An Urban Field Experience

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Introduction

As a part of the programme of integration of Public Health Nursing into Basic Nursing curriculum for third year student nurses, urban field experience was planned in consultation with the Preventive and Social Medicine Department of Karnataka Medical College, Hubli. The Professor and head of the department provided us with the field area and staff to assist the programme efficiently.

An urban slum in the Hubli township, nearer to the Hubli railway station was selected for the purpose (A distance of about 11 kms. from the K.M.C. campus). The slum has 120 families in total but as the number of 3rd year students were only 9, 45 familise were selected and surveyed by the simple random sampling method.

Analysis of the Survey

Totally, 45 families were surveyed by simple random sampling method.

TABLE I

Distribution of Families According to Type of Family

Type of family	*No. of families*	*Percentage*
1. Nuclear	34	75.50
2. Joint	9	20.00
3. Three generation	2	4.50
Total	45	100.00

TABLE II

Distribution of Families according to Social Classification

Social Class	*No. of families*	*Percentage*
I	0	0
II	0	0
III	15	33.50
IV	26	57.70
V	4	8.80
Total	45	100.00

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1. *Religion* : Christians were predominant in the area. Out of the 45 families, 37 (82.22%) families were Christian and the remaining 8 (17.78%) Hindus.

2. *Type of Family* : There is a trend towards nuclear families in the area. Majority (34) of families (75.58%) were nuclear and the remaining 9 (20.00%) families joint and 2(4.5%) families three-generation.

3. *Social Classification* : B.G. Prasad's Classification was adopted.

Table II shows that majority of these belong to class IV (57.70%). There was not a single family belonging to either Class I or Class II.

4. *Environmental Sanitaries*

a. Housing conditions : Majority of the houses were attached (93.4%) and the remaining were back-to-back (6.6%); there was not a single house which was detached.

b. Number of living rooms : About all the houses had either one or two living rooms, 41 (90.4%), and only 4 houses (8.8%) had three living rooms.

c. Type of floor

TABLE III

Distribution of Houses According to Type of Floor

Type of Floor	*No. of Houses*	*Percentage*
Pucca	12	26.60
Kutcha	15	33.30
Pucca Kutcha	18	40.10
Total	45	100.00

Table III shows that majority of the houses, 33 (73.4%), were either kutcha or pucca-kutcha; only 12 (26.6%) houses were pucca.

d. Floor space : If the per capita floor space is 50 sq. feet or more, then it was taken as adequate (no overcrowding) and less than 50 sq. feet was taken as inadequate (overcrowding). In the present study majority of the houses were overcrowded (75%).

e. Ventilation : Ventilation was very inadequate. In the majority of the houses there were no windows; 33 houses (66.6%). Cross ventilation was present only in 11.2% houses.

f. Roof

TABLE IV

Distribution of the Houses According to Type of Roof

Type of Roof	*No. of Houses*	*Percentage*
Thatched	13	28.70
Tiles	30	66.80
Tin Sheet	2	4.50
Total	45	100.00

Table IV shows that majority of the houses had tiled roof : 30 (66.80%). 13 houses (28.70%) were thatched.

g. Lighting : In majority of the houses (71.20%) there was inadequate lighting during day time. They were using kerosene (63.60%) and electricity (36.40%) during night. Chances of accident are more because of use of kerosene.

h. Kitchen : In all the houses the kitchen was attached. Smokevent was present in 1 (2.2%) of the houses. Soakage pit was present only in 1 (2.2%) of the houses and for the remaining it was surface drainage. In a majority of the houses bathrooms were situated in the kitchen itself.

i. Dampness : In majority of the houses dampness was present (55.5%).

j. Water Supply : Source of the supply was tap water but the storage of water was insanitary.

k. Refuse Disposal : In all the houses they dispose the refuse indiscriminately near the houses.

l. Disposal of human excreta : There were community latrines but they were used mainly by adult families. Adult males go for open-air defecation. Children usually defecate near the houses.

m. Mosquito and Fly Breeding : In all the houses there were fly and mosquito breeding places.

5. Nutrition : (Protective Foodstuffs)

i. Milk : Milk was regularly supplied by the Corporation but it was used by all the members of the family

ii. Fleshy Foodstuffs

TABLE V

Distribution of Families According to Consumption of Fleshy Food and Eggs

Frequency of Consumption	*No. of Families*	*Percentage*
Daily	8	17.78
Twice a week	15	33.33
Thrice a week	10	22.22
Weekly	12	25.67
Total	45	100.00

Table V reveals that only 8 (17.78%) families consume fleshy foods daily.

iii. Green leafy vegetables

TABLE VI

Distribution of families according to Consumption of Green Leafy Vegetables

Frequency of Consumption	*No. of Families*	*Percentage*
Daily	20	44.44
Twice a week	5	11.13
Thrice a week	15	33.33
Weekly	2	4.44
Occasionally	3	6.66
Total	45	100.00

Table VI shows that only 20 (44.44%) families consume green leafy vegetables daily.

6. Vital Statistics

Crude birth rate was 30.9 per thousand population and crude death rate 8.9 per thousand population. These low rates may be because of the small sample size.

7. Family Composition

TABLE VII

Age and Sex Composition

Age Group	*Male*	%	*Female*	%	*Total*	%
0-1	2	0.88	0	0.00	2	0.88
1-4	17	7.52	6	2.65	23	10.21
5-14	25	11.06	32	14.16	57	25.22
15-44	62	27.43	49	21.68	111	49.11
45-64	10	4.42	11	4.16	22	9.28
65 +	6	2.65	6	2.65	12	5.30
Total	122	53.96	104	46.04	226	100.00

Table VII shows that males were more compared to females. Children's population constituted about 36.3% which is less compared to the national figure.

8. Literary States

TABLE VIII

Distribution of Population according to Literary States and Sex

Literary States	*Male*	%	*Female*	%	*Total*	%
Illiterate	41	39.81	64	65.31	105	52.24
Literate	62	60.19	34	34.69	96	47.76
Total	103	100.00	98	100.00	201	100.00

Table VIII shows that excluding 0-4 age group literary state was 47.76%. It is more in males compared to females.

9. Immunization Status

Small Pox: 51.33% of males and 38.05% of females were immunized. *B.C.G.*: 19.47% males and 18.58% females were immunized against tuberculosis. *Oral Polio*: 9.7% of males 8.54% of females were immunized against polionyetilis. *D.P.T.* 14.63% of males and 17.08% of females were immunized with D.P.T.

Thus in general males were immunized more comparing to females.

10. Morbidity: 8.11% were sick at the time of survey. The morbidity conditionswere as in Table IX:

TABLE IX

Diseases	*No. of Sick Persons*
1. Diseases of the digestive system	2
2. Diseases of the nervous system and sense organs	2
3. Infection and parasitic diseases	2
4. Diseases of blood and blood forming organs	1

Discussion

From the above information collected the common problems identified were:

1. The housing conditions were poor with inadequate ventilation, light, kitchen, bathroom facilities, disposal of sewage, disposal of refuse, fly and mosquito breeding and inadequate floor space which are all health hazards.

2. Many children were not immunized.

3. Gastro-intestinal diseases were very common.

4. Almost all the people earn their livelihood by working in the railways and get only meagre income which is inadequate with the present cost of living.

Based on the above findings health education programmes were planned and conducted. Few common communicable diseases were selected. All the students have prepared visual aids and health education was carried out. The attendance for the health education included men, women and few school-going children. The Harijan Sangh leader and other local leaders took active part in the programme which was really encouraging.

Community Resourses

1. Social Agencies: (a) There is a nursery school. The teacher works from 8 a.m. to 12 noon. At 11 am all children are given mid-day meal and sent back to their own homes. (b) A Harijan Sangh is working for the welfare of the slum residents. The Sangh is financed by the Corporation of Hubli-Dharwar.

2. Facilities for Health Services: Railway Hospital for South Central Railway, Hubli Division, is situated at a distance of about 1 k.m. and people go there to take services. A mobile health services van is operated twice a week by the Department of Preventive and Social Medicine of K.M.C. Technical persons are from the K.M.C. and drugs are supplied by the city corporation.

3. Schools and colleges are in the various parts of Hubli township and the children go there for education.

No other resources are available.

Conclusion

Since the responsibility of the health services to the people in that area are taken over by the Corporation's health authority, we could not do much to carry out any services independently, but assisted the mobile services from K.M.C. and educated people on aspects of health during the visits to the individuals and familes and planned health education were carried out as mentioned.

Old Age Home

A Nursing Educator shortly retiring from service desires to start an old age home for the parents of those whose near and dear ones are not residing in India, but want them to be looked after well. The home is proposed to be situated in a semi-rural central Kerala District and placed under a trust. Any one who wishes to be associated with this endeavour in any capacity, may please write to:

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