

# **Internship Training**

at

**SHRI GURU RAM RAI (POST GRADUATE) COLLEGE, DEHRADUN**

**HEALTH STATUS AND AWARENESS AMONG THE PEOPLE OF THANO  
RAMNAGAR DANDA VILLAGE AND ADJOINING VILLAGES OF DEHRADUN  
DISTRICT, UTTARAKHAND**

By

Ajay Anand Bourai

Col

Enroll No. PG/2017/003

Under the guidance of

Assistant Prof. Raj Bahadur

HOD Deptt. of Economics

SGRR (PG) College

**Post Graduate in Hospital and Health Management**

2017-19



**International Institute of Health Management Research**

**New Delhi**

**(Completion of Dissertation from Respective  
Organization)**

**The Certificate is awarded to**

**Col Ajay Anand Bourai**

In recognition of having successfully completed his/her Internship in the department of

**HEALTH STATUS AND AWARENESS AMONG THE PEOPLE OF THANO  
RAMNAGAR DANDA VILLAGE AND ADJOINING VILLAGES OF DEHRADUN  
DISTRICT, UTTARAKHAND**

And has successfully his/her Project

Date.....

**HEALTH STATUS AND AWARENESS AMONG THE PEOPLE OF THANO  
RAMNAGAR DANDA VILLAGE AND ADJOINING VILLAGES OF DEHRADUN  
DISTRICT, UTTARAKHAND**

**SHRI GURU RAM RAI (POST GRADUATE) COLLEGE, DEHRADUN**

He comes across as a committed, sincere & diligent person who has a strong drive & zeal for  
learning.

We wish him all the best for future endeavors.

**Training & Development**

**SGRR (PG) College**

**Assistant Prof. Raj Bahadur**

**HOD Deptt. of Economics**

**SGRR (PG) College**

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that **Col Ajay Anand Bourai** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at **SGRR (PG) College** From ..... to.....

The candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirement.

I wish him all success in all his/her future endeavors.

**Dr. Pradeep k Panda**

**Dean, Academics and Student Affairs**

**IIHMR, New Delhi**

**Mentor**

**IIHMR, New Delhi**

## **CERTIFICATE OF APPROVAL**

The following dissertation titled

**“HEALTH STATUS AND AWARENESS AMONG THE PEOPLE OF THANO  
RAMNAGAR DANDA VILLAGE AND ADJOINING VILLAGES OF  
DEHRADUN DISTRICT, UTTARAKHAND”**

at **“SHRI GURU RAM RAI (POST GRADUATE) COLLEGE,  
DEHRADUN”** is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted it is Understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for Evaluation of Dissertation.

**Name**

**Dr. Nishikant Bele**

**Health IT**

**IHMR, Delhi**

**Signature**

\_\_\_\_\_

\_\_\_\_\_

## **CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE**

This is to certify that **Col Ajay Anand**, a graduate student of the **Post-Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. He is submitting this fulfillment titled “**HEALTH STAUS AND AWARENESS AMONG THE PEOPLE OF THANO RAMNAGAR DANDA VILLAGE AND ADJOINING VILLAGES OF DEHRADUNDISTRICT, UTTRAKHAND**” at “**SHRI GURU RAM RAI (POST GRADUATE) COLLEGE, DEHRADUN**” in Partial fulfillment of the requirement for the award of the **Post-Graduate Diploma in Health and Hospital Management**. This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

**Institute Mentor**

**Dr. Nishikant Bele  
Bahadur**

**Health IT**

**IHMR, Delhi**

**Organization Mentor**

**Assistant Prof. Raj**

**HOD Deptt. of Economics**

**SGRR (PG) College**

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT  
RESEARCH, NEW DELHI**

**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled ““**HEALTH STAUS AND  
AWARENESS AMONG THE PEOPLE OF THANO RAMNAGAR DANDA  
VILLAGE AND ADJOINING VILLAGES OF DEHRADUNDISTRICT,  
UTTRAKHAND**”

submitted by. **Col Ajay Anand Bourai**

Enrollment No. **PG/2017/003** Under the supervision of **Assistant Prof. Raj  
Bahadur, HOD Deptt. of Economics, SGRR (PG) College** for award of  
Postgraduate Diploma in Hospital and Health Management of the Institute  
carried out during the period from ..... to  
..... embodies my original word and has not formed  
the basis for the award of any degree, diploma associate ship, fellowship, titles  
in this or any other Institute or other similar institution of higher learning.

**Signature**

**Col Ajay Anand Bourai**

**Enrollment No. PG/2017/003**

## FEEDBACK FORM

- Name of the Student** : Col Ajay Anand Bourai
- Dissertation Organization** : shri guru ram rai (post graduate)  
college, dehradun
- Area of Dissertation** : Public Health in rural Area's of Distt  
Dehradun, Uttarakhand
- Attendance** : 90%
- Objectives achieved** : Yes (The Student has been able to  
understand we awareness level of heath  
Issues of people of Village Thano Distt  
Dehradun (U.K)
- Deliverables** : The Study has reveled that General  
Awareness of people in Village Thano is  
Above and people are health Conscious  
about Health Issues
- Strengths** : The student having knowledge about Heath  
care Delivery system in Indian Rural Areas. It  
was  
easy for him to assimilate exiting dynamics of  
Awareness of people about Health Issues in  
Village Thanu Distt Dehradun (U.K)
- Suggestions for Improvement** : For more real times understanding of ground  
realities if reasible the Summer Training  
Period can  
be increased.
- Suggestions for Institute** : Nil

**Signature of the Officer-in-Charge/Organization mentor (Dissertation)**

**Date:**

**Place:** Dehra dun

## *Acknowledgement*

The significance of present study is confined to Health Status in Hill Rural Regions in Uttarakhand due to difficult geographical conditions and poor agricultural and industrial output.

At this proud moment it is my privilege to thank all those people who helped me during this course of study. First and foremost I owe the profound feelings of devotion to my worthy mentor Dr. Nishikant Bele.

I owe my sincere thanks to Dr. Raj Bahadur, Associate Prof., Dept. of Economics SGRR (PG) College, and Prof Vinay Anand , Principal SGRR (PG) College Dehradun Uttarakhand.

I also owe my sincere thanks to Mr Radheyshyam Bahuguna Gram pardhan of villages under study the staff of Primary Health Center of Thano village and ANM Mrs. Kusum Rawat, ASHA worker Mrs Sarita Chamoli, HEALTH Inspector Mrs. Pushpa Thapa and Dr. Arvind Kukreti.

I am also highly indebted to Mr. Ramji Srivastava, for helping me in compiling this report.

Col Ajay Anand

2nd Year Student  
IIHMR

New Delhi

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## **Abstract**

### **Health status and awareness among the people of Thano Ramnagar danda village and adjoining villages of Dehradun district, Uttarakhand**

Uttarakhand is the 27<sup>th</sup> state of the Republic of India and was carved out of Uttar Pradesh on 9<sup>th</sup> November 2000. Uttarakhand is one of the states of India having total area of 53,483 sq.km. Currently density per sq.km. in Uttarakhand is 189 per sq.km. Which stand less than National average density of India, currently being at 382?

A study on Health status and awareness among the people of Thano Ramnagar danda village and adjoining villages of Dehradun district, Uttarakhand has been carried out during March 2019 to May 2019. The study area has been restricted to few villages in Thano complex. A comparative assessment has been done based on a study carried out in year 1992-94 for a project evaluation of University of Calgary Canada.

The study has been carried out to study Awareness level and Health status in the community and changes over a period of time of various interventions by Govt and community itself in rural public health sector. The project is a cross sectional study aimed at checking the Status and awareness about health issues amongst community. Researcher has used convenience sampling method to collect the primary data, with the help of structured questionnaire. The results of study shows there is a mark of change in the health status and Awareness level of people.

**Key words:** Health, Awareness, community, Population, Density, change

## **Introduction**

1. All Health Community have certain level of Awareness on health issues depending on their educational standards social outlook and availability of health services and the geographical conditions of the area. The community has all classes of economic standards and different income groups. The rural areas generally have greater percentages of poor and below poverty line due to lower income levels,
- 2 The knowledge and awareness towards health is generally absent due to various reasons, their educational standards economic standards and lack of involvement of people and community in to health awareness programmes. The one of the major facet is economic standards, which affects the education, nutrition, understanding and awareness about the health and existing health facilities in the surroundings.

## **Objective:**

- 1 Assessment of awareness and knowledge of the People about their Health issues in village Thano Ram nagar danda district Dehradun, Utrakhand. Assessment of awareness and knowledge about their Health issues in village
- 2 To assess how much importance they give to health
- 3 Whether people in village are aware of importance of health issues, do they possess good knowledge, attitude and practice about Health related issues.
- 3 The importance of personnel proactive measures in preventive and primordial health care.
- 4 Health status in villages as compared to earlier in year 90'

## **Methodology:**

- 3 The project is a cross sectional study aimed at checking the Status and awareness about health issues amongst community of villages selected for study in the Area off Thano village of Dehradun district of Utrakhand. Researcher will use Random

convenient sampling method to collect the primary data, with the help of structured questionnaire.

The summary of research methodology is as under:-

- **Study Design:** Descriptive and Cross sectional study
- **Location of the Study:** Village Thano Ramnagar danda District Dehradun.  
**Uttrakhand**
- **Duration of the study:** The study will be conducted over a period of 30-40 days.
- **Sample size:** Work task force 15-59.years sample size 20
- **Sampling Technique:** Convenience sampling.
- **Data Collection Tools:** Observation / and Structured Questionnaire.
- **Data Analysis:** Excel for data analysis/simple stastics
- **Expected Outcomes/ Deliverables**

4. The expected outcomes/deliverables are as given below:-

- a) Whether people in village are aware of importance of health issues, do they possess good knowledge, attitude and practice about Health related issues?
- b) Are the patients affected by their Education, knowledge and Economic standards towards health issues?
- c) Are the patients have adequate knowledge of various facets in keeping them away from life style diseases?
- d) The importance of personnel proactive measures in preventive and primordial health care.
- e) Is health care awareness provided to people by Health Care Workers on preventive health care issues related to health?
- f) Last but not the least to recommend suggestion, if any?

### **About the organisation from head of institution**

The higher education system in our country has expanded at a very fast pace, especially during the last fifteen years, so much so that there has been a manifold increase in the number of universities, colleges, teachers and students. However along with expansion, evaluation and assessment of institutions of higher education is equally important. That's why NAAC was established in 1994 to assess and accredit universities and colleges. I am glad to inform you all that our college is among those institutions which have taken a lead in getting themselves assessed under the new accreditation system of NAAC scoring CGPA of 3.04 on a scale of 4. There are a total of five Faculties in our college, namely faculty of Arts, Faculty of Science, Faculty of Agriculture, Faculty of Education and Faculty of Commerce, imparting education to students from different corners of India. Our Faculty members regularly attend orientation/refresher courses to keep them abreast of latest developments in their respective subjects. The college is engaged in the task of dissemination of knowledge through organizing seminars, conferences, workshops etc. Depts. of our college have been granted Major / Minor research projects by the UGC/DST etc whereas some departments of the college are engaged in collaborative Research`projects.

Depts. of Chemistry, Maths, Botany, Geology, English and Economics are centres of Ph.D. program. A good number of our students qualify NET, SLET,GATE every year. Our College also has a Women's Studies Centre (A UGC sponsored project) which was established in August, 2010. Since then the Centre has organized several conferences, workshops and training programs.

The NCC, NSS & Rover Rangers units in the college are being run with full dedication and gusto. At present there are 3 units of NCC and 3 units of NSS and one unit of Rovers and Rangers. NCC cadets & NSS volunteers regularly take part in

health and literacy drives and all other programs of national integration. In the Inter-collegiate cultural competition held at HNB Srinagar, our college team comprising 21 members won many prizes.

Our college is connected with INFLIBNET, under which 97,000 e-books and 6000 e-journals are available on line. Besides this, latest books required for various subjects are being bought for the college library. Bar-coding of books is almost complete. Another notable feature (in the form of a Nobel Laureates' Books) has been added to the library this year.

Due to the all round progress made by the college in the last few years, it has been able in attracting the best and the brightest students, from all parts of the country, with the result that 93 INSPIRE students have taken admission in academic session 2013-2014. Many of our students have obtained top ranks in the university Merit List. In the field of sports, our students have brought laurels to the college. Students of our college have been selected for HNB University team to take part in North Zone/ All India Inter University Tournaments.

Faculty members of our college have been delivering lectures through EDUSAT/MMRC for the students studying in remote hill areas. As regards linkages with International academic bodies, I am glad to say that an agreement on International Educational Co-operation between Shri Guru Ram Rai Education Mission (SGRREM) and Federal State Budget Educational Institutions of Higher Professional Education, Kostroma State Technology University Kostroma (Russia) has been signed.

. In the end I would like to conclude with the famous words of Nelson Mandela that "education is the most powerful weapon which we can use to change the world". I hope all our stake holders would whole heartedly co-operate with us in the task of transforming society by building a better tomorrow through the medium of education.

## Geographic location of Uttarakhand

Uttarakhand is the 27<sup>th</sup> state of the Republic of India and was carved out of Uttar Pradesh on 9<sup>th</sup> November 2000. Uttarakhand is one of the states of India having total area of 53,483 sq.km. Currently density per sq.km. in Uttarakhand is 189 per sq.km. Which stand less than national average density of India, currently being at 382.



State profile of Uttarakhand demographical and geographical details socio-demographic profile of the state sizes of the villages in Uttarakhand

Districts	Villages with Pop.	Villages with Pop. 501-2000 (%)	Villages with Pop. >2000 (%)
Uttarkashi	75.7	23.2	1.1
Chanolli	85.2	14.6	0.2
Rudraprayag	8.8	20.8	0.4
Tehri Garhwal	82.4	17.3	0.3
Dehradun	76.9	24.3	8.8
Pauri Garhwal	94.6	4.9	0.5
Pithoragarh	87.9	11.5	0.6
Bageshwar	86	13.5	0.5
Almora	86.7	13.2	0.1
Champawat	84.8	14.3	0.9
Nainital	75.3	23.2	1.5
Udham Singh Nagar	30.6	52.1	17.3
Hardwar	19.2	45.9	34.9
UTTARAKHAND			

### **Why health is important**

Health is an important aspect of life, which is invariably ignored and given very less importance especially in Indian context, the absence of health services and ignorance about the subject makes it more vulnerable for people of a society. Awareness about health related issues is becoming more and more important every day and needs a careful handling of health issues in day today life, losses to system and economy due to bad health are numerous in nature and added disadvantage of bad health is poor quality of life, depleting economy and many more socio economic aspects which affect a person or his family and his dependants in more than one way.

People at a time don't even know that what kind of health issues they are suffering from it happens due to lack of knowledge about health related aspects and lack of health services. People at a times perceive health issues and mistaken them to some kind of religious matter especially in rural Areas. Devi devta ojha jhar foonk still take important place in rural Indian context. Health Awareness about basic health issues such as hygiene cleanliness visit to villages and outreach to community has been aimed in study "Health status and awareness among the people of Thano Ramnagar danda village and adjoining villages of Dehradun district, Uttrakhand"

'the study is observational cross sectional study with focusing on village Ramnagar danda and close by villages around Ram nagar danda of Thano range.

The village is emerging as an important communication point as some important roads pass through the village, and large no of people have migrated from Garhwal higher altitudes and settled here some have purchased houses and lands for their own business and Agriculture. Reverse Migration has taken place due to people serving in forces and other services are returning back.

During the study an intensive interaction was made with the villagers and interviews were carried out to explain people what exactly the study involve each respondent's informed consent was taken and village pardhan addressed the people about benefit of the study for them.

Mr Radhey shyam Bahuguna who is 74 years old is Gram pardhan of Thano Ram nagar danda for last 3 decades and holds a very positive outlook and image in the village. As Gram pardhan he has undertaken many health related issues at task to improve health and hygiene of village. The gram pardhan mentioned about village about 20 years back and now In Year 1994 he took imitative and ensured clean water supply in village from far off watersheds to give fruit to the scheme under taken by World Bank.

**Socio Demographic profile Thano Ramnagar danda village - 1990s Prospective:**

Thano was a small village located in Rishikesh Tehsil of Dehradun district, Uttarakhand with total 28 families residing. The Thano village had population of 131 of which 75 are males while 56 are females as per Population Census 2001.

In Thano village population of children with age 0-6 is 13 which make up 9.92 % of total population of village. Average Sex Ratio of Thano village is 747 which is lower than Uttarakhand state average of 963. Child Sex Ratio for the Thano as per census is 857, lower than Uttarakhand average of 890.

Thano village had higher literacy rate compared to Uttarakhand. In 2011, literacy rate of Thano village was 79.66 % compared to 78.82 % of Uttarakhand. In Thano Male literacy stands at 76.47 % while female literacy rate was 84.00 %.

4. Thano was a small village located in Rishikesh Tehsil of Dehradun district, Uttarakhand, with total 28 families residing. The Thano village has population of 131 of which 75 are males while 56 are females as per Population Census 2011.

### **Population Statistics of Village Thano (Census 2001) 2001 scenario**

Particulars	Total	Male	Female
Population	131	75	56
Child(0-6)	13	07	06
Scheduled Caste	27	13	14
Scheduled Tribe	04	0	04
Literacy	79.66%	76.47%	84%
Total Workers	63	51	12

5. In Thano Ramnagar danda village population of children with age 0-6 is 13 which make up 9.92 % of total population of village. Average Sex Ratio of Thano village is 747 which are lower than Uttarakhand state average of 963. Child Sex Ratio for the Thano as per census is 857, lower than Uttarakhand average of 890.

6. Thano village had higher literacy rate compared to Uttarakhand. In 2011, literacy rate of Thano village was 79.66 % compared to 78.82 % of Uttarakhand. In Thano Male literacy stands at 76.47 % while female literacy rate was 84.00 %. As per constitution of India and Panchyati Raaj Act, Thano village is administrated by Sarpanch (Head of Village) who is elected representative of village. Schedule Caste (SC) constitutes 20.61 % while Schedule Tribe (ST) were 3.05 % of total population in Thano village.

In Thano village out of total population, 63 were engaged in work activities. 31.75 % of workers describe their work as Main Work (Employment or Earning more than 6 Months) while 68.25 % were involved in Marginal activity providing livelihood for less than 6 months. Of 63 workers engaged in Main Work, 0 were cultivators (owner or co-owner) while 0 was Agricultural laborer.

Particulars	Total	Male	Female
Total No. of Houses	<b>28</b>	-	-
Population	<b>131</b>	75	56
Child (0-6)	<b>13</b>	7	6
Schedule Caste	<b>27</b>	13	14
Schedule Tribe	<b>4</b>	0	4
Literacy	<b>79.66 %</b>	76.47 %	84.00 %
Total Workers	<b>63</b>	51	12
Main Worker	<b>20</b>	-	-
Marginal Worker	<b>43</b>	38	5

Schedule Caste (SC) constitutes 20.61 % while Schedule Tribe (ST) were 3.05 % of total population in Thano village.

In Thano village out of total population, 63 were engaged in work activities. 31.75 % of workers describe their work as Main Work (Employment or Earning more than 6 Months) while 68.25 % were involved in Marginal activity providing livelihood for less than 6 months. Of 63 workers engaged in Main Work, 0 were cultivators (owner or co-owner) while 0 were Agricultural labourer.

## **Thano Ramnagar Danda Population and demographical profile 2019 prospective:present prospective**

Thano Ramnagar Danda is a village located in Rishikesh Tehsil of Dehradun district, Uttarakhand with total 404 families residing. The Ramnagar Danda village has population of 2086 of which 1073 are males while 1013 are females as per Population Census 2011.

In Ramnagar Danda village population of children with age 0-6 is 258 which makes up 12.37 % of total population of village. Average Sex Ratio of Ramnagar Danda village is 944 which is lower than Uttarakhand state average of 963. Child Sex Ratio for the Ramnagar Danda as per census is 911, higher than Uttarakhand average of 890.

Ramnagar Danda village has higher literacy rate compared to Uttarakhand. In 2011, literacy rate of Ramnagar Danda village was 87.36 % compared to 78.82 % of Uttarakhand. In Ramnagar Danda Male literacy stands at 95.31 % while female literacy rate was 78.99 %.

As per constitution of India and Panchyati Raaj Act, Ramnagar Danda village is administrated by Sarpanch (Head of Village) who is elected representative of village.

Particulars	Total	Male	Female
Total No. of Houses	404	-	-
Population	2,086	1,073	1,013
Child (0-6)	258	135	123

Particulars	Total	Male	Female
Schedule Caste	370	183	187
Schedule Tribe	2	2	0
Literacy	87.36 %	95.31 %	78.99 %
Total Workers	650	499	151
Main Worker	468	-	-
Marginal Worker	182	120	62

The study aims at understanding the behavior and perception towards health related issues in village Ramnagar danda Thano.

district, Uttarakhand with total 404 families residing. The Ramnagar Danda village has population of 2086 of which 1073 are males while 1013 are females as per Population Census 2011.

### **Population profile Ramnagar Danda Thano - Dehradun, Uttarakhand**

Ramnagar Danda is a village located in Rishikesh Tehsil of Dehradun

In Ramnagar Danda village population of children with age 0-6 is 258 which makes up 12.37 % of total population of village. Average Sex Ratio of Ramnagar Danda village is 944 which is lower than Uttarakhand state average of 963. Child Sex Ratio for the Ramnagar Danda as per census is 911, higher than Uttarakhand average of 890.

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rate was 78.99 %.

As per constitution of India and Panchyati Raaj Act, Ramnagar Danda village is administrated by Sarpanch (Head of Village) who is elected representative of village.

### **Map of Village Thanno Ramnagar danda**



### **About Ram nagar DandaThano:**

Thano is a Village in Raipur Block in Dehradun District of Uttarakhand State, India. It is located 24 KM towards East from District head quarters Dehradun. 14 KM from Raipur. 22 KM from State capital Dehradun.

Thano Pin code is 248143 and postal head office is Bhogpur (Dehradun).

Sindhwal Gaon ( 4 KM ) , Bhogpur ( 4 KM ) , Talai ( 5 KM ) , Nahi Kalan ( 7 KM ) , Ranipokhri Mauja ( 7 KM ) are the nearby Villages to Thano. Thano is surrounded by Raipur Block towards North , Narendra Nagar Block towards East , Rishikesh Block towards South , Dehradun Block towards west .

Dehradun , Rishikesh , Chamba , Mussoorie and are the near by Cities to Thano.

### **Demographics of Thano Range VILLAGES**

Hindi is the Local Language here.

### **Politics in Thano Range**

BJP , INC are the major political parties in this area.

### **Polling Stations /Booths near Thano Range**

- 1)Jolly Grant
- 2)Athurwala (koti)
- 3)Sateli Gerwal
- 4)Nunnawala
- 5)Chandmari

### **How to reach thano range**

#### **By Rail**

Harrawala Rail Way Station is the very nearby railway stations to Thano Range By road it is connected from Dehradun and Rishikesh.

#### **By Air**

For past about 20 years fully operative airport is there about 6 Km from Thanno village.which is likely to be converted in to international Airport very soon with integrated project of smart city.

### **Pincodes near Thano Range**

248008 ( Raipur(O.F) ) , 248143 ( Bhogpur (Dehradun) ) , 248005 ( I.I.P. )

### **Schools and Colleges near Thano Range**

Paras International Public School

Address : Purshotam-farm, Khadri Road Shyampur

G.i.c. Nimral Deepmala

Address : Shyampur ,Ddoiwala , Dehradun , Uttarakhand . PIN- 249204 , Post - S.N.

Temple

Centre School I.i.p.

Address : mohakampur , doiwala , dehradun , Uttarakhand . PIN- 248005 , Post - I.I.P.

Newly

Bhagirithi Vidyalaya

Address : haripur kalan , doiwala , dehradun , Uttarakhand . PIN- 249205 , Post -

Raiwala

G.i.c. Bullawala

Address : bullawala , doiwala , dehradun , Uttarakhand . PIN- 248140 , Post – Doiwala

**Govt Health Centers near Thano Range**

- 1) Baldogi , Baldogi PHC , Baldogi , Govt. Inter College Baldogi
- 2) Gadoli , Gadoli Subcentre , Gadoli , Junior Highschool Gadoli
- 3) Banchoura , Banchoura PHC , Banchoura , Inter College Banchora

**Health facilities in uttrakhand**

FARE UTTRAKHAND

S. No.Items		Year/ Period	Unit	Statistics
(A)	<b>State Allopathic Hospitals and Dispensaries</b>			
(i)	District Level Hospitals	2009-10	No.	12
(ii)	District Female Hospitals	2009-10	No.	7
(iii)	Base Hospitals	2009-10	No.	3
(iv)	P.H.C./Additional P.H.C.	2009-10	No.	250
(v)	Community Health Centres	2009-10	No.	55

S. No.Items		Year/ Period	Unit	Statistics
(vi)	State Allopathic Hospitals	2009-10	No.	322
(vii)	Joint/ Women Hospitals	2009-10	No.	39
(viii)	Tehsil/ Distt. Level Post Portem Centres	2009-10	No.	24
(ix)	Health Posts	2009-10	No.	9
(x)	Tuberculosis Hospitals/Clinics	2009-10	No.	18
(xi)	Leprosy Hospitals	2009-10	No.	3
(xii)	Beds in Govt. Hospitals	2009-10	No.	8075
<b>(B)</b>	<b>Family Welfare Services</b>			
(i)	Women & Child Welfare Centres	2009-10	No.	2
(ii)	Main Centres	2009-10	No.	84
(iii)	Women & Child Welfare Sub-Centres	2009-10	No.	1765
<b>(C)</b>	<b>Ayurvedic &amp; Unani Hospitals</b>			
(i)	Ayurvedic Hospitals	2009-10	No.	540
(ii)	Unani Hospitals	2009-10	No.	5
<b>(D)</b>	<b>Homeopathic Hospitals/Dispensaries</b>	2009-10	No.	107

## **Review of literature**

The review of literature is done based on studies carried out in the area of thano Ramnagar Danda and villages close by various studies on health related subject have been consulted and studies thoroughly.

project evaluation of Himgravika sury dhar Thano complex Dehradun Uttarakhand “a study oof sustainable development of health project with income generation Programme”

Study carried out in mid 90s and shows poor health services in garhwal and sury dhar complex and thanno village

The health services were very poor. The areas of study were devoid of health services. The population living in the urban area of thanoo village have an increment. The most of the population illiterate and with poor income levels.

There were no health services but only one primarily centre was functional at village Raipur and small hospital at distant village of Bhogpur, which was a big problem for the people of these villages to reach for treatment or any other medical urgency to health care centers.

The area was devoid of basic facilities such as water, electricity, schools health services lack of employment and lack of irrigation facilities, which were resulting in migration and misery among the people. Health was a major concern and no health facility was available close by therefore forcing the people to either resort to traditional treatment or spend heavily to go for treatment to nearby city hospital or villages with health centers.

The treatment by ojhas and pooja path was also an alternate for the treatment which was greatly responsible for further complicating the Ailments and leading a treatment beyond control and thus causing further delay and complication in treatment.

**Socio economic wellbeing and mental Health profile of Rural Hill Women of Uttrakhand A study carried out by Dr Lata pande Jyoti Tiwari and chavvi Arya.**

The study highlights that the women belonging to hill regions bear a brunt of all the conditions and problems in hill regions. The role of women has been defined as multi-dimensional as they hold added responsibility of Agriculture and livestock production, making arrangements for fuel and water for entire household.

Women in hills are most disadvantaged in terms of their health and nutritional standards and status, They have less access to basic resources such as health care facilities.

Education and employment opportunities are very less and fewer opportunities available to enhance their social circles.

The study was conducted in Almora district of Uttrakhand. The sample size of study was selected by using Multi stage proportionate stratified sampling technique. 250 respondents were selected and study period was Dec 2005 to Feb 2008 about three years. Questionnaire cum observational model was adopted.

Results of study shows that in the selected Area caste system is dominant. Out of 250 respondents Christians were found in minority Area was dominated by Brahmins and Thakurs.

Results show 46% households had high sex ratio, while remaining 54% had low sex ratio. The important treatment given to boys over girls, female infanticide, neglect of female infants, early marriage, death during pregnancy, bad treatment with women and hard work given to women were highlights

### **Economic and Health Status and Awareness among the women living below poverty line in villages of Raipur block of Uttarakhand by Kavita Rawat**

The aim of this study was to understand social fabric and cultural barriers and responsibility in the villages, and to understand socio economic status and its impact on health awareness among the women living below poverty line.

To study about socioeconomic and cultural structure and its impact on the women's awareness about health. To find out about the contribution of women in rural areas.

The Results of study shows that poverty and hunger elimination is possible by food security and to overcome the gap between poor and rich by to ensure all the programmes implemented by governments be made Available to Rural poor.

The programmes for upliftment of rural poor women be focused on the women empowerment in the various fields of life programmes family welfare and Health aspects be looked into.

### **“Assessing the knowledge level of Anganwari workers on growth monitoring and counseling services under ICDS in three blocks at Jamnagar districts of Gujrat”**

Objective of the study were to assess the current knowledge among the Anganwari workers on growth monitoring of children enrolled in Anganwari centre and counseling of beneficiary, cross sectional study with convenience sampling was under taken

The study finding highlight of AWWs having knowledge regarding the services provided under ICDS at AWC. In terms knowledge regarding the weight gain by the children 67% AWW don't have proper idea and knowledge. 75% of AWW don't know how to use electronic weighing machine to weigh the children even after training.

### **Assessment of knowledge of Public sector health care providers in dehradun districts**

Health centres should be strengthened to provide adolescent friendly health services to enhance utilisation We conducted a cross-sectional survey among adolescents 10-19

years in the urban Dehradun and rural Chakrata block of the Dehradun District. We used cluster sampling with sample size 680 each in urban and rural areas. We collected data from adolescents using semi structured questionnaire on health awareness and utilisation of health care services. Public sector health care providers were surveyed about their knowledge and practices regarding adolescents health.

**Results:**

We surveyed 1463 adolescents. The overall mean age was 14.4 (2.6) years, about half being females. Half of the adolescents who had any illness used the public sector. Awareness about anaemia was 48% in urban and 12% in rural areas. A higher proportion of females (Rural: 89%, Urban: 76%) were aware of condoms as contraceptives than males (Rural: 68%, Urban: 12%). Only 62% of doctors and 49% of paramedical staff had knowledge regarding services under Adolescents Reproductive and Sexual Health (ARSH).

**HEALTH INFRASTRUCTURE IN VILLAGE THANO AND CLOSE BY VILLAGES**



## Village and panchayati Raj Institutions



**Analysis of health status and awareness among the people of Thano Ramnagar danda village and adjoining villages in Dehradun district, Uttarakhand**

Ramnagar danda, Thano is a small village of Dehradun district. This village was in the headlines of Newspapers, Radios and Door Darshan (TV) in 1994 Oct. due to lack of Health facilities and unhygienic living conditions in the area. The local elected bodies at that time took initiative and resolved many problems such as clean drinking water and many other issues were raised the requirement of a hospital a primary health centre etc.; when the Director and founder of HIMGRAVIKA had given all the problems related to villages nearby in the form of representation, to the Government of UP.

These areas and villages lacked basic health structure and health facilities. A study conducted in the year 1993 explains that villages were deprived of Basic amenities before the interventions of HIMGRAVIKA a NGO working with the Aid from Indo Canadian development Agency. During the political process and elections people had spoken clearly that they are not happy with any political setup in Uttarpradesh, because no one has done anything for the development of their villages other than a private NGO HIMGRAVIKA.

There were many problems in these villages adjoining Thano Ramnagar danda for example there was only a narrow channel of water for irrigation purposes, which was insufficient, for the farmers to irrigate their fields no clean drinking water facilities no health facilities only a school up to class 8th and people had to visit to nearby towns or bigger villages for basic facilities, electricity was in very few houses and just 12m narrow road very few bus services and disruption of these services during bad weather was a fact of villagers of Thano Range. About 60 years ago there was no problem for water supply due to heavy rains, but now in summer Water sources start depleting and even drinking water at a times is in short supply, there was no work for farmers, for the want of sufficient water supply for irrigation.

The villages Thano was a cluster of many villages. In this complex Primary Health Centers was working for the upliftment of health standards of the rural poor. According to the data (1993) collected researcher considered that this complex consisted of 30 to 40 villages, the population of these villages was benefited by this social Rural Health Development project run by a NGO. After the creation of Uttarakhand the complex is converted into eight villages only. The health services provided by one center now it is being provided by approximately four health centers.

During this study due to paucity of resources and time singularly data collection effort by the student we have restricted the study to only one small village Thanno Ramnagar danda. A sample size of 60 has been taken as cross sectional data a comprehensive tool, A questionnaire has been prepared as villagers are comfortable in hindi language and researcher also has mother tongue as hindi same has been prepared in hindi.

The questionnaire has 25 questions which seek an answer to analyse the objectives of the study and an effort has been made to ensure that questionnaire is objective centric to study and answers take the study towards the objectives considered in the beginning of study about health awareness among the people of village Thanno ramnagar danda

### **Thano complex 1990-2019 prospective**

Thano complex mainly consists of three cluster of villages Gunjawala ,Migawala and Ramnagar danda co located with a primary health centre for about 35- 40 villages the health centre covers the entire villages of region and has been recently converted and being developed as Health and wellness centre. AYUSH and allopathic doctors are available for patients and is a busy Primary Health care centre. The general structure and functioning appeared to be of good standard during an observation and appeared to be

fully kitted. The village is running independently a Swajal Swach Yojna for clean drinking water since 1994 by tapping water sheds in higher hills the initial infrastructure like pipeline and other material was provided by the aid from world bank. The gram pardhan who is holding the appointment of Gram panchayat for past three decades, has taken keen interest in improving health and hygiene matters of village and clean drinking water to villagers.

Earlier There was no electricity in village. There was no permanent supply of drinking water. The available water was not suitable for the drinking purposes. ,during discussion with the community and interviews and “The need assessment survey of Thano village shows that the people were usually suffering from Gastro-entrist diseases before the water filtration plant was settled,with the Aid of world bank. The male female ratio in rural Garhwal shows that the number of female proportionately to male is higher. The just opposite is the situation in the urban areas of Garhwal, the ratio of male in comparison to female is quite high. This shows that the Male population has to migrate towards he urban centers for some or the other reasons. Usually the male population migrates for jobs.

Health services in Thano were also very poor. Like other villages in this area of Garhwal, was also not directly connected to the main city. The way is very rough and rocky which connects this village to the city, where proper medical facilities are available. We can imagine about the people availing health services in these rural areas. The Government hospital was about 3-4 km. away from the village. The way for it has so many ups and downs. The distance of 3-4 km. of a hill area is equal to 10-13 kms. Distance of plain areas. So this hospital is of less use for the people of this village. The less utility of this hospital was because of non availability of medicines etc. Doctors are usually absent, at night it is not possible for a patient to go by this risky road; there is no surety that the Doctor is present in the hospital. There is no supporting staff,

equipments are not available in the hospital. Before the Primary Health Centre there was no health services, people had zero health services in this complex of villages,

### **Child and Child education 1990-2019 prospective**

In case of education Thanoo was known as a better village, because there was a primary school. People were sending their children to this school. It was a Government Primary School. The village thinly populates and had a limited number of children.

The life of a child, in the hill villages, is full of challenges; because since morning till late night they are responsible for many domestic tasks. There are many jobs for children. I visited the villages nearby Thanoo also and regularly the school was open and children were not present at school, Question arises why? The answer is simple that they had gone to the fields for the work. Children take care of animals in the forests and fields. Girls were at home, and they were working in the kitchen or doing some domestic work like cleaning of their house, cutting wood for cooking, bringing water from tap, bringing grass for cattle, or to look after their younger brothers and sisters.

Thanoo was a backward area and was located near Himalayan institute of health and Hospital was the center of HIMGRAVIKA activities, was a backward village of Dehradun district. This village is in Doiwala Tahsil of Dehradun district. It's located on main road but the road was just a narrow pavement and mostly broken its only after Uttarakhand has become separate state a allweather road connecting to Dehradun Doiwala and Rishikesh has been made connecting it through Air port at Jolly grant village. It is about 30 km away from Dehradun. There is an unpaved road which starts just after Thanoo village. This road is called Nahai Road. It is not the real road, people go from this route to Thanoo, Doiwala, Dehradun etc. It is only a rough way, but people are forced to use this way, called Nahai Road, because there is no other option for them.

This road used to go across the river Jakhan, and in rainy season, it is full of water, and it was a very difficult to cross the flow of water on foot.

Ever since Uttarakhand was carved out of Uttar Pradesh has shown better growth in all aspects the rivers which were an obstacles have been now constructed with the bridges and flyovers and problem of water levels increase and traffic disruptions has been taken care of. The roads in the Thano complex are of good quality and time to reach Dehradun and Rishikesh where good hospitals exist have reduced many fold, which has added to improved health facility reach for the people of Thano village complex and general Area.

Village Thano Ramnagar danda was thinly populated in year 1990's but now it has gained population due to various reasons the area being in between the major towns of Uttarakhand has not suffered due to migration increased opportunities of education and improved communication has helped in controlling migration.. This village had few houses. The villages closely Ramnagar danda Thano Complex are Talai, Grant , Sungaon, Thano, Katal, Bameth, Pharti, Itarna, Manki, Saila Choki, Farth etc. The people of these village were also getting benefits from (Health Care Center) established by Himgrivika. The health, education and women upliftment are the most urgent needs of the people in such remote villages. The HIMGRAVIKA had provided the best help to the poor people . These people were suffering from a number of diseases without the basic treatment facilities. The self confidence of women and men was almost nil. People had no faith and confidence in the Government machinery, when the village was chosen for the project by the HIMGRAVIKA.

### **Public Utilities in Thano Complex**

Earlier there was no private shop which could facilitate the supply of essential commodities to the people. There was one ration shop run by the Government,

villagers depended on the Bhogpur ration shop and a small hospital at bhogpur, a distant big village There was no source of vegetables, seeds were not available, water was not sufficient or irrigation.. They depend, on Bhogpur market for vegetables, which is about 3 km. away from the village.

Today the village has all basic Amenities and utilities as on date 100 percent houses have electricity almost every house has very good standard toilets on western style pattern and almost All toilets are fitted with running water and ceramics no public utilities were found unattended or in shambles. The village has government schools and a primary health centre, adequately staffed. The village has almost 22 hrs electricity and people have started using LPG rather than wood as fuel. Education has taken a new era and girls are also being sent to school rather than being put on house hold work. Drinking water is adequately Available and only in summers the water shortage is encountered.

As village is well connected by road the nearby towns and cities are in Reach to and people in Emergency for health have an easy Axis to nearby towns and cities.

#### PUBLIC UTILITIES AVAILABLE THANO RAMNAGARDANDACOMPLEX

	Then	Now
(A) ELECTRICITY	: NOT AVAILBLE	YES
(B) WATER	: NO	YES
(C) ROAD	: NOT AVAILABLE	YES
(D) RATION SHOP	: NOT AVAILABLE	YES
(E) CLINIC	: Primary Health Centre	YES
(F) SCHOOL	: Govt. primary School	YES
(G) SEVER	: NOT AVAILABLE	YES

### **Health Prospective in Thano Ramnagar danda and nearby villages Traditional Methods of Treatment 1990's**

Most of the people of these villages were superstitious and the villagers had no facility of health services, and health Education before the intervention of Primary Health Centre of NGO. The second thing they Did not believed in the modern techniques of health treatment. They were using indigenous health treatment. This problem is very common in the villages of Garhwal. We have observed the same problem in villages adjoining to Thanno, people of thano village have started understanding importance of health checkups and health centre services. There were no health services in this village earlier. The small urban cities of Garhwal are having health services; but the rural Garhwal is having either very poor quality of health services or the zero healthy services.

The people of these remote villages had faith in different God's, Goddesses and Bhoots-Parets etc. This false faith in these things can be decreased by increasing the health services in the remote villages of Garhwal. This was the hypothesis of the investigator in this Micro research project.

The local traditional methods of treatment can be divided in three parts : each is responsible for a different type of treatment, and the treatments are known by the nick names of the person, who treats;

- (1) JARKHANDI
- (2) BAKI
- (3) BHAGATJI

In this village there was a Jarkhandi, whose name was Suphal Chand. He belonged to an untouchable family of Suryadhar. People of many villages Suryadhar consulted Suphal Chand whenever there is any mental disturbance or when the diseases are not adequately diagnosed.

According to Mr. Suphal Chand there are 6 types of Devi Devtas or Deities. As these are known :-

Super Natural Powers for the progress of man/women

1. SINSWANI DEVI
2. GAURIL
3. NARSIMHA
4. GARH DEVI – There are two types of Garh Devi –
  - (i) Hindwani – A Devi of Hils.
  - (ii) Calcutta Wali – A Devi of Delhi.

Super Natural bad powers creates hindrances in progress of man and women

5. DAUTYA OR DEMON
6. BHOOT PARET ATMA or an evil spirit or soul.

According to him these deities are not active on every one. They become active on those people, whose stars are usually weak. The people whose stars are strong enough, or favorable, are not affected by them. Suphal Chand holds these views and states the condition in which these deities are activated.

The treatment of people, from the effect of Devi-Devtas (Gods and Goddesses) is very unique. People have faith in traditional methods, as diseases are cured by different paths and Mantras. The villagers bear less knowledge about the modern medical sciences. According to them, all diseases are cured by Paths. Suphal Chand is an expert who uses these traditional methods, and according to him, there are five types of Paths and Mantras being used in this mode of treatment :-

Chandi Path

1. Durga Path
2. Hanuman Chalisa
3. Ram ki Aahuti/Aarti
4. Thag Bhairav

Besides these Paths and Mantras, there is another type of treatment, which is indigenous in nature and mostly practiced in the rural areas of the hills. The cloves are used in this treatment. In this there are different steps, and it is known as “Laung Ka Bharna” or “Filling of Clove”.

**FILLING OF CLOVE :** The steps of this treatment are given below -

- (1) First he takes five cloves, big, dry and clean.
- (2) Secondly, he ties these cloves in a thread and ordinary one, but according to him, it is a RAM THREAD, and ties it carefully.
- (3) Thirdly, a pinch of Hanuman sindur is placed on each tied cloves. It is known as “Sindur ka Teeka”.
- (4) Now Mantras are recited by the Jarkhandi and then he ties this chain of cloves on the neck of the patient.

Suphal Chand’s brother is also an indigenous Physician; He treats snake or scorpion biting cases, Scorpions abounding rainy season in Suryadhar. Scorpion biting is so intense that a person cannot bear its acute pain. Children some times collapse due to this scorpion bite.

There are two methods of treatment for snake and scorpion biting :

- (i) First treatment is the same as in case of Dieties. Different types of mantras are recited. There are some different mantras and Paths for it.
- (ii) In this, there is use of the mantras with the following steps :-

- First he ties a cloth, at a small distance from the point of bite.
- He gives a cut on the place of bite, with a sharp blade.
- He sucks blood from the place of bite and throws it away.
- The said process is repeated many times.

By sucking the blood poison is also coming out with blood, this provides beneficial to the patient, as the pain is subsiding now.

In this type of treatment there are two types of effects: one is Psychological and the other is Biological. The Jarkhandi loudly recites the mantras and does his work side by side. The people who hear, the voice of this man, automatically impressed or influenced by the mantras spoken very loudly. So people think that the patient becomes well, because of the mantras. It is a Psychological effect, on the minds of people in the rural areas, as the people are illiterate and they don't know anything about the biological effect which is used by the physician.

When the physician ties a cloth quite away from the bite, it means he blocks the circulation of the blood for some time, as the poison is stopped from spreading in the body. Therefore, it is very important at the first stage, to block the blood circulation. Now a cut is made on the point of bite. It is for the sake of easy sucking. Now he sucks the blood by his mouth and throws it on the ground. Whenever he sucks blood, he chants mantras, along with sucking of blood. It is just to create an impression on the people.

It is an interesting method of treatment, where work is only done by mouth; either it is the chanting of the mantras, or the sucking of blood or poison. However, people think, that it is a very difficult task, to do both the activities at the same time, by

the same person. The villagers believe that this is an uphill task, and it is a miracle, performed by Suphal Chand and his younger brother.

**Cost of old indigenous treatment:**

We have seen all the procedures of indigenous medical treatment and the materials used by the physician. Now a question arises: Is there any cost for this treatment, paid by the people of rural areas? The answer is obviously yes. In Suryadhar, the physician Suphal Chand told us about the cost of this treatment. However the physician himself does not spend, as much as he charges for this work. He charges Rs.11, Rs.21, Rs.51 etc. The prices are directly related on the type of treatment, and the time and intensity or work which has to be done. Other than the money, whatever the people wish, they offer with their own liking, like coconut, sweets, fruits etc. The other type of cost is different. The physician gives Amulets or Tabeej. “The Amulet is a thing worn as a charm against evil”. This is a locket mostly tied in a black thread. Different amulets have different cost according to the age and gender. Mostly these are of three types:-

Child	Rs. 5.00
Male	Rs.11.00
Female	Rs.11.00

These three types of amulets are costly enough: the cost which they have to pay, is some times higher that of the Modern Medicines. But, these people had no other option, as the allopathic medicines were not available in villages, before Primary Health Centre appeared on the scene.

**PANCHAYATI RAJ INSTITUTIONS AND SCHOOLS THEIR SUPPORT FOR HEALTH SERVICES AT VILLAGE THANO**



### **Occupational sectors : man power in various sector**

In village there are 404 families. On the basis of the survey of these families, the occupational structure of the village is shown in the following table.

Income distribution/occupational structure of Thano Ramnagar danda

Monthly Income (Class) Rs.	No. of families In Agriculture	No. of families in Service	No. of families in Business
1000--15000	170	28	34
15000-20000	130	22	20
--	300	50	54

The occupational distribution shows that considerable number of families are based on the Agriculture sector; it can be said that this village is dependent more on Agriculture. There are some families who are involved in services; Agriculture and Business But there are only few families in income group of Rs. 15000-20000. The size of an average family is not less than 5 members.

### **Political problems :**

Political problems are usually the same in all the hill villages because at the time of elections many political parties come to these villages and give many assurances to the people of this area. They claim that they will do everything for their village, and for other villages, but after collecting their votes, they never return to fulfill their assurance.

The population of the villages was old, weak, fragile, unhealthy group of women. It was very common for the people of rural areas that "They are ill-fed, ill-clothed, ill-housed, and ill-educated. Poverty is, therefore the basic malady of them,

which is involved in 'misery-go-round'. This was also true for these villages, People living in these; cut off areas had less will to do work.

### **Social problems in rural villages**

The people in these rural areas were mostly illiterate, ignorant, conservative, superstitious and fatalists. Poverty in such areas is abnormal, but it is considered to be God-given, something pre-ordained, it is never attributed to personal lack of thrift and diligence. Women's status and position in society is inferior to men. Dignity of labour is conspicuously absent. Government jobs even of a degraded nature, has more prestige than manual work. People are ranked not according to their capacity to do a particular job but, by age, sex, caste, clan and kin ship.(Jerry & Anand)

People had less faith on new innovations of sciences; they usually don't go to the hospital for treatment. They always go to the local inexperienced charlatan. People go to the hospitals for the treatment when they think that there is no other option or alternative to survive. The people of rural areas are usually less educated, so they feel ashamed of going to a hospital. Another reason for not going to a hospital, that there is less time to go for a check-up in the hospital. They are busy in their work for earning their livelihood.

The family is the primary economic and social unit. Family attitudes are responsible for population pressure and attachment to land. They also limit the range of individual freedom in making, economic decisions. Money is mostly hoarded or invested in gold, jewellery or in real estate or spent to meet out social obligations on ceremonial occasions to maintain status. People of these areas regard work as a necessary evil rather than a virtue. They place high values on leisure, contentment and participation in festivals and religious ceremonies. Thus, money that can be usefully invested is dissipated in uneconomic ventures. People do not believe that progress is

possible through human efforts, or in breaking of vicious circle of social attribute, in the village society.

### **Patients of different diseases treated by health care delivery system (hcds)**

There are different types of diseases in these villages, which are treated by the Primary Health Centre. The diseases differ, according to different age groups and in accordance with the seasons or months. The statistical data related to the treatment of different diseases has been collected from the Primary Health Centre Suryadhar, Registers are maintained by the Primary Health Centre Administration. In these villages most common diseases are fever and dysentery. Majority of the people were treated for these two diseases. In the hills, cuts and wounds are quite common, because people have to work manually in the fields and there are numerous chances for mishaps and sometimes these prove to be fatal ones. The Rheumatic pain and abdominal disorder are quite common, for every third or fourth patient is suffering from one of these two diseases.

People mostly suffer from fever when there is a change in climate. They don't take precautions and do their work as usual. In fever loss of appetite is the common phenomenon of the people of these villages.

The villager's daily schedule is over business. While working they have to be end very now and then. Hence body-ache is the common disease in these villages.

Teeth and ear problems are quite common children, and aged persons. Cold and cough are also very common among children during winters and rainy season.

## Results

### Sex of the respondents

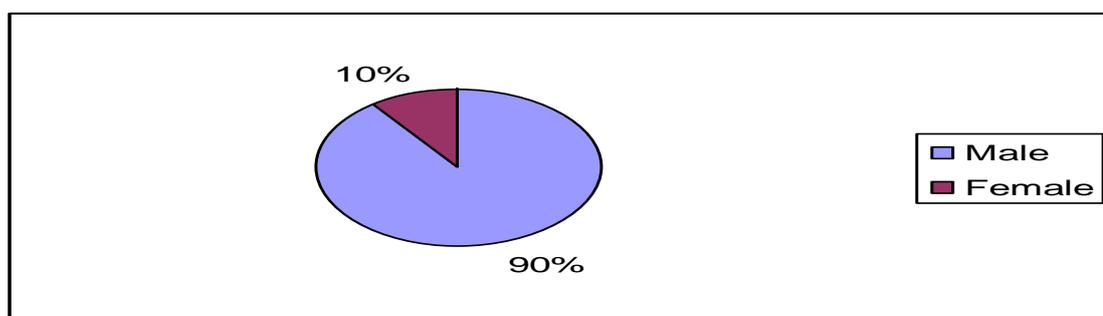
The sample for the study was consisting of 90 percent males and 10 percent females as shown in the table no 1.

**Table no. 1 Total number of male and female respondents**

Sex	Number of Respondents	Percent
Male	54	90%
Female	6	10%
<b>Total</b>	<b>60</b>	<b>100 %</b>

Source: Primary Survey

**Chart-1 Percent of male and female respondents**



### 2- Age wise distribution of Respondents

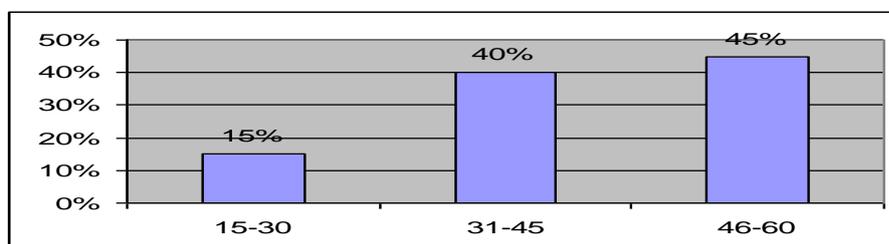
A maximum of 45 percent respondents belonged to 46 to 60 years age group and 40 percent belonged to age group 31 to 45 years while 15 percent belonged to age group 15 to 30 years of age.

**Table no.- 2 Age-wise distribution of Respondents**

Age Group	No. of Respondents	Percent
15-30	9	15%
31-45	24	40%
46-60	27	45%
<b>Total</b>	<b>60</b>	<b>100%</b>

Source: Primary Survey

**Chart- 2 Age wise percentage of Respondents**



### 3- Caste and Category of the respondents

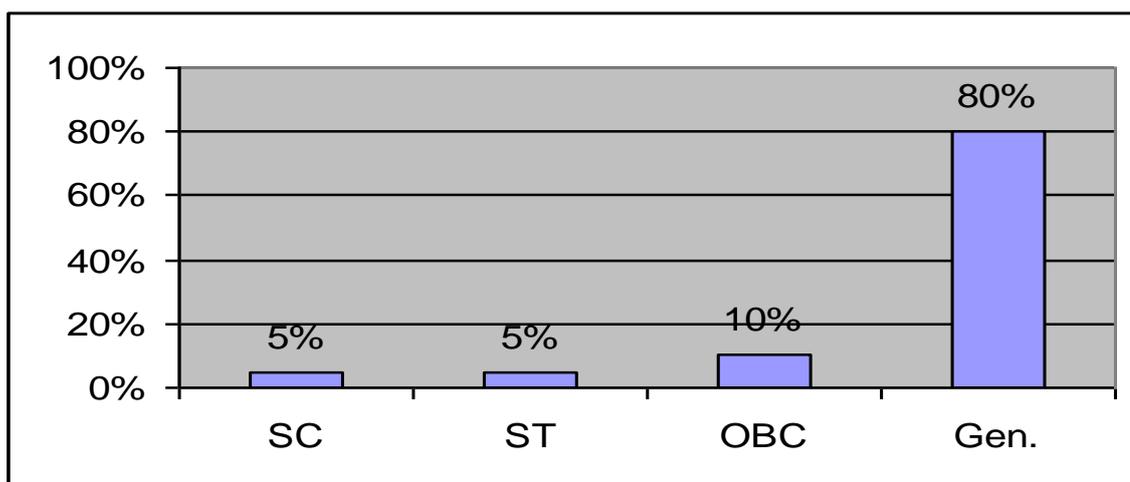
For the study respondents were selected randomly and no criterion was made to select the cast as such. So far as caste and category is concerned a maximum of 80 percent respondents belonged to general category, 10 percent belonged to OBC while SC, ST respondent belonged to 5 percent each in the sample as shown in table no. 3.

**Table no.- 3 Cast and Category of respondents**

Caste	No. of Respondents	Percent
SC	03	5%
ST	03	5%
OBC	06	10%
GEN	48	80%
<b>Total</b>	<b>60</b>	<b>100%</b>

Source: Primary Survey

**Chart- 3 Caste and Category-wise percentage of respondents**



#### 4- Marital Status of Respondents

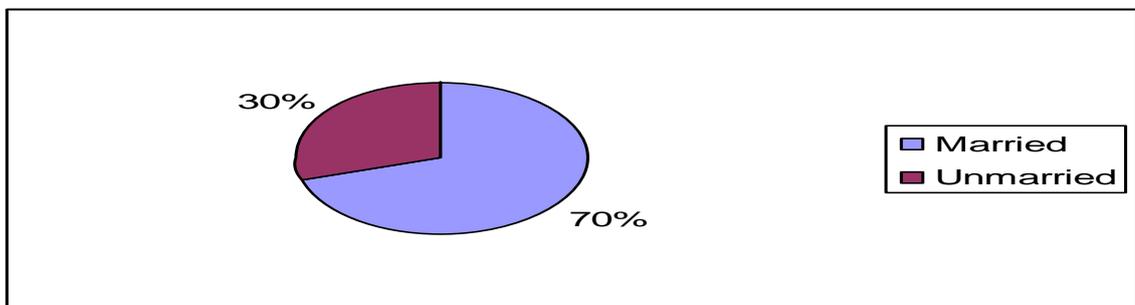
The marital status of the respondents is shown in table no. 4. In the sample 70 percent of the respondents were married while 30 percent of the respondents were registered unmarried.

**Table no.- 4 Marital status of the respondents**

Marital Status	No. of Respondents	Percent
Married	42	70%
Unmarried	18	30%
<b>Total</b>	<b>60</b>	<b>100%</b>

Source: Primary Survey

**Chart- 4 Percent Marital status of respondents**



## **5- Educational Qualification of Respondents**

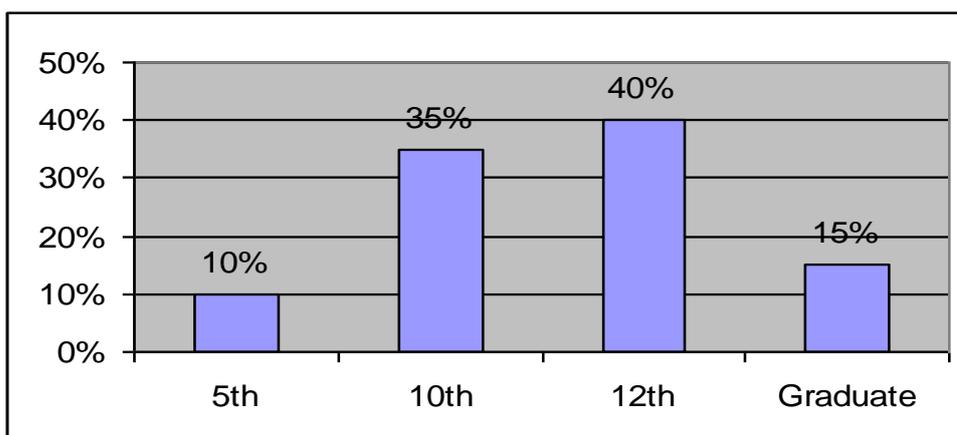
Educational qualification of the respondents is shown in the table no. 5 which shows that maximum 40 percent of the respondents were educated up to 12<sup>th</sup> class while 35 percent were educated up to 10<sup>th</sup> class. Only 15 percent of the respondents were graduate. A minimum of 10 percent of the respondents were educated up to class 5<sup>th</sup>.

**Table no.- 5 Educational Qualification of Respondents**

<b>Class</b>	<b>No. of Respondents</b>	<b>Percent</b>
5 <sup>th</sup>	06	10%
10 <sup>th</sup>	21	35%
12 <sup>th</sup>	24	40%
Graduate	09	15%
<b>Total</b>	<b>60</b>	<b>100%</b>

**Source: Primary Survey**

**Chart- 5 Educational Qualification of Respondents**



## 6 Employment Status of Respondents

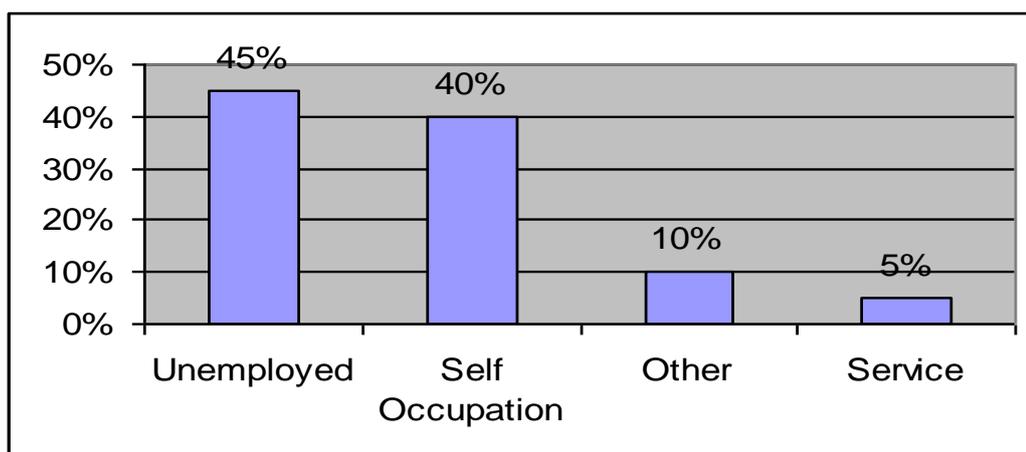
The employment status of the respondent is shown in the table no. 6. A maximum of 45 percent respondents were unemployed while 40 percent respondents had self occupation. 10 percent respondents were engaged in other occupations while only 5 percent were in service.

**Table no.- 6 Employment Status of Respondents**

Employment Status	No. of Respondents	Percent
Unemployed	27	45%
Self Occupation	24	40%
Other	06	10%
Service	03	5%
<b>Total</b>	<b>60</b>	<b>100%</b>

Source: Primary Survey

**Chart-6 Employment Status of Respondents**



## 7- Monthly Income

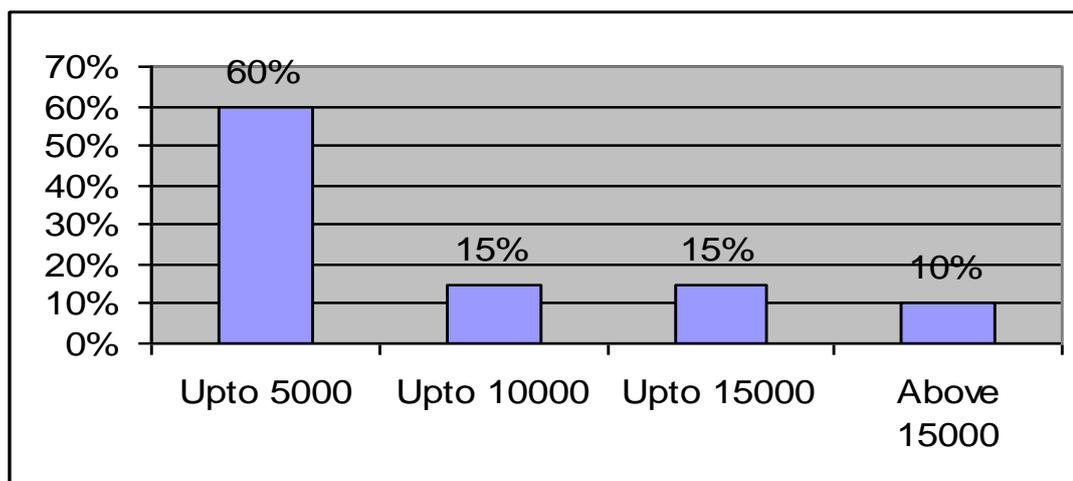
Monthly income of the respondents is shown in table no. 7 which shows that 60 percent respondents had monthly income up to rupees five thousand. 15 percent respondents had monthly income up to rupees ten thousand and up to rupees fifteen thousand while 10 percent respondents had monthly income more than rupees fifteen thousand.

**Table- 7 Monthly Incomes of Respondents**

Income (in Rs.)	No. of Respondents	Percent
Up to 5000	36	60%
Up to 10000	09	15%
Up to 15000	09	15%
Above 15000	06	10%
<b>Total</b>	<b>60</b>	<b>100%</b>

**Source: Primary Survey**

**Chart- 7 monthly income of respondents**



### 8- Type of family

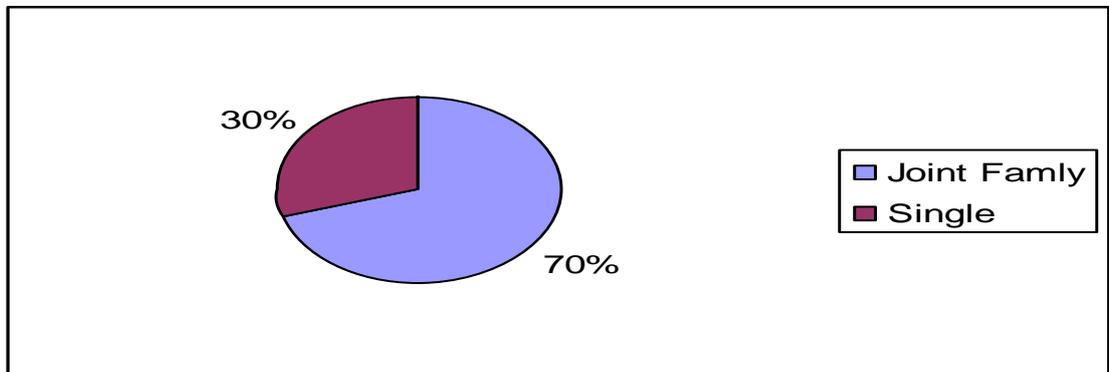
As per the information gathered from the respondents about their type of family, 70 percent of the respondents were living in a joint family while 30 percent were living in a single family as shown in the table no. 8.

**Table no. 8 Type of Family**

Type of Family	No. of Respondents	Percent
Joint Family	42	70%
Nucleus	18	30%
<b>Total</b>	<b>60</b>	<b>100%</b>

Source: Primary Survey

**Chart no 8 Type of family**



### **9- Employment Opportunities in the village**

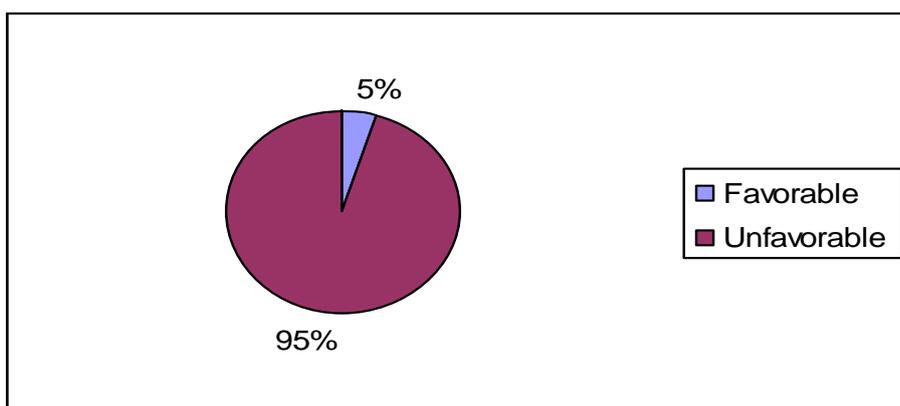
As per the information gathered from the respondents about the availability of employment opportunity in the village, maximum 95 percent of the respondents replied that employment opportunity in the village is unfavorable while only 5 percent said it is favorable.

**Table no.9- Employment Opportunity in the village**

<b>Employment Opportunity</b>	<b>No. of Respondents</b>	<b>Percent</b>
Favorable	03	5%
Unfavorable	57	95%
<b>Total</b>	<b>60</b>	<b>100%</b>

**Source: Primary Survey**

**Chart no 9 Employment opportunity in village**



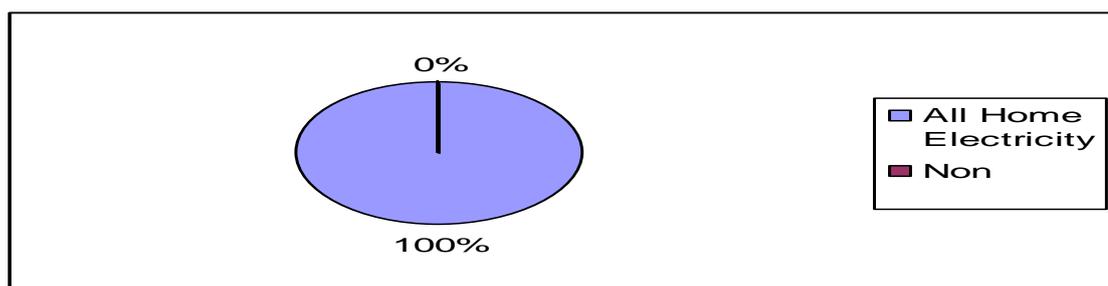
### 10- Electrification /Amenities in the village

There was cent percent electrification in the as per the responses of the respondents. In sample village 100 percent respondents have electricity in their houses as shown in the table no. 10.

**Table- 10 Electrification in village**

Electrification	No. of Respondents	Percent
All Homes have Electricity	60	100%

Source: Primary Survey



### 11- Social Status in Village

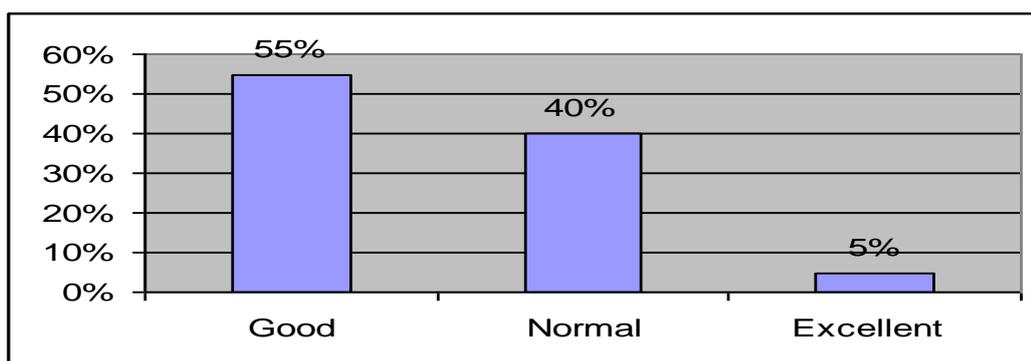
The social standing among villagers and social relations in village show a good fabric among villagers and they do help each other in various social functions such as marriage and other issues concerning to social fabric. 55 percent of the respondents said Good, 40 percent said normal while 5 percent replied excellent about social status in the village (table no.11 ).

**Table no. 11- Social Status of Village**

Social Status of Village	No. of Respondents	Percent
Good	33	55%
Normal	24	40%
Excellent	3	5%
<b>Total</b>	<b>60</b>	<b>100%</b>

Source: Primary Survey

**Chart no 11 Social status of village**



### **12-Status of Toilets in the village**

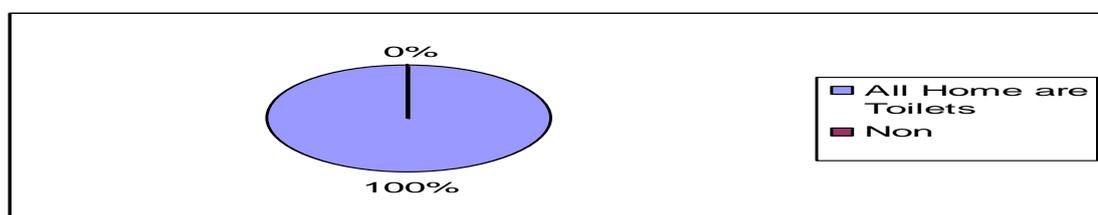
All the respondents have good quality toilets with adequate drainage facility and ceramics shows awareness of respondents towards hygiene part of health. (Table no. 12)

**Table no. 12- Status of Toilets**

Toilets availability	No. of Respondents	Percent
Yes	60	100%
No	Nil	Nil
<b>Total</b>	<b>60</b>	<b>100%</b>

**Source: Primary Survey**

Chart no 12 status of toilets



### **13 Health Checkup Status in Village**

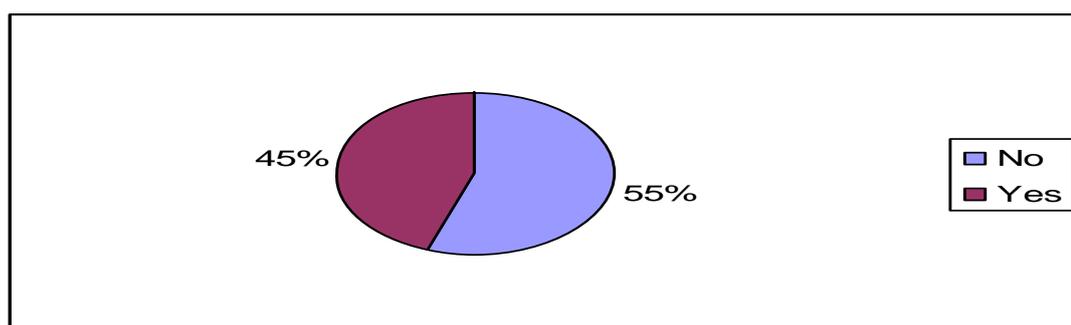
Larger number of respondents (55 percent) said that they hardly go for health checkup however when they are sick they go to hospital or primary health centre or private hospital.

**Table no.13- Health Checkup Status in Village**

Regular Health Check-up	No. of Respondents	Percent
No	33	55%
Yes	27	45%
<b>Total</b>	<b>60</b>	<b>100%</b>

**Source: Primary Survey**

**Chart no 13 Health checkup Status in village**



#### 14- Health Problems

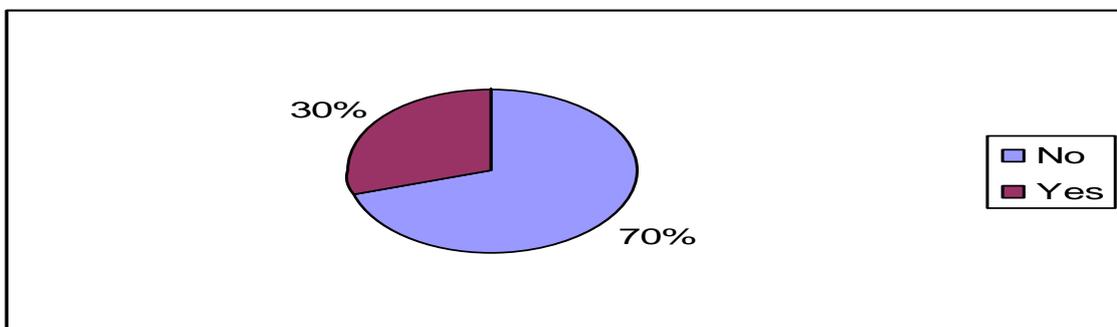
About 70 percent of the respondents said they have no health problem while 30 percent respondents accepted that they have some health problems. (table no. 14)

**Table no. 14- Health Problems faced by the respondents**

Health Problems faced	No. of Respondents	Percent
No	42	70%
Yes	18	30%
<b>Total</b>	<b>60</b>	<b>100%</b>

Source: Primary Survey

**Chart no. 14- Health Problems faced by the respondents**

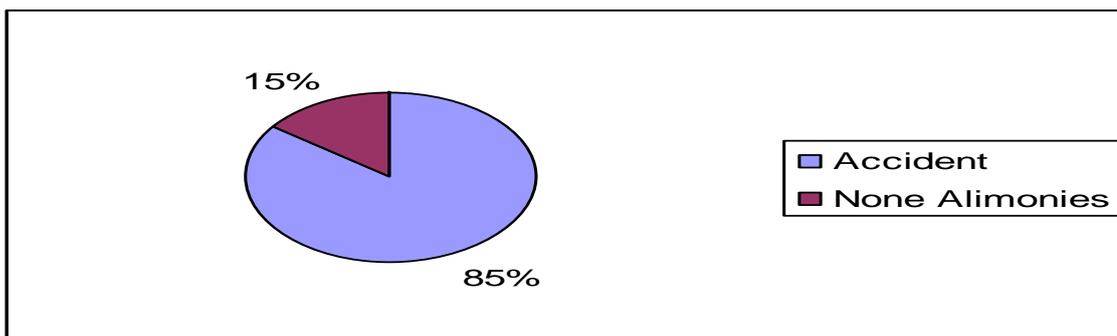


#### 15- What Is an Emergency for you?

**Table no. – 15 what is an Emergency for you?**

Emergency for you	No. of Respondents	Percent
Accident	51	85%
Aliments/disease	09	15%
<b>Total</b>	<b>60</b>	<b>100%</b>

Source: Primary Survey



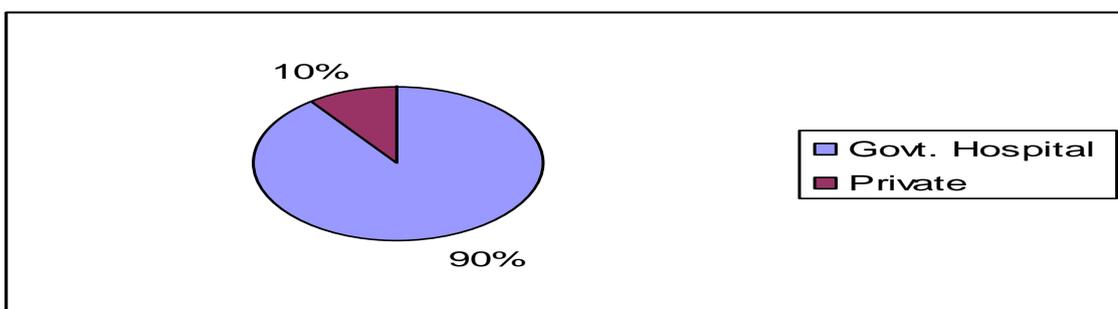
### **16- Type of Hospital you visit when you fall sick**

In response to the question related to the type of hospitals respondent visit when they fall sick a maximum 90 percent of the respondents visit government hospitals when they fall sick while only 10 percent of respondents visit private hospital in case of sickness. (table no. 16)

**Table no. – 16 Type of Hospital respondents visit**

Type of Hospital	No. of Respondents	Percent
Govt. Hospital	54	90%
Private	06	10%
<b>Total</b>	<b>60</b>	<b>100%</b>

**Source: Primary Survey**

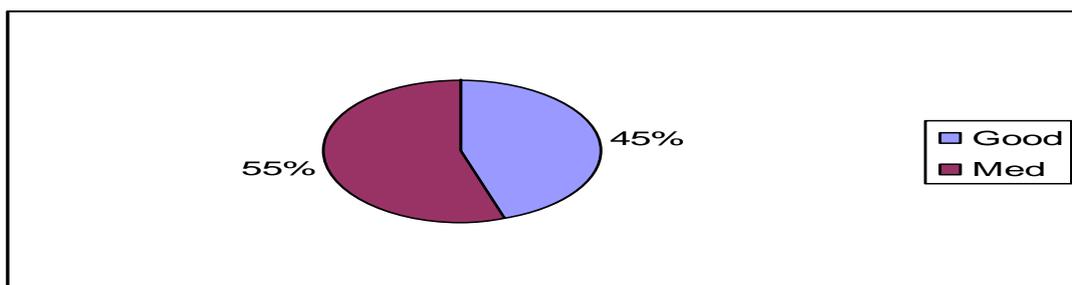


### **17- Status of Health as Perceived by Villagers**

**Table no. – 17 Status of Health as Perceived by Villagers**

Status of Health	No. of Respondents	Percent
Good	27	45%
Med	33	55%
<b>Total</b>	<b>60</b>	<b>100%</b>

**Source: Primary Survey**



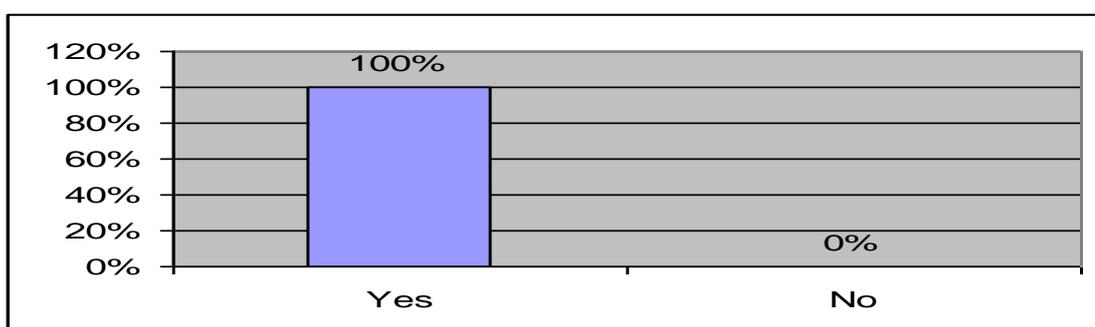
### **18- Awareness about Food Habits and Healthy food**

The entire Respondents were of opinion that food is an important aspect in keeping one Healthy and they ensure their Diet has good nutrients and quality of food is good

**Table no. – 18 Awareness about Food Habits and Healthy food**

Awareness	No. of Respondents	Percent
Yes	60	100%
No	Nil	Nil
<b>Total</b>	<b>60</b>	<b>100%</b>

Source: Primary Survey



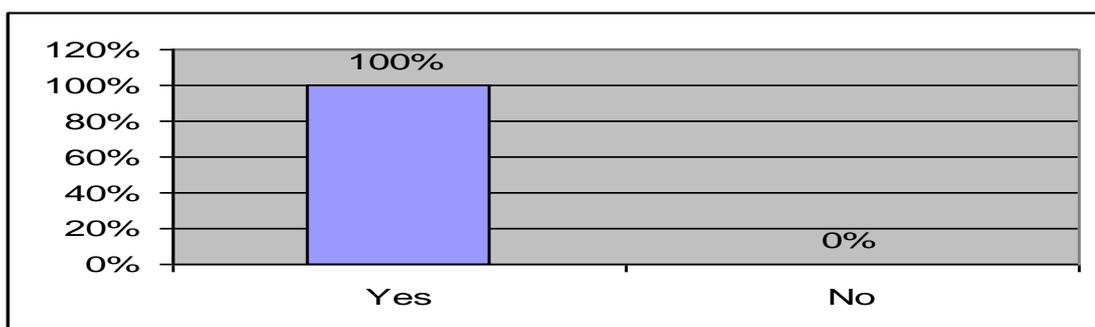
### **19- Awareness about Cleanliness and Hygiene**

All respondents said that cleanliness is very important for a healthy life style and they ensure it.

**Table no. – 19 Awareness about Cleanliness and Hygiene**

Aware	No. of Respondents	Percent
Yes	60	100%
No	Nil	Nil
<b>Total</b>	<b>60</b>	<b>100%</b>

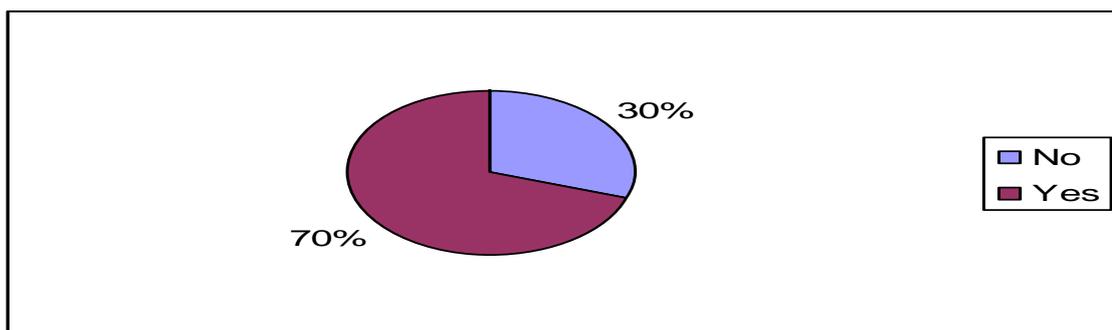
Source: Primary Survey



**Table no 20-Any medical problem or Ailment**

Any medical problem	No. of Respondents	Percent
Yes	42	70%
No	18	30%
<b>Total</b>	<b>60</b>	<b>100%</b>

Source: Primary Survey

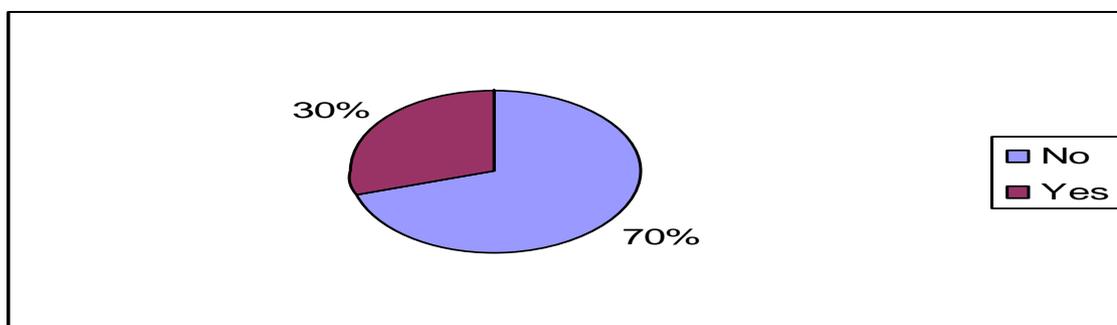


**21- Status of Smoking**

**Table no. – 21 Status of Smoking**

Status of Smoking	No. of Respondents	Percent
Yes	18	30%
No	42	70%
<b>Total</b>	<b>60</b>	<b>100%</b>

Source: Primary Survey

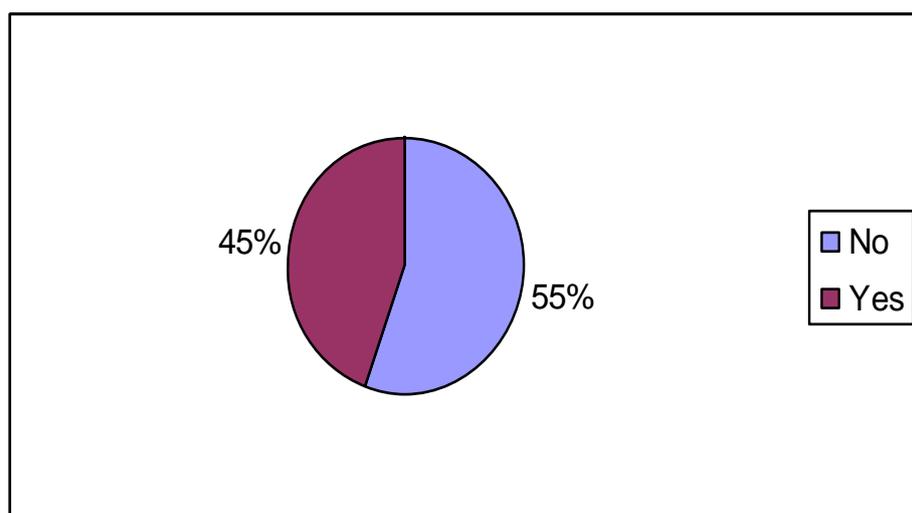


## 22- Alcohol Consumption

Table no. – 22 Status of Alcohol Consumption

Status of Alcohol Consumption	No. of Respondents	Percent
Yes	27	45%
No	33	55%
<b>Total</b>	<b>60</b>	<b>100%</b>

Source: Primary Survey



## Results

- 1 Sex discrimination and Male domination was observed / lead to lack of health awareness
- 2 ask force percentage is more in declining age performance i.e. 40 and 45 % people are in each category from 31 to 60 years of age.
- 3 Educational standards are very low and show maximum population falls under graduate category.
- 4 45% and Respondents show that they are unemployed and 40% are self occupation which has direct bearing on health awareness.

- 5 100% house hold are electrification which is a remarkable change in the area and contributes to positive aspect towards Health. Alav, diya, darkness are causes of bad health.
- 6 100% Respondents show that they take Adequate precautions to ensure health diet
- 7 People are aware of importance of health checkups but never felt sick so never visited Primary health centre.
- 8 Positive co relation between educational standards and Awareness of health

### **Sustainability of health care delivery system (hcds)**

The study at Thano complex, shows that the Health Care Centre of Primary Health Centre can become self sustainable and important centers for Awareness among the villagers , but its sustainability shall take a long period the community participation and the Govt. support is must.

(a) Vicious Circle of Poverty.

(b) The Traditional Society.

### **Short term measures**

- (1) The HCDS should be guiding pillars for health issues in the villages.
- (2) The health workers and community should convince the Gram Panchayat to participate in Health Care Centre decision making body.
- (3) The ANM and ASHA workers should have greater interaction with the community should live in the same village.

**Long term measures** The Health Care and awareness community can only be increased with improvement in educational standards and income levels the attitude of people must be molded towards health issues the primordial and primary subjects such as hygiene, harms of smoking and alcohol regular exercise and good routine with good dietary habits be made part of curriculum from primarily stage of education. Adopting the following measures will enhance health Awareness among villagers:-

- (a) Augmenting the productivity of Agriculture which is very low due to insufficient water supply (absence of adequate irrigation) and ignorance of modern farming practices as well as the use of appropriate technology, Non availability of improved inputs, and drainage facilities, uncertain markets, un remunerative price of the product and capital shortage.

- (b) Diverting the working population of the target village from Agriculture to Agro-occupations like (Poultry, Sericulture, Bee-keeping, Dairying and Animal Husbandry).
- (c) Encouraging youth to take contemporary skills and vocational programmes e.g. encouraging village craft based and other industries and also assist in market, credit and banking.
- (d) Formation of village level institutions, Co-operatives, youth and women groups, farmer's organizations etc.; and strengthening them for systematic and active participation in community development.
- (e) Setting up ancillary units in backward area with adequate demand and supply linkages and make appropriate buy-back arrangements.
- (f) Ensuring infrastructure facilities in co-operation with concerned departments  
This entails provision of approach road, Electrification and drinking water facility.

There was one allopathic dispensary located at village Nahi kalan which caters for medicines and basic health care.

The primary health centre located at village Thano which is adequately equipped and staffed with the doctors from both the streams i.e. Allopathic and Ayush, however it was observed during the visits that more people have faith in allopathic treatment as there were no visitors seen with the Ayush stream of doctor, Allopathic doctors were more crowded with the patients.

As observed during visits to these areas and confirmed by Mr. Arvind Kukreti (Pharmacist) and Mrs, Pushpa Thapa (Health Inspector) at Primary Health Care Centre that Suryadhar Complex is located in highly difficult terrain and providing Health care delivery is an Up Hill task. The Govt. of Uttarakhand Department of Health authorized

the Pharmacists to work in place of MBBS doctors because of shortage of MBBS doctors in the Hill region of stage. We found that the Pharmacists had no time to discuss much with us because a large number of patients were being treated by him.

The Primary Health Centre located at village Thanu has been brought to the level of highly satisfied primary health centre with the continuous support from the Panchayati Raj Institutions. The staff and patients highly appreciated the role of Mr. Radheshyam Bahuguna in putting his efforts to bring the primary health centre to the level of existing standards. The staff at primary health centre was of opinion that due to lack of connectivity the Health care delivery system gets delayed in giving treatment to critical patients and often results in complications.

## **Recommendations**

- 1 It is recommended that community be more sensitized to understand health
- 2 Awareness through Panchayati Raj in village
- 3 Health be part of basic and primarily from beginning of education
- 4 Sub centers/PHC be nodal agency to Awareness for health.

## **Conclusion:**

Awareness regarding various health issues on certain issues was very high among the people of Thano village such as cleanliness, Electrification, existence of Toilets in village with good ceramic quality work are evident that villagers have good knowledge about hygiene and dietary part of Aspects and its bearing on health. Health facilities and involvement of community through Panchayati raj institutions should be strengthened to provide adolescent friendly and curriculum based health education and services to enhance utilisation

**References:**

- 1 Public health data on websites on of Utrakhand portal
- 2 visits and interaction with the people of village Thano sampling techniques
3. Census of government of India year 2011
- 4 Project evaluation of Himgravikain sury dhar village ,and Thano complex Dehradun Utrakahand “a study of sustainable development of health project with income generation programme”1990’s