Original article

Community health programmes for health promotion in rural community of Nepal

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Introduction: Community-based health programme is one of oldest multidisciplinary programme which effect lives of individuals in the community. These programmes in community settings are implemented to promote reproductive health, to prevent unintended pregnancy and to promote access to reproductive and preventive health services and beside that these programmes have been working to provide immunization vaccine, sexual transmission infections, community health education, community sanitarily systems, awareness regarding safe drinking water.[2]

Objectives: to identify the community health programmes which has been accessed in rural and peripheral residential area of Kirtipur Municipality Machhegaun, Kathmandu.

Materials and Methods: An exploratory research design was followed with the help of semi-structured questionnaire and information was obtained from the pre-selected area. A household survey was done by door-to-door visit. A total of eighty females were included in the study and the respondents attitude was studied. The study was conducted during the month of May to June 2007. The questionnaire was pre tested among ten females and their responses were not included in the final analysis.

Results: Thirty seven females out of the eighty respondents were taken from nuclear family and rest forty three were from joint family. Further more in demographic variables showed most of respondents were in agriculture, which covers sixty five percentages. Other twenty five percentages were engaged in other fields, such as business, service daily wages etc. Hundred percentages of the respondents were covered by vaccines and fifty percentages females used permanent family planning and only 21.25 percentages used temporary family planning tools. But 28.75 percentages women did not use family planning tools. Majority of females got their first child between the age 20 to 39 year and rest 18.75 percentages got below 20 years and 25 percentages got above 40 years.

Conclusion: The respondents opinion was positive and, community health programmes were playing vital role in the community to promote health status of the people. The respondents felt that there was an unfair advantage of community health programmes lunched in the area and Government, non government health institute and private medical service providers were playing leading role to change people to healthy behavior.

Keywords: Community health, health promotion, healthy behavior, community people

Introduction

Advances in science and medicine including molecular biology, genetics, immunology and informatics have over the last few decades contributed significantly towards the improvement " of the health status of people all over the world. Newer drugs, vaccines, and new technologies in diagnostic and therapeutic interventions are being developed constantly. In order to meet the people's health needs, government of Nepal has been lunched various health

programs all over the country. [1]

In Nepal, many social organizations with various fields of social works are functioning. Their fields of services may vary but they are however interrelated if viewed from the angle of over all community welfare. The government alone cannot successfully implement any health programs unless the people themselves do not co-operate and actively participate in it. Hence, co-ordinated efforts of existing non-governmental organizations are essential to get maximum returns in the fields of social services.[1]

Community participation has been considered to be of major importance in health programs in the developing countries The wider range of activities, the greater the participation, and better the effect in the community health programs. Access to modern medication in the rural community is very low although series of service outlets are being provided by government. Government of Nepal has attempted service deliveries through extensive outlets for people in periphery. But there are many questions arising about quality, access of service and acceptance of services. Since a complete health system approach has not yet been considered, any progress report published by government or non government organization are found unable to reflect holistic situation of a health system. Traditional medicine exits in all cultures to some degree. The ministry of health and population, Government of Nepal realize that improvement in health care for its citizens is closely related to reducing poverty, improving literacy, reducing the rate of population growth, successful management of water and natural resources, and an improved infrastructure for delivery of services.[2]

Community is the organization which influences all kinds of community based programs. Direct relation between community people and community based organizations, particularly health promotion organizations determine the health status of such community. Community based health promotion requires actions at many levels.

Strategies provide people with health information, develop opportunities for people to make and practice healthful choices, encourage those choices through community support and provide economic and other incentives and policies that promote healthy choices. Individual, group, and community wide education initiatives are needed to influence health behavior change. [5,12,13]

Materials and Methods

Kirtipur Municipality, Macchegaun was selected for the study because it is semi rural settlement of Kathmandu, situated approximately 5 Kilometer west. A semi-structured questionnaire was developed and information was obtained from the pre-selected area. Randomly 200 households were selected but only 80 females were including in the study and respondents attitude was studied. A household survey was done by door-to-door visit. The study was conducted during the month of May 2007. The questionnaire was pre tested among 10 females and their responses was not included in the final analysis. Available published and unpublished data on the impact of community-based health programmes and its important, strategies and interventions on community health status outcomes were reviewed. Evidence was summarized systematically with use of statistical tools and categorized into 4 levels of evidence based on study size, location, design, and reported impact.

Results

Table: 1 Socio -demographic variable

Variables	Characteristics	Numbers	Percentage
Age	Below 20 years	15	18.75
	20-29 years	25	31.25
	30-39 years	20	25
	40 year above	20	25
	Total	**80**	**100**
Occupation	Agriculture	52	65
	Business	11	13.75
	Service	7	8.75
	Daily wages	6	7.5
	Other	4	5
	Total	**80**	**100**
Educational level	Illiterate	22	27.5
	Primary	37	46.25
	Secondary	14	17.5
	Higher secondary	4	5
	Above higher secondary	3	3.75
	Total	**80**	**100**
Family characteristics	Nuclear family	37	46.25
	Joint family	43	53.75
	Total	**80**	**100**
Marital status	Married	68	85
	Unmarried	12	15
	Total	**80**	**100**

Most of the women aged 25-29 years involved in the study. 18.75 percentages of women aged less than 20 years old knew less about community health programs that ran in the community. Majority of female (31.25 percentages) were found to be aware about community health programmes. More than 40 years old females were more aware than below 20 years old female. 65 percentages of females were

involved in agricultural. Only 8.75 percentages of women served the government and private jobs. 11 females out of 80 females were involved in business, like small shop in surrounding area. Only 7.5 percentages females were engaged in labor work.

The educational level of respondents showed that there were 46.25 percentages of females with primary education. Twenty two females were illiterate and three females had higher secondary education.

Table: 2 Coverage of vaccines

Vaccine	Number interviewed	Number and percentages vaccinated
BCG	80	80(100)
DPT	80	80(100)
Polio	80	80(100)
Measles	80	80(100)
Vitamin Capsules	80	80(100)
Others	80	80(100)

The vaccine provided by government was success in this study area. All of the respondents had taken all types of the vaccine provided by government of Nepal (Table 2).

Table 3: Use of family planning tools

Family planning methods	Number	Percentage
Permanent	40	50
Temporary	17	21.25
No use	23	28.75
Total	**80**	**100**

The use of family planning ration was also high in the study area. 50 percentage of the females used permanent family planning tools. 25 percentages of respondents were used temporary family planning tools. 28.75 percentages used no family planning tools.

Table 4: Age of mothers with first childbirth

Age of mothers	Number	Percentage
Below 20 years	15	18.75
20-29 years	25	31.25
30-39 years	20	25
40 above	20	25
Total	**80**	**100**

15 respondents (18.75%) out of total 80 respondents, got their first child below 20 years. In the same time most of females got their first child between 20-29 years which shows 31.25% (25 females). 25% (20) of respondents got their first child after 40 years and between in 30-39 years 25 respondents were got their first child.

Table 5: Mothers with living children

Number of children	Mothers	Percentages
Only one child	15	18.75
Two children	35	43.75
More than two children	30	37.5

Majority of respondents had two children which showed 43.75 percentages of total respondents. 15 respondents had single children. Whereas, 30 females had more than two children, which is 37.5% of total respondents.

Discussion

Health is not merely an issue of doctors, social services and hospitals. It is an issue of social justice" Access to Primary Health Care: is an universally accessible primary health services to all the people irrespective of their ability to pay. Community Participation and Community health programmes determine the health status of the community people. In this regards to find out the community health programmes working in Kirtipur Municipality, Machhegaun, a rural and peripheral settlement, the study was conducted. In this settlement the study and to find out that various Government, Non Government and private health Institutes are working together to promotion the health status of such rural community. The study shows that educational level of the women including the study was satisfactory. Illiteracy rate is lower than national illiteracy rate. Only 27.5 percentages of female were illiterate and remaining 72.5 percentages females were literate. Where as national data of women literacy shows that only 42.49 percentages are literate in the country. The study shows that literacy rate of Machhegaun females were good comparison with national data. Regarding the occupation, more than 84 percentages of Nepalese are still working in agriculture field but in this study 65 percentages of females were working in agriculture field and remaining 35 percentages were engaged in business, service, daily wages and others, respectively. Regarding the immunization vaccine, Ministry of Health, department of health service data showed that the coverage of individual vaccines in 2001/2002 were DPT 80%, OPV 80%, measles 75% and BCG 95% is lower than Machhegaun study result. In this study, immunization vaccine coverage was 100 percentages in the place, which is more successful than other area of the country. Regarding

the used of family planning tools, the study shows that 71.25 percentages of females used family planning pills whereas only 28.75 percentages of females did not use. The data of family planning association shows that only 39.2 percentages of females used family planning pills. Regarding this factor, the pattern of family planning use, female can be found more than comparison with whole nation females used. Regarding the utilization of service also was found to be better than our nation health service utilization. It is more because Public health concerns trust, Nepal (phect-NEPAL). It has been providing comprehensive service in the community and established much health awareness in the community. The birth interval of child also is notable in the study area. It may be the impact of either educational status or role of community health programmes, which are working in the community. The study shows that majority of female get their next child 3-5 years later. The age of first childbirth below 20 years is 15 percentages and above 40 years is 25 percentages, which might be of risk to mother and child both.

Conclusion

There is growing evidence that health status of community people of Machhegaun, Kirtipur was better. Adoption of family planning from community health programme is influential in their decisions to use a contraceptive method. The pattern of vaccine used in the community is very successful. Its coverage was 100 percentages. Below 2 years birth interval is only 10 percentages and access of health services is also not more far from the residential area. Utilization of the available health services was found 90 percentages.

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