements in hand washing habits and water sanitation practice. 3. Preparation to make a simple ORS preparation at home.

			cases, particularly in young children and those with compromised immunity		
7.	**Respiratory Infections** 25% (general population during seasonal outbreaks)	Air pollution, Poor indoor air quality, Crowded living conditions, Lack of vaccination, Smoking, Weakened immune systems	☐Pneumonia and other severe lung infections ☐Acute respiratory distress syndrome (ARDS) ☐Chronic lung damage or scarring ☐Worsening of underlying conditions (e.g., asthma, COPD) ☐Death, particularly in vulnerable populations (elderly, children, those with weakened immune systems) ☐Spread of infection to others, leading to outbreaks	**1. Hygiene Education:** Promoted respiratory hygiene (e.g., covering mouth while coughing, using hand and handkerchief) **2. Treatment Access:** Ensured access to antibiotics (for bacterial infections) and antiviral (for influenza) at health centers.	1. Health education given. 2.Follow-up checkup done

Conclusion

The community survey presented valuable data on the health challenges faced by both rural and urban populations in the study areas. The findings underscore the importance of community health interventions and the active role that nursing students can play in addressing public health issues. This initiative has enhanced the practical skills of students, enabling them to understand the needs of communities and devise appropriate healthcare solutions.

The above report was presented in front of Dr. Prabhakar Hiwarkar, HOD, community & preventive medicine Chirayu Medical College, Bhopal.