

**FAMILY SURVEY  
AND COMMUNITY  
OUTREACH  
ACTIVITIES**

**SAKURI**

RAHATA TALUKA,  
AHMEDNAGAR



**DEPARTMENT OF COMMUNITY MEDICINE,  
DR. BALASAHEB VIKHE PATIL RURAL  
MEDICAL COLLEGE,  
PRAVARA INSTITUTE OF MEDICAL SCIENCES  
(DEEMED TO BE UNIVERSITY), LONI**



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## AIM & OBJECTIVES

**Aim:** To conduct family health survey in the field practice area

### Objectives

- To observe and record :
  1. Socio-demographic status
  2. Morbidity profile
  3. Environmental conditions
  4. Contraceptive use
  5. ANC services used
  6. Immunization status
  7. Addictions etc.
- To reach a Community Diagnosis
- To assess the unmet health needs and formulate recommendations for the same
- To conduct outreach activities & address community needs

## METHODOLOGY

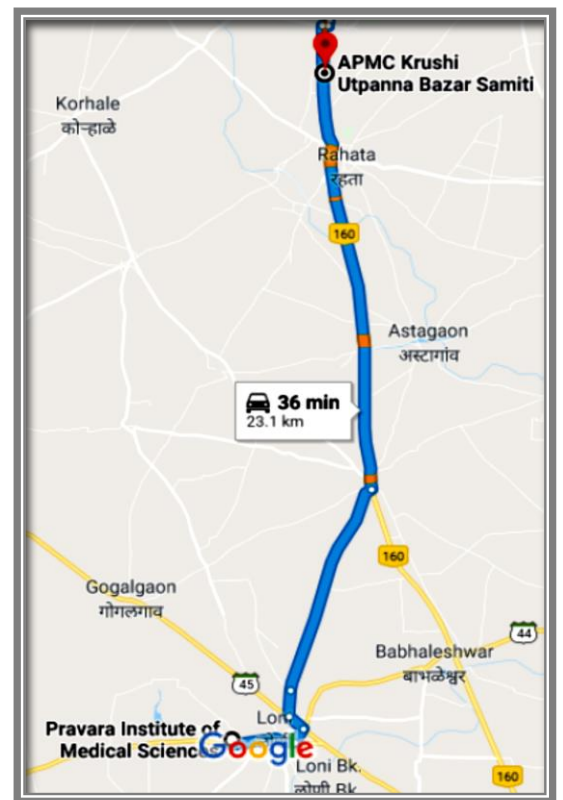
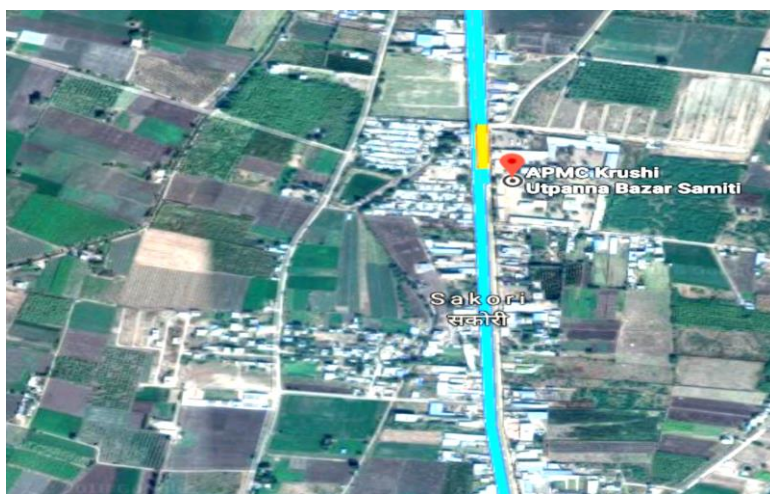
- A family health survey was undertaken during field posting to Sakuri as part of family visits.
- Preliminary Information about field area was obtained by Medical social worker and nursing staff of RHTC, Rahata.



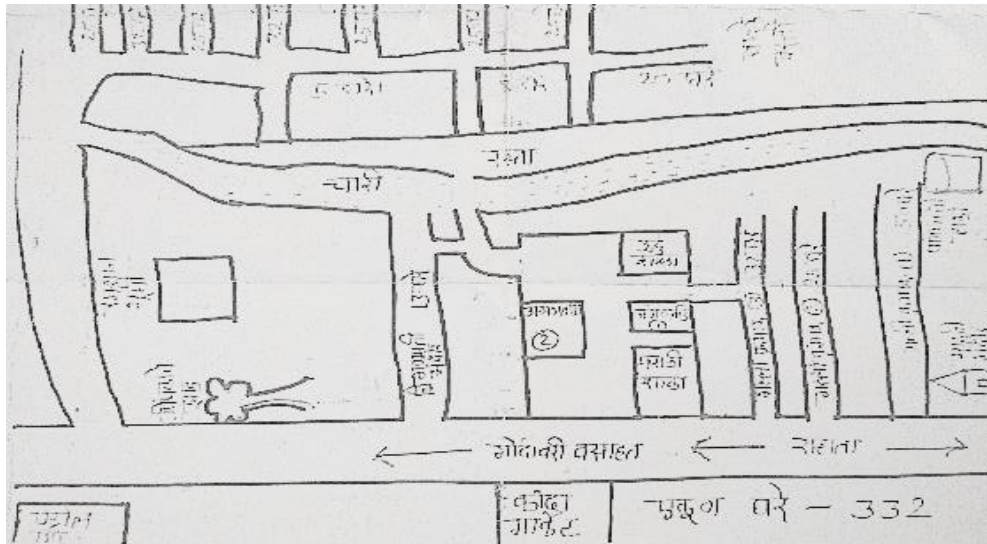
## LOGISTICS & SURVEY PLANNING

Sakuri is 23 kms from PIMS, Loni Campus,  
Near Rahata, which is the RHTC field  
practice area of RMC, Loni

**GOOGLE MAPS** were used effectively to  
chart out the area a prior



- A map of Godavari Vasahat was prepared based on the information
- Each undergraduate student was allotted five families
- First visit was carried out to establish repo with the family and gather basic demographic information
- Further, Three more visits were carried out on consecutive days to gather additional information



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## Coding

- Coding of Each household done
  - Name of Institute Name
    - No. of Family Allotted
  - Code for Area
  - Roll no. of Student
- Eg: PMT/ 01/GVS/ 190
- This ensures tracking of families and prevents duplication of data



## Data Collection

Data was collected regarding

- 1) Environment
- 2) Living conditions
- 3) Government schemes
- 4) Animals
- 5) Health
- 6) Education
- 7) Morbidity Survey etc.



## QUESTIONNAIRE

House No.: PMT/\_\_\_/\_\_\_/\_\_\_.  
/10/2018

Name of village: \_\_\_\_\_

Date: \_\_\_\_\_

Roll no. & Name of student: \_\_\_/\_\_\_\_\_  
H/M/C/B/\_\_\_\_\_ . Religion: \_\_\_\_\_

Head of family: \_\_\_\_\_ . Contact no.: \_\_\_\_\_  
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Name	Age	Sex	Education	Occupation
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....

Type of family: Nuclear/ Joint. Total family income/month: \_\_\_\_\_ Rs/-.

Ration card Colour: Yellow / Orange / White

### 1) Couples in reproductive age group (15-45 YOA)

Name of couple in family	Type of Contraception	Specify
+	Not using/Permanent/ Temporary	
+	Not using/Permanent/ Temporary	
+	Not using/Permanent/ Temporary	

### 2) # Pregnant Women:

Name	ANC registration done in
	Private / Govt. / Not done
	Private / Govt. / Not done
	Private / Govt. / Not done

3) # No. of < 5 years children: \_\_\_\_\_ .

Name	Age in months	Immunization Till Date (vaccines given)	Remark(Complete/Partial/Unimmunized)
		BCG/OPV( )/DPT( )/HBV( )/IPV( )/Measles( )/Penta ( )/VIT.A	Complete / Partial / Unimmunized
		BCG/OPV( )/DPT( )/HBV( )/IPV( )/Measles( )/Penta ( )/VIT.A	Complete / Partial / Unimmunized
		BCG/OPV( )/DPT( )/HBV( )/IPV( )/Measles( )/Penta ( )/VIT.A	Complete / Partial / Unimmunized

**4) History chronic diseases:**

Name of family member	Disease present	Since:	Taking treatment/ not
	Hypertension / Diabetes / Asthma / Cardiac ds. / Arthritis / Cataract/		
	Hypertension / Diabetes / Asthma / Cardiac ds. / Arthritis / Cataract/		
	Hypertension / Diabetes / Asthma / Cardiac ds. / Arthritis / Cataract/		

**5) History of addiction in family:**

Name	Addicted to	Monthly expenses
	Smokeless tobacco/ smoke/ Alcohol/	
	Smokeless tobacco/ smoke/ Alcohol/	
	Smokeless tobacco/ smoke/ Alcohol/	

**6) Any illness in past 3 months in family** (Diarrhea /Respi. Infections / Fever /Malaria / Dengue / Chikungunya /Anemia / Skin ds. / Ear discharge / fever with rash / Refractory errors / TB /Conjunctivitis/ any other ), give details:

Name of family member	Name of illness in past 3 months

**7) Consanguineous marriages:**

Name of couple	Relation to husband	Birth defect in children
		No / Yes _____
		No / Yes _____
		No / Yes _____



**8) Environmental history:**

**House:** Katcha / Pucca / Semipucca.

**Water Supply:** Continuous/ Intermittent. **Source of water:** Tap/ Well /Bore/  
Tanker/\_\_\_\_\_ . **Water disinfection methods:** Purifier/Boiling/Chlorination/Other\_\_\_\_\_

**Storage of non-drinking water:** Covered/ Open containers.

LPG (gas): Yes / No → Kerosene stove/ Smokeless Chullah/ Ordinary Chullah/ Other\_\_\_\_\_ .

**Sanitary latrine:** No/ Private/ Public.

**Garbage disposal:** Door step / Common point / No collection system.

**8) Any other important finding:**

# Tutor in charge should confirm findings.

	<b>Name of Tutor in charge:</b> _____ <b>Remark &amp; Sign</b> ↓
<b>Completeness of FHS form</b>	
<b>Completeness of Unnat Bharat forms</b>	
<b>Completeness of Excel sheets</b>	
<b>Completeness of Journal</b>	

## Data Analysis

- Data was compiled by students, entered in MS Excel sheets and coded.
- Descriptive Statistical Analysis Statistical Analysis performed.
- Inferential statistical analysis conducted to find association between study variables

Anganwadi Code	Student Roll. No	Family no.	Religion	Mobile no.	Names of Family Member	Sex	Age	Education	Occupation	Type of family
GVS	43	1	M	9460171940	DILDAR OSMAN SHAH	M	75	I	NA	J
					GAJRAVIDILDAR SHAH	F	65	NA	NA	
					RAHIM DILDAR SHAH	M	45	P	LABOURER	
					MUMTAZ RAHIM SHAH	F	38	I	LABOURER	
					WASEEM RAHIM SHAH	M	18	HS	STUDENT	
					AFROZ RAHIM SHAH	M	16	S	STUDENT	
GVS	43	2	H	9826364641	VIJAYSHANKAR GAKWA	M	46	HS	HOTEL W	N
					KAMAL VIJAY GAKWA	F	45	P	HOUSEWIFE	
					JEEWAN VIJAY GAKWA	M	21	G	STUDENT	
					KIRAN VIJAY GAKWA	M	23	G	STUDENT	
					ANOOP VIJAY GAKWA	M	16	HS	STUDENT	
					SAIDEEP VIJAY GAKWA	M	14	S	STUDENT	
GVS	43	3	H	9627433234	MANOHAR SITARAM K	M	54	NA	NA	J
					ASHA MANOHAR KHA	F	40	NA	HW	
					DIGAMBAR MANOHAR	M	26	NA	WORKER	
					KAVITA DIGAMBAR KH	F	24	S	HW	
					SANDEEP MANOHAR K	M	24	HS	NA	
					SACHIN MANOHAR KH	M	23	S	NA	
					SARTHAK DIGAMBAR	M	5	I	STUDENT	
GVS	43	4	C	7057932134	ASHOK ASHUNA BANS	M	55	P	PAINTER	J
					SANTOSH BANSODE	M	34	S	DRIVER	
					SUNITA BANSODE	F	30	P	HW	
					PREETI BANSODE	F	13	P	STUDENT	
					SHRUTI BANSODE	F	10	P	STUDENT	
					VANSH BANSODE	M	9	P	STUDENT	
GVS	43	5	B	9864555321	LOUIS PANDURENATH	M	50	NA	LABOURER	J
					USHA BANSODE	F	45	NA	HW	

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## Village Schedule: Sakuri

- **Total Population:** 3039
- **Total males:** 1105
- **Total females:** 1035
- **Total Children:** 899
- **Type of drinking water supply:** Tap
- **Street lighting:** Electric
- **Agricultural products:** Sugarcane, Soyabean, Guava, Grapes
- **Major faction:** Hindu
- **Nearest city:** Rahata
- **Transport facilities:** Bus, Car, Others
- **Average rainfall:**289.1mm
- **Climate:** Rainy
- **Nearest town PHC:** Dorhale
- **Nearest subcentre:** Sakuri
- **Nearest postoffice:** Sakuri
- **Anganwadi:**12
- **Allopathic Practitioners:** 04
- **No. of ASHA:** 09
- **Name of Sarpanch:** Rajendra Bhanudas Dandwate
- **Youth Associations:** 02
- **Women's Associations:** 02
- **Co-operative Banks:** 03
- **No. of Schools:** 04

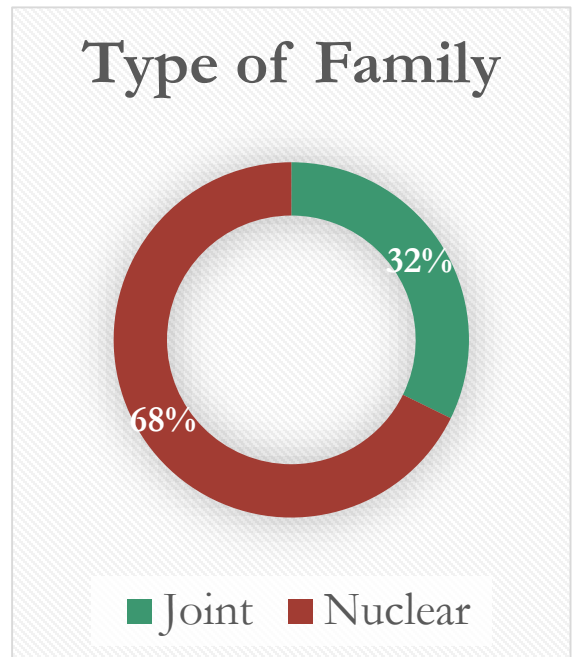
## Families Surveyed

- Total Families in the Area: 332
- Total Families Surveyed: 251 (75.6%)
- 5 were allotted to each student. The purpose of survey was explained to the families and data was collected using semi structured questionnaire.
- Interviews were conducted with available adult family members and observations were made regarding environmental factors.
- Households with locks for two consecutive visits were not included.

### Family Type

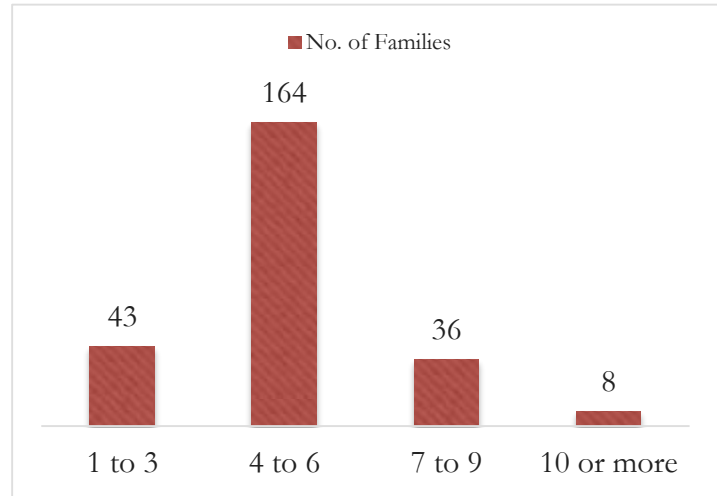
Family Type	Frequency	Percentage
Joint	81	32.3
Nuclear	170	67.7

- Majority of families (~68%) were nuclear families



## Family Size

Family Size	N	%
1-3	43	17.2
4-6	164	65.4
7-9	36	14.3
10 or more	8	3.1

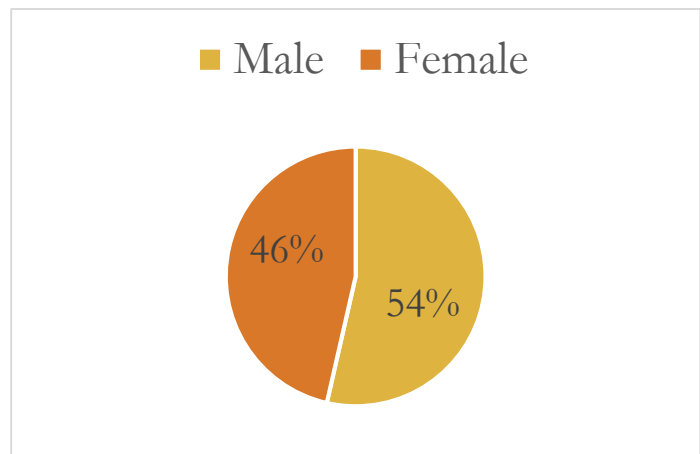


## Gender Distribution

There were 54% males and 46% Females in Study Sample.

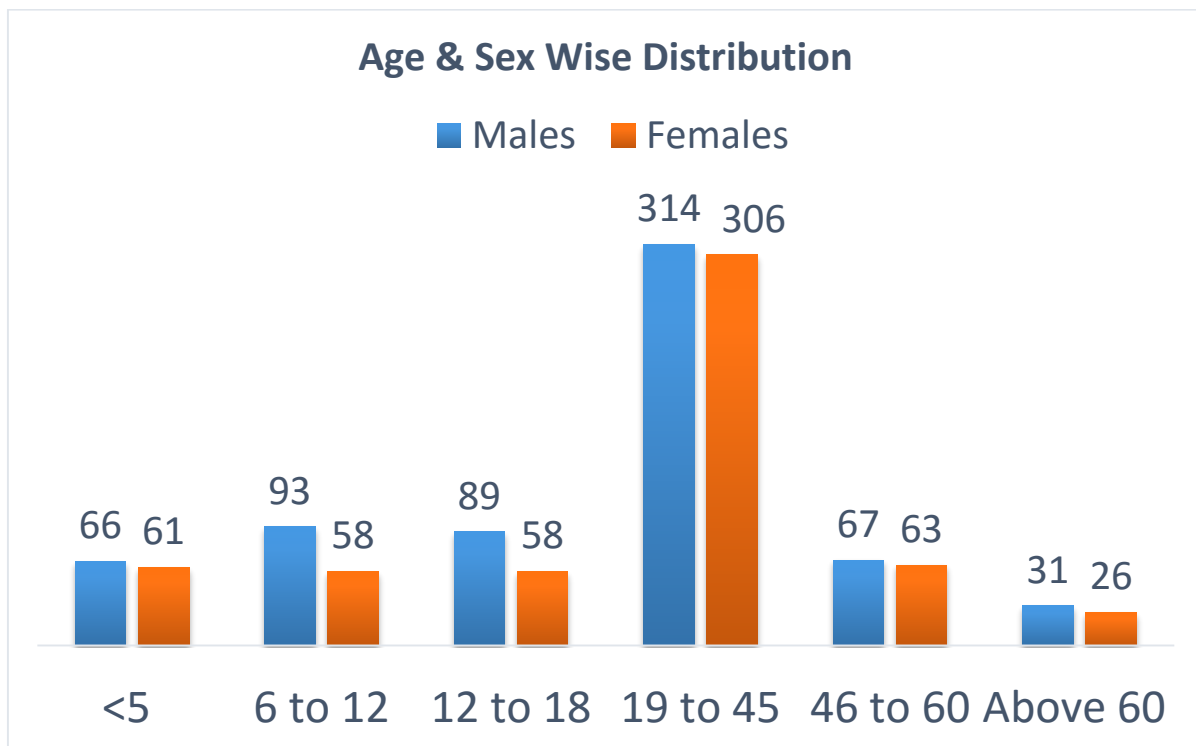
**Sex Ratio:** 851.85/1000

Gender	N	%
Male	660	54
Female	572	46
Total	1232	100



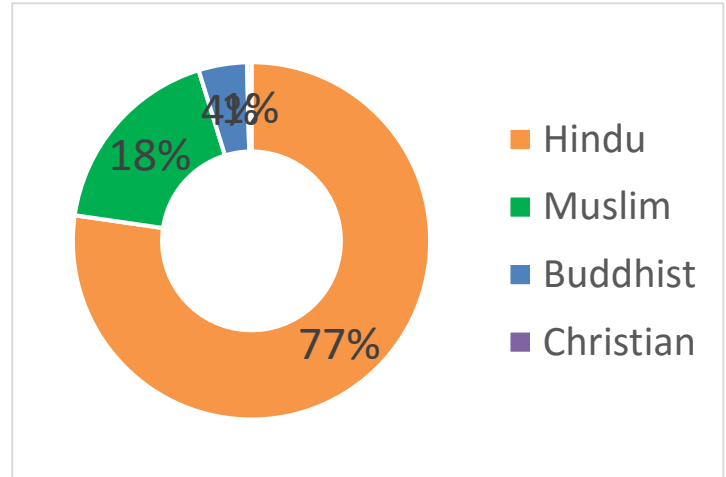
## Age Distribution

Age Group	Males	Females	Total
Less than 5 yrs.	66	61	127
6 - 12 yrs.	93	58	151
12 - 18 yrs.	89	58	147
18 - 45 yrs.	314	306	620
46 - 60yrs.	67	63	130
Above 60 yrs.	31	26	57
Total	660	572	1232



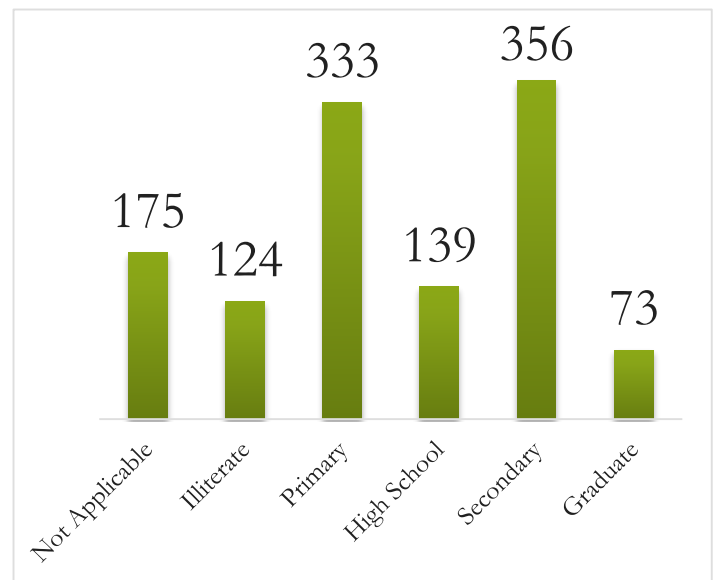
## Religion

Religion	N	%
Hindu	194	77.3
Muslim	45	17.9
Buddhist	11	4.4
Christian	1	0.4
Total	251	100



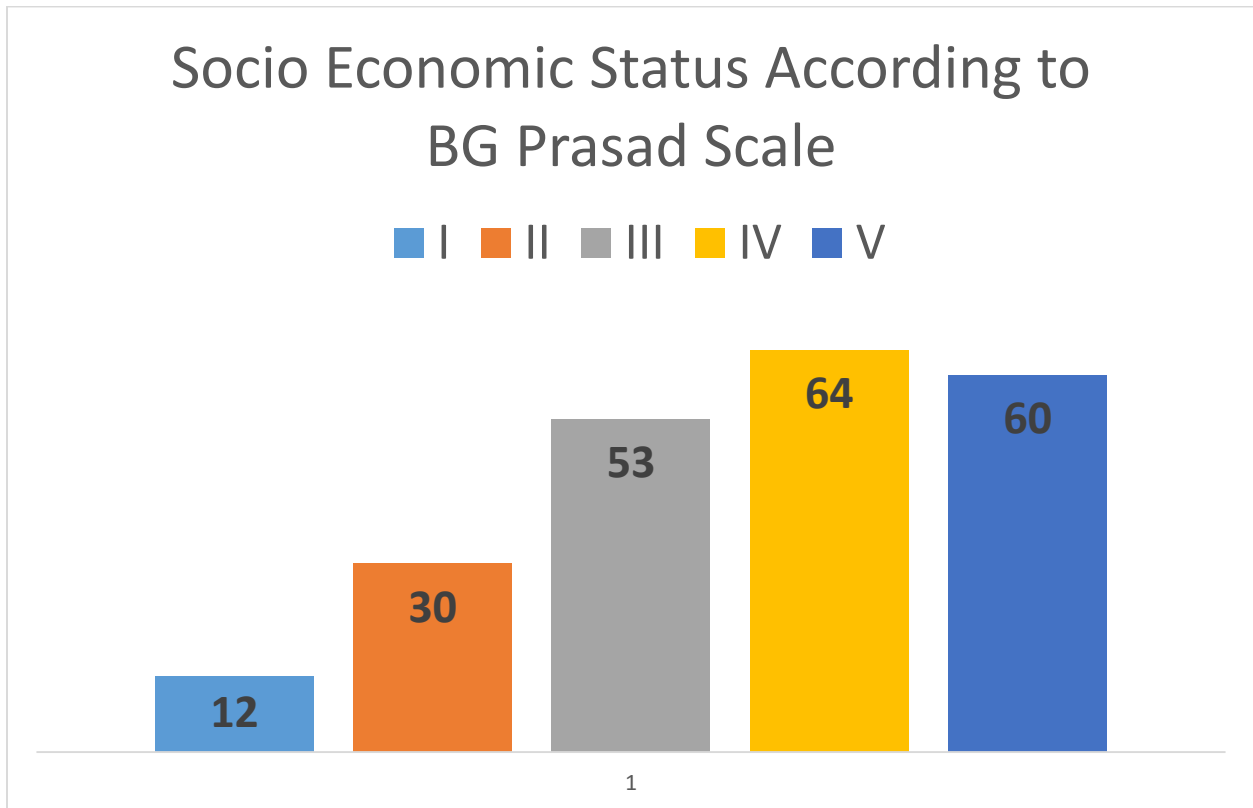
## Education

Education	N	%
Not Applicable	175	14.2
Illiterate	124	10.1
Primary	333	27.0
High School	139	11.3
Secondary	356	28.9
Graduate	73	5.9
Total	1232	100



## Income

BG Prasad Class 2018	Criteria (income/capita/month)	No. of Families	%
I	>6528	12	4.8
II	>3264-6527	30	11.9
III	1959-3263	53	21.1
IV	979-1958	64	25.4
V	Below 978	60	23.9
	Data Unavailable	32	12.7





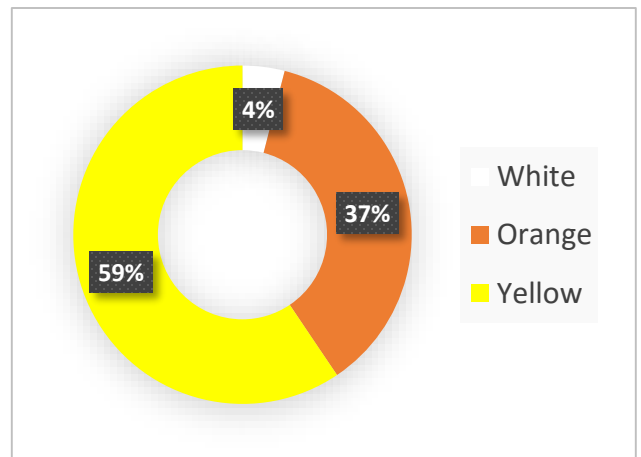
Occupation



Word/Out

## Ration Card

Ration Card Colour	Annual income	N	%
None	-	2	0.8
White	Above 1 lakh	10	4.0
Orange	15000 to 1 lakh	91	36.2
Yellow	Below 15000	148	58.9

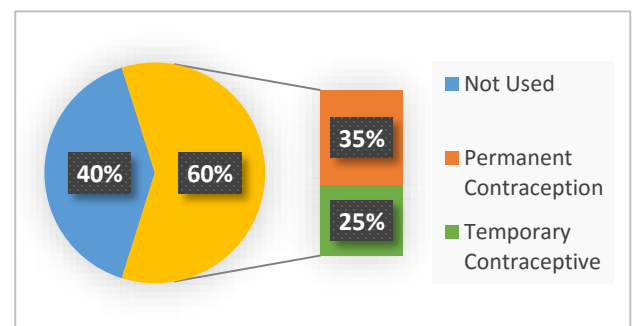


## Couples in reproductive age group

- Most families being nuclear had 1 eligible couple (81%)
- The community has majority of families in Expanding phase as 241 families out of 251 had eligible couples.
- 40% of couples did not report contraceptive use which is a concern

## Contraceptive Use

Contraceptive	N	%
Not Used	102	40.4
Permanent Contraception	87	34.3
Temporary Contraceptive	64	25.3



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## **Pregnant Women**

- There were 16 pregnant women registered at the time of survey
- Of which 5 were primi gravida
- They received Iron folic acid tablets from anganwadi
- Spacing was not properly practiced

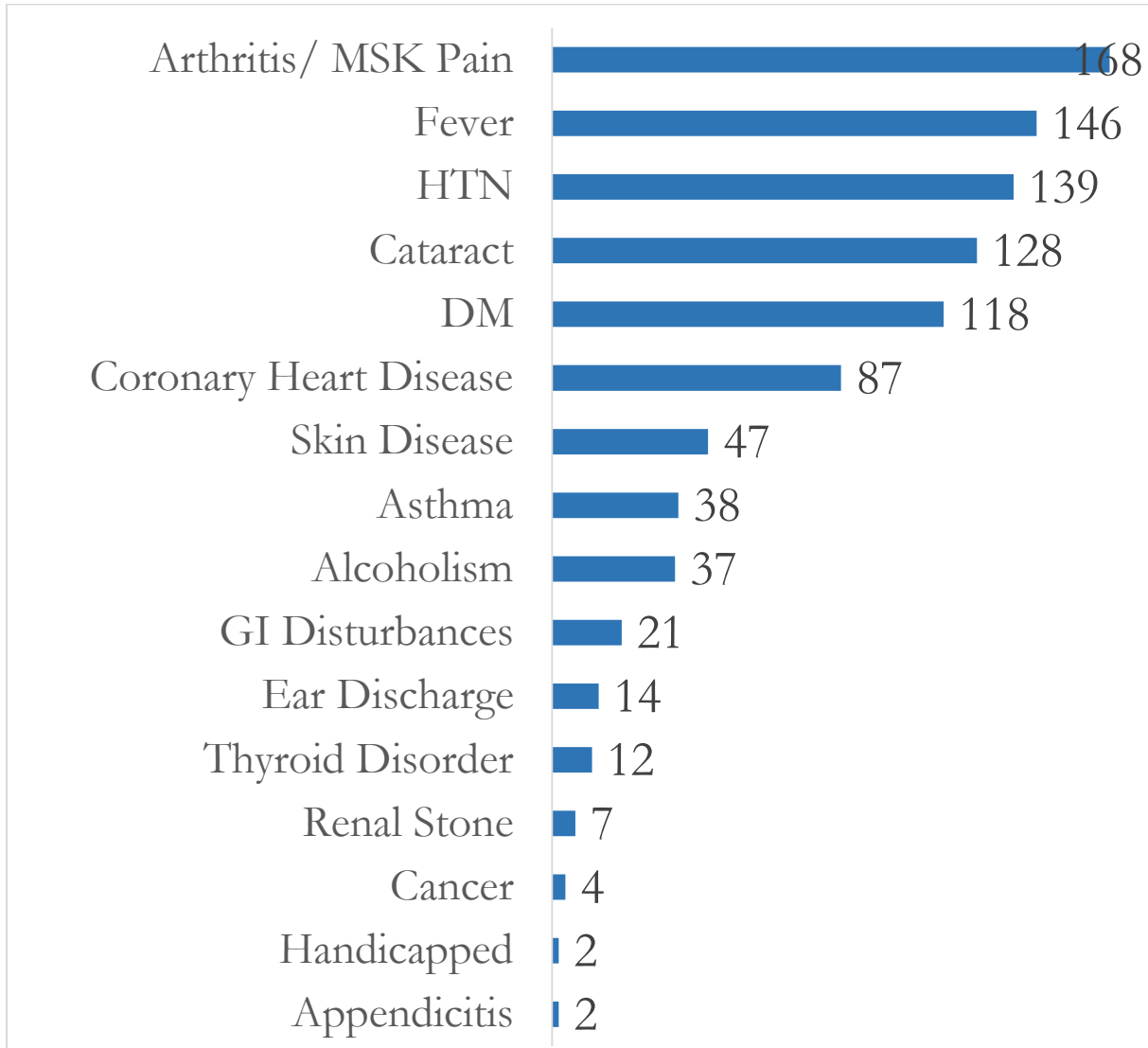
## **Unmet Needs of Family Planning**

- 40% couples were averse to the use of contraceptives
- All couples who had permanent contraception opted for tubectomy (female sterilization)
- Many women could not provide information about contraceptive use

## **Vaccination**

- Of 127 children parents of only 88 could provide information about immunization.
- Many did not produce immunization card.
- Routine immunization coverage is about 70% which is significantly less than the target of 95% under Mission Indradhanush
- MR campaign was successfully conducted in the ZP school

## Morbidity Profile



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## Addictions

- 37 people reported being addicted to alcohol.
- Country liquor was most commonly consumed daily.
- Significantly high portion (>15%) of per capita expenditure was spent on addictive substances



- Smoked Tobacco: 18
- Chewed Tobacco: 89
- Mishri: 9
- Smokeless tobacco use is common in adolescents and adults of both genders.
- Screening for oral lesions must be done

## Environment

- Poor Sanitation
- Dense vegetation
- Nala flowing in midst of houses.
- Clogged with plastics and fecal contamination present
- Open defecation still practiced

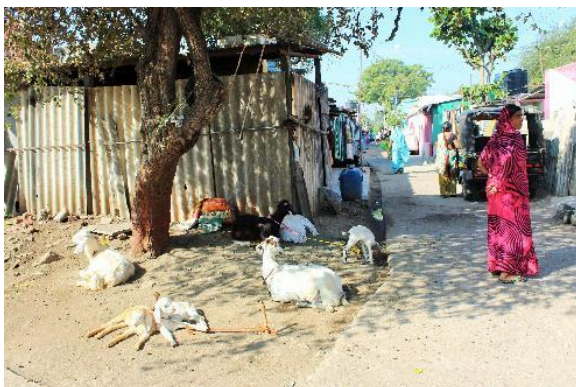
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## Housing

- Semi pucca and Kaccha houses with plastic sheets and poor ventilation and lighting.
- Breeding and resting place for vectors present

## Overcrowding

- Majority of households had overcrowding.
- Many had pumped water and separate toilets
- Domestic animals were kept in common area instead of sheds leading to health hazards



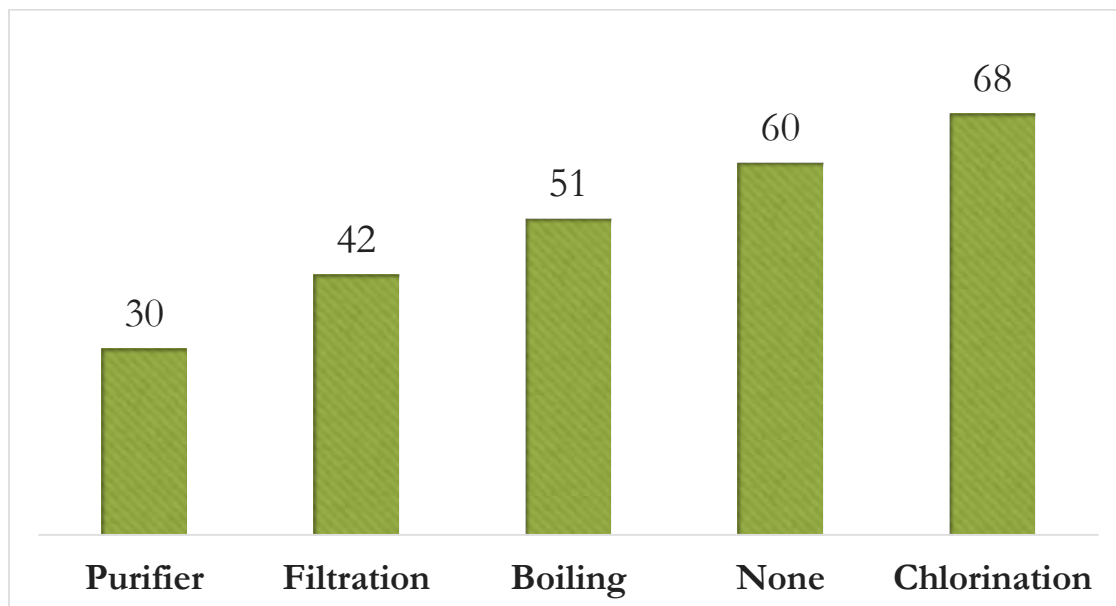
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## Water Supply

- Although majority of house holds had plumbing and tap water that was kept in overhead syntax tank. Bore well was used by others.
- Contamination of common water sources could be a possible source of outbreaks. Syntax tanks used for storage. Dry day not observed



## Water Disinfection



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## Cooking

- 204 families had cooking gas.
- But chullha, induction, kerosene stove was still in use in most of the houses



## Toilets

- Most houses reported having separate latrine
- Two public latrines were also present
- The school adjacent to the area also had separate latrines for girls





## Waste Disposal & Environmental risk Factors



## Schooling

Z P school was present adjacent to the area Urdu medium school and two anganwadis also present in the premises



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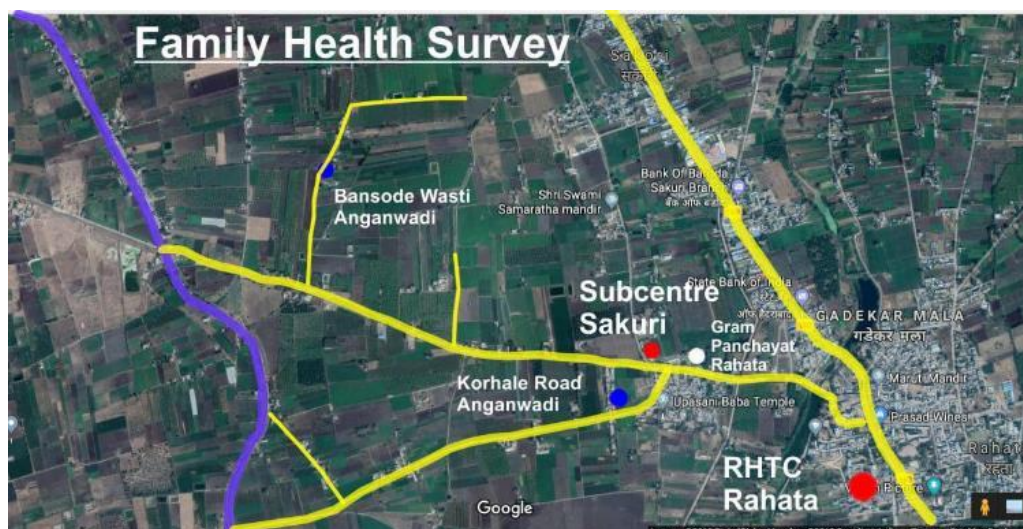
## Local Businesses



Area had small laundry, general stores, flour mill, tailors and other shops. Small businesses and proximity to market provided additional source of income. Local self-help groups, community associations and youth organization were active in the area

## Community Diagnosis

- Godavari vasahat is a rural slum with high proportion of vulnerable groups. That have lower income, education and quality of life as compared to surrounding areas.
- Access to health care and government programs is less
- Access to Reproductive and child health services is less.
- Health coverage is low
- Situated adjacent to highway
- Small houses situated in close proximity
- Less no. of landed farmers
- Higher percentage of population belonging to minorities
- Lower SES, lower education
- Poorer use of family planning services
- Higher levels of morbidity
- Poorer sanitation and higher environmental risk factors



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## Outreach Action Initiated Following Survey

### Establishing Linkage with Public Health System



### Health Education & IEC Campaigns on Sanitation



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## Health Check-ups at RHTC Rahata



## Establishing Linkages with Tobacco Cessation Services



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## Vaccination Drive



## Observing Days of Public Health Importance



## Memorandum of Understanding (MOU)

Signed

In between

Department of Community Medicine (PSM)

Rural Medical College,

Pravara Institute of Medical Sciences-DU

&

Village Sakuri of Taluka Rahata

To conduct

### Demography and Morbidity Survey of Sakuri Village

a) Role of RMC, PIMS-DU in family survey:

- Undergraduate students of Rural Medical College, PIMS-DU, Loni, shall visit your village once a week or as per schedule for next 4.5 years.
- Each student will be allotted 5 families which will be followed by him subsequently.
- He shall record all the relevant data about demography, socioeconomic status, environment, nutrition, immunization & Health status of family members.
- He/ she shall give health education to family.
- Needy persons will be referred to Pravara Rural Hospital, Loni for further investigations and treatment.

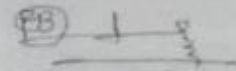
b) Role of Sakuri Gram Panchayat in family survey:

- Gram panchayat should do adequate publicity of the activities to ensure cooperation and participation.
- Gram panchayat should appoint one Gram Sevak as liaison for survey.

  
HOD

Dept. of Community Medicine  
RMC, PIMS-DU, Loni





Sarpanch

सरपंच

Sakuri Village

गा.पंचायत कार्यालय साकुरी

Tal: Rahata, Dist: Amravati