

# “Study of Health Seeking Behavior among Nomads of Rural Delhi and Gurgaon”

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PG/10/067

# Sai Sarvjan Society

Sai Sarvjan society was started with an aim to serve humanity. It was an effort made by community people toward their community.

- De-addiction centers set-up and community sensitization.
- Promote health schemes of government.
- Educate people about various disease i. e. Cancer, TB, AIDS
- To help physically and mentally challenged people to get medical aid.
- To help in building of educational institutes for blind, physically challenged, mentally challenged children.
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- To help in set up of healthcare centers, dispensary, hospitals
- To facilitate in registration of people for various health and social schemes by government.

- To work for Below Poverty Line People
- Preventing child labor
- Promote environment protection activity i.e. bio gas plant, solar power
- educating people for recycling of water.
- Setup of professional training centre for the women, man.
- Facilitating loan facility from banks to Schedule Cast/ Other Backward Cast women.
- To promote importance of education.
- To work for the welfare of women and child development.

## Work Profile

I joined organization as a programme Officer for the Internship and Dissertation

My work profile include

- Identification of various health and social schemes for Below Poverty Line families.
- Coordinate with various departments of Delhi Government.
- Facilitate collaboration process with other organizations working toward upliftment of poor.
- Designing framework for implementation of various tasks assigned from time to time.

- Projects

- Project-I-

- My work included to frame a system for registration of Below Poverty Line (BPL) people under various schemes of government. During this time registration for RSBY (Rashtriya Swasthya Bima Yojna) was carried out in collaboration with GRC (Gender Resource Centre) and our organization.

- Project-II-

Registration of Construction worker under Delhi Bhawan evam Sannirman shramik Kalyan Board of Labour Department, Delhi Govt.



### **Project-III-**

**Visit to Samajik Suvidha Sangam and identification of various schemes.**



### **Project-IV-**

**Visit to Office of Deputy Commissioner, Kapashera Border to find out various schemes. E.g.**

**Rajiv Gandhi Swavlamban Rozgar Yojna (RGSRY)**

**Prime Minister Employment Generation Programme (PMEGP)**



# Dissertation

# Objectives

## General Objective-

- To study the knowledge, attitude, awareness and practices regarding child immunization, hygienic practices, antenatal care, utilization of health facility for health benefits.

## Specific Objectives-

- To study the knowledge, attitude, awareness and practices regarding child immunization, hand washing, antenatal care.
- To determine role of relevant stakeholders for creating awareness among concerned community.
- To assess impact of migration in utilizing health services and getting health benefits from government.



- Study Design and Study Area
  - Descriptive Group Comparison
  - Rural Delhi (South West region) and Gurgaon
- Data Source
  - Primary data Collected
- Sampling Method And Sample Size
  - Simple Random Sampling
  - Sample Size of 200 people
- Study Population
  - Migratory population and married person having child
- Data Collection Technique
  - Structured Questionnaire
- Data Analysis
  - SPSS (Statistical Package Social Service)

# Review of Literature

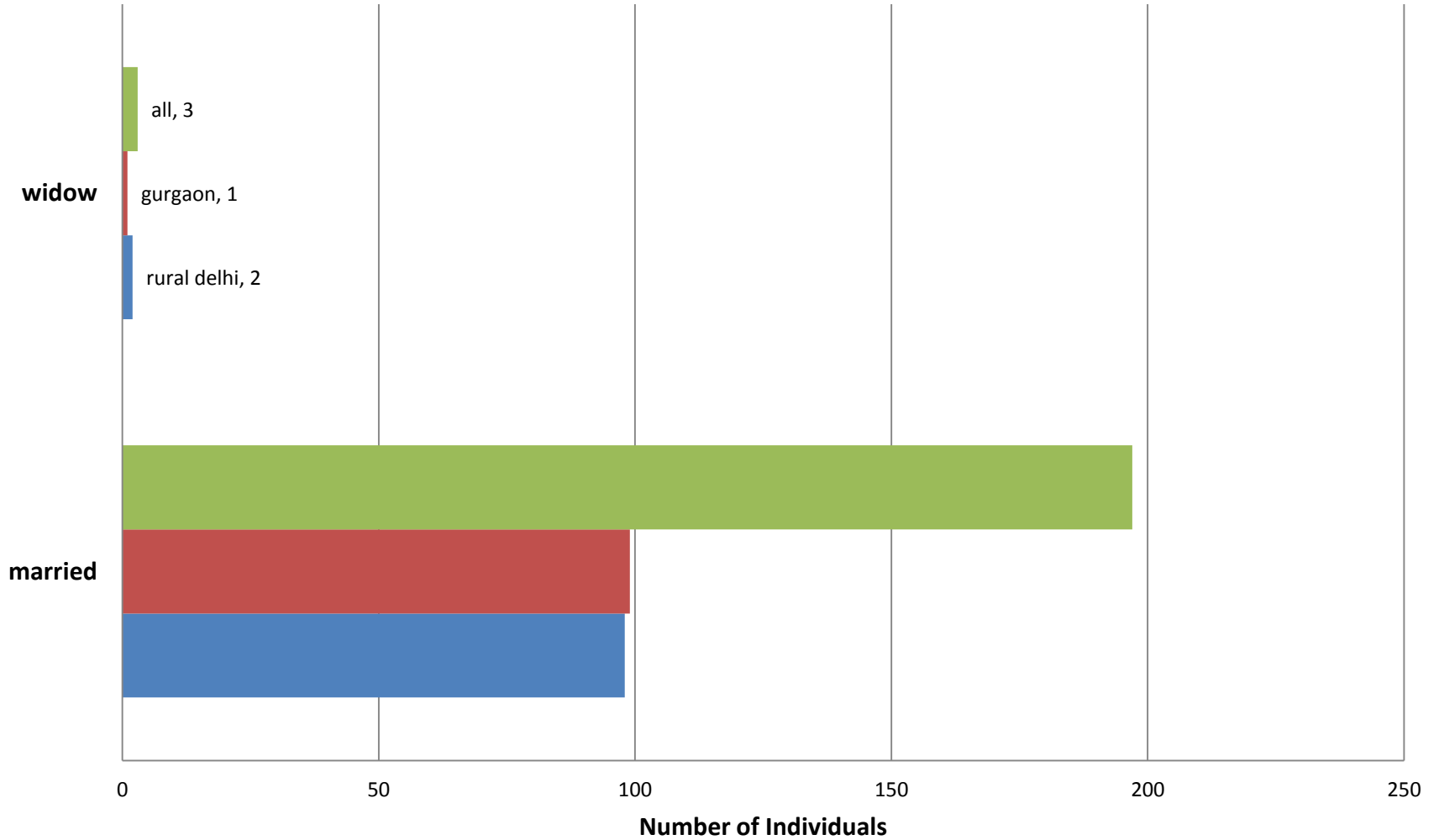
- National Family Health survey-3 identified that mothers who are getting three ANC (Ante Natal care), are fifty one percent and about the intake of IFA (Iron and Folic Acid) tablet for 90 days by mother was twenty two percent.
- Antenatal care during pregnancy is an important factor and according to DLHS-3 seventy three percent has taken one TT injection dose. And about the IFA tablet it was only forty six percent.

## Variables on which data is Collected-

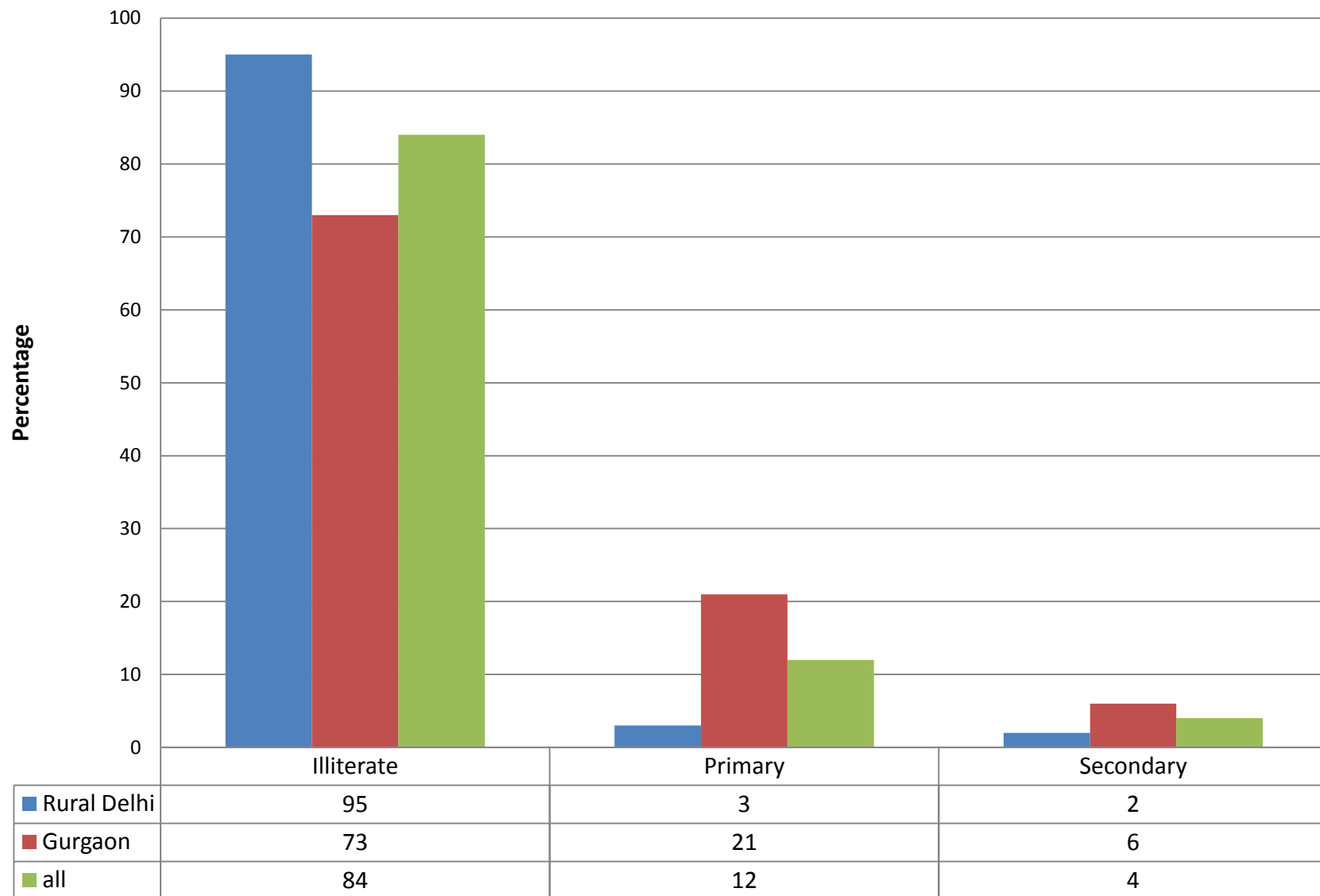
This include

- Immunization
- Exclusive Breast Feeding
- Facility Preference
- Hygienic Practices
- Stakeholders Role
- Antenatal Care
- Migration

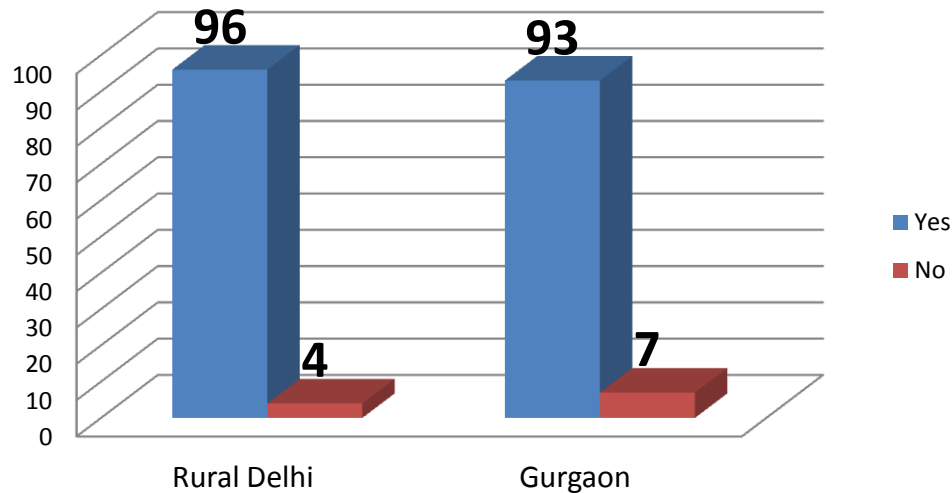
## Marital Status



# Qualification

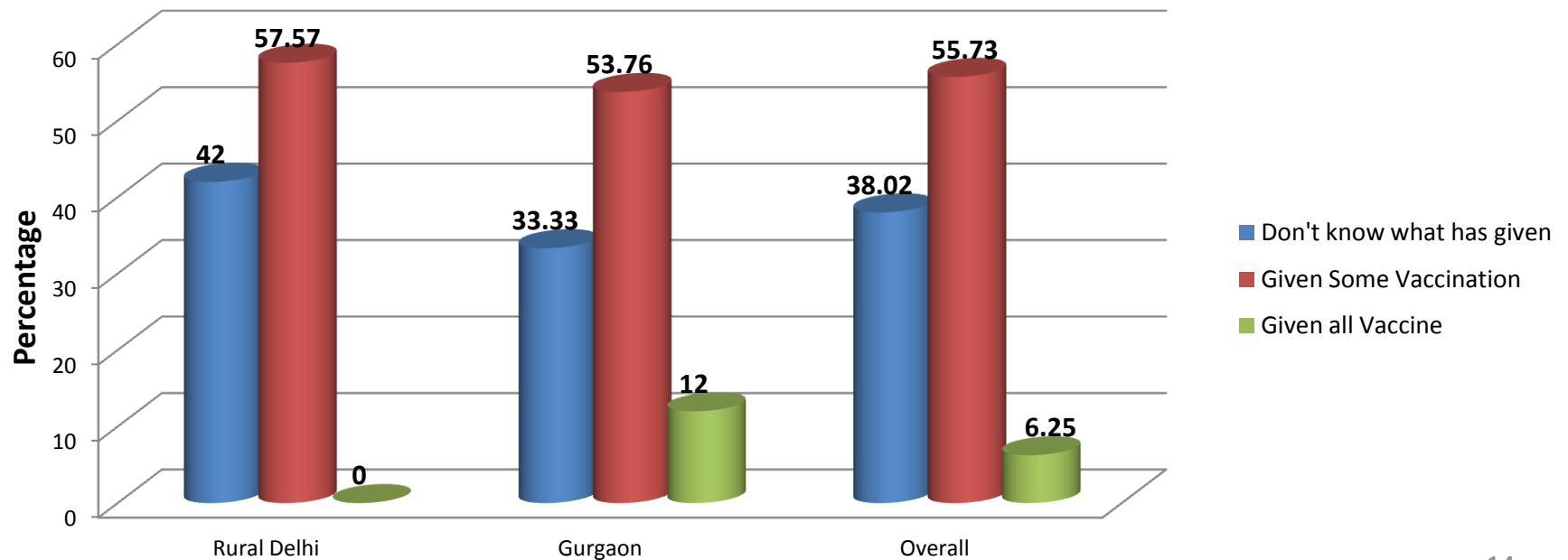


## Child Immunization



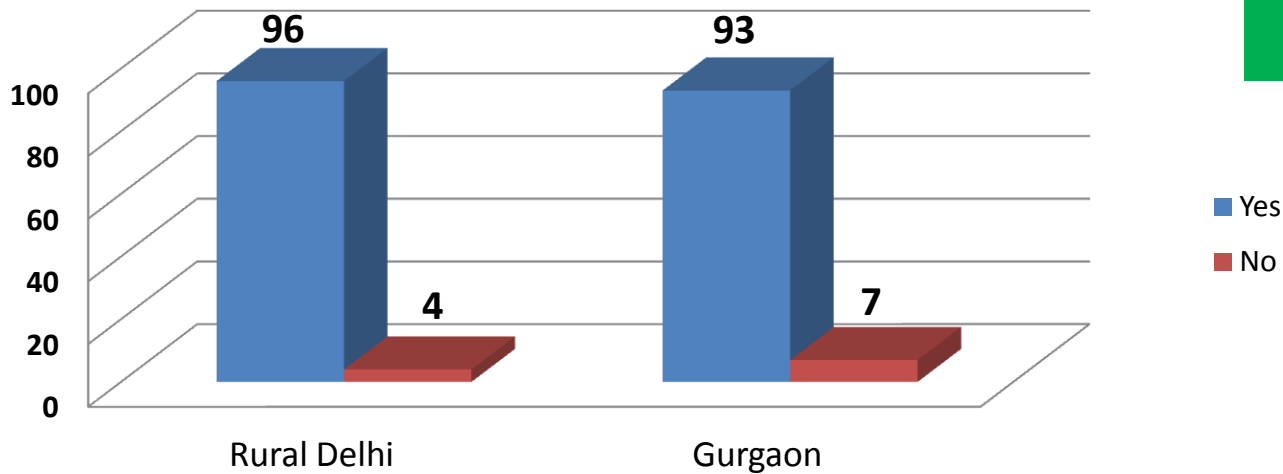
# Immunization

## Immunization Vaccination Knowledge

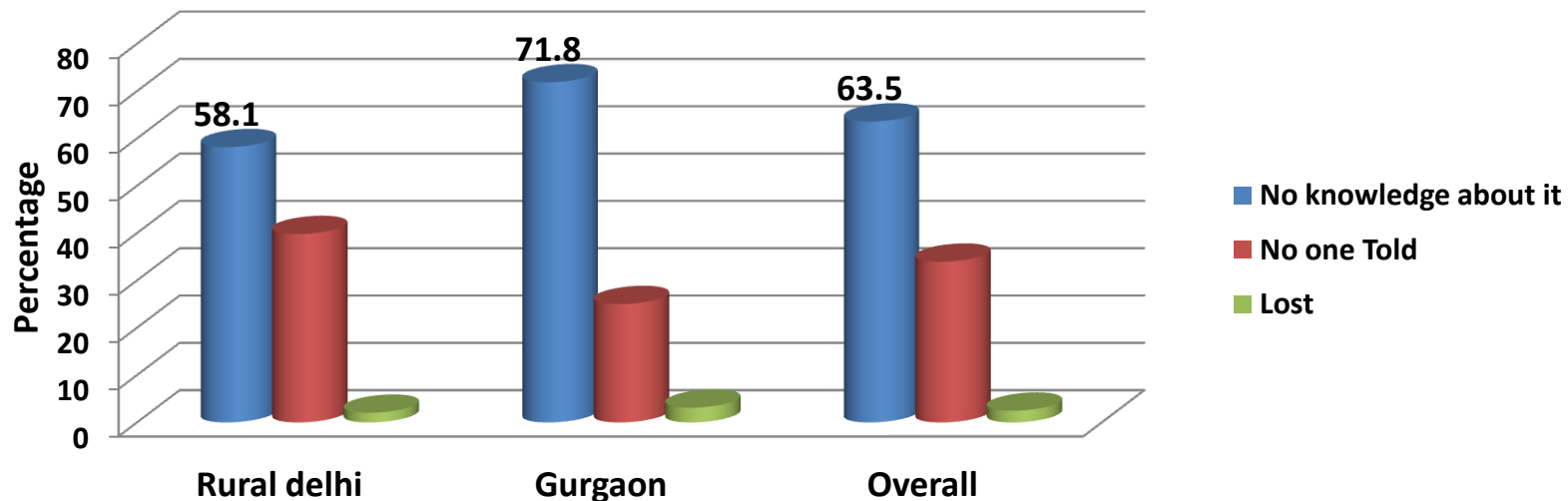


# Immunization Card Knowledge

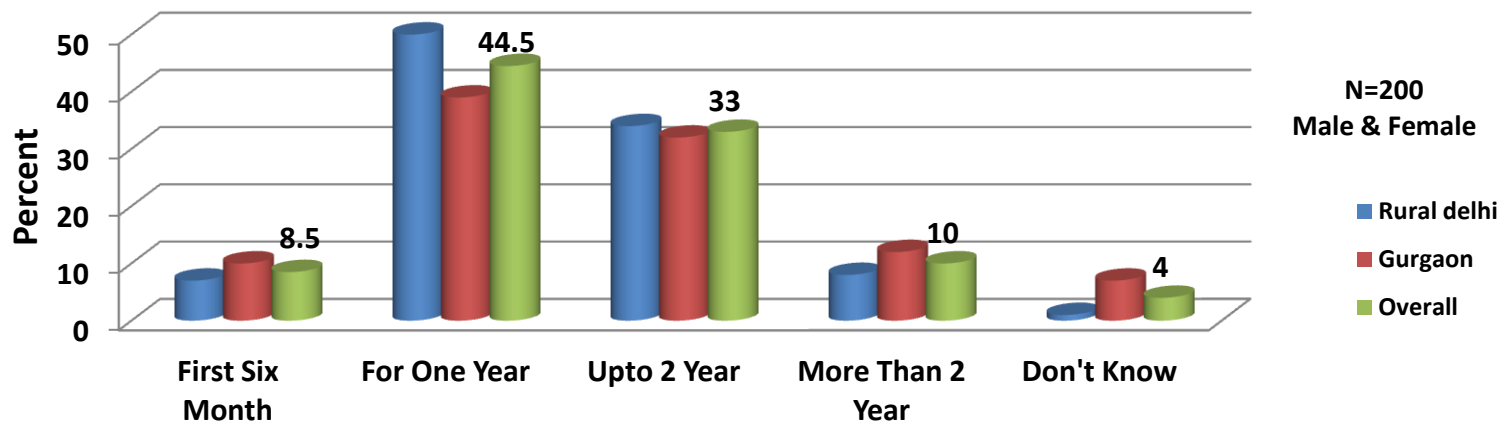
## Child Immunization



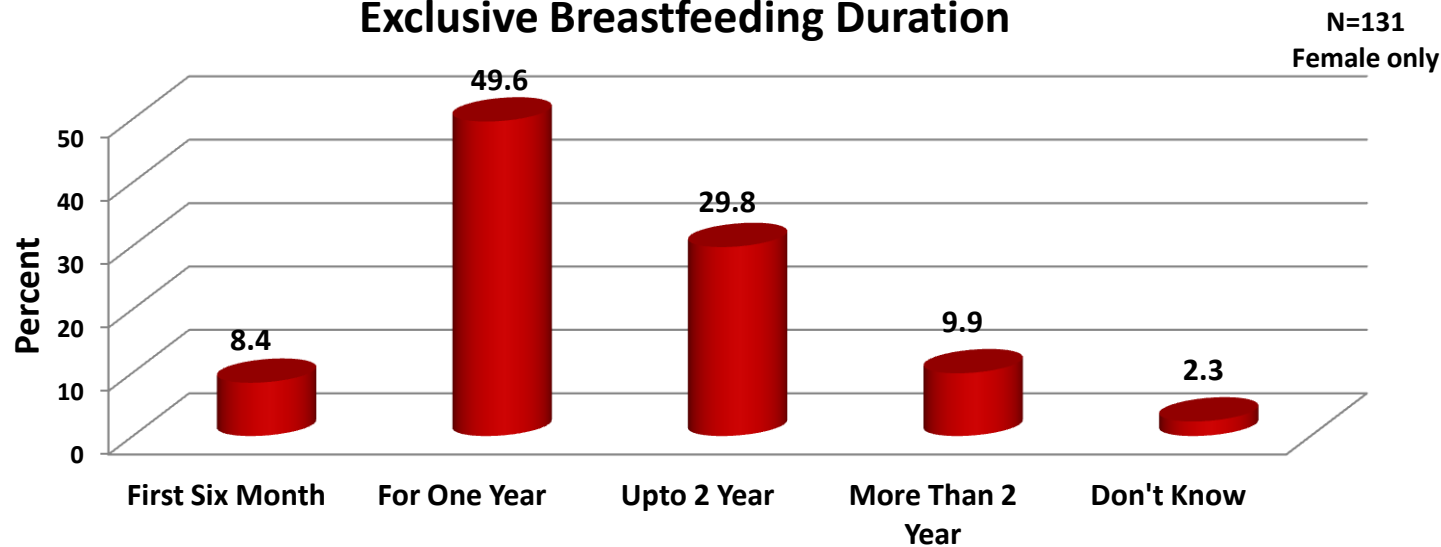
## Why No Immunization Card



## Exclusive Breast Feeding Duration

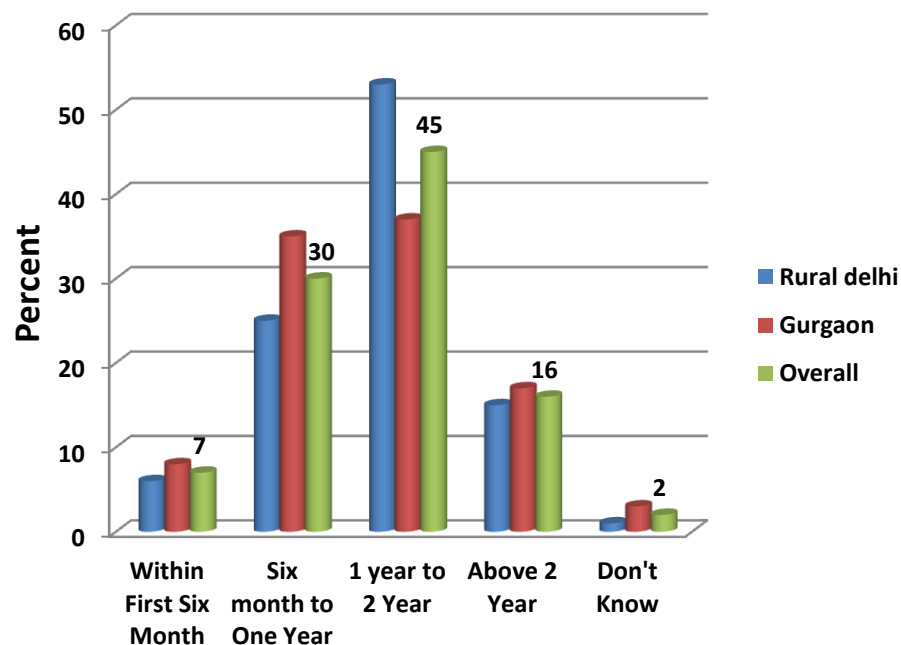


## Exclusive Breastfeeding Duration

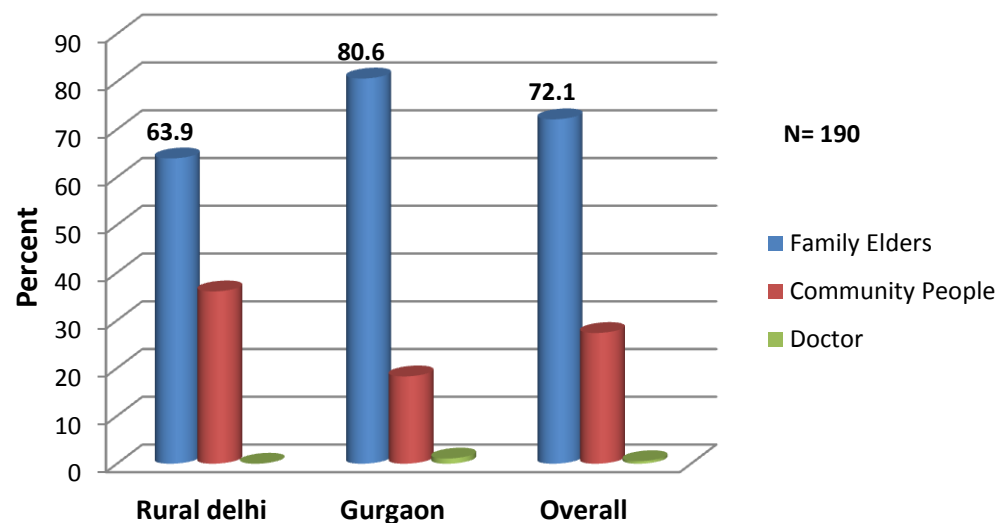




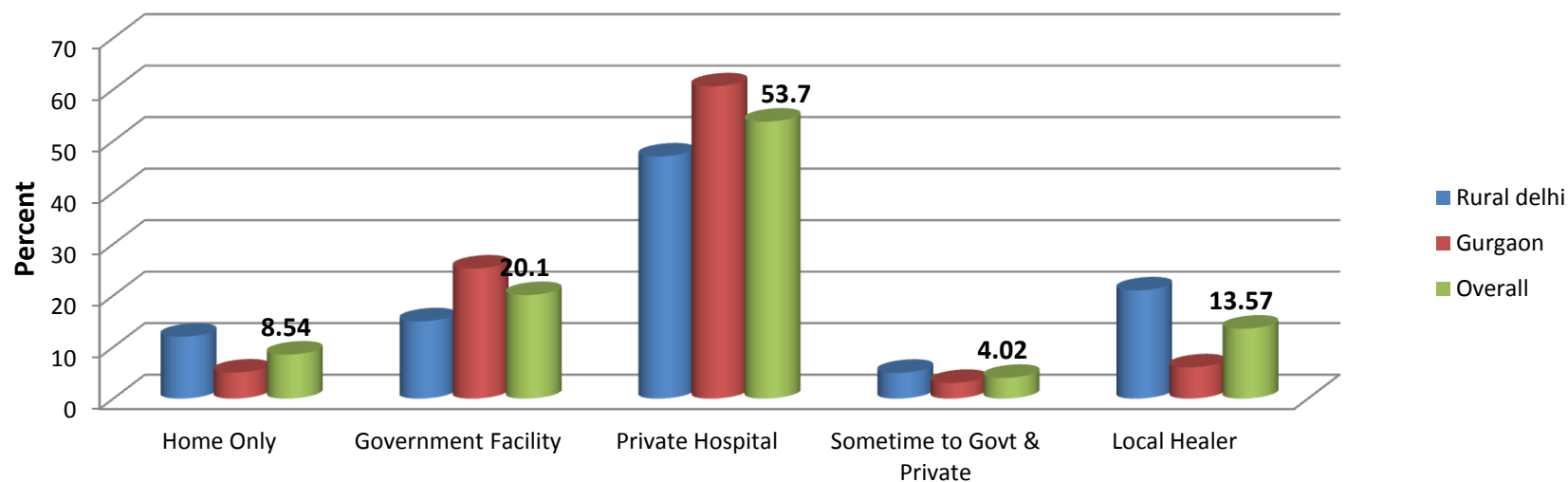
## Supplementary Food with Breast Milk



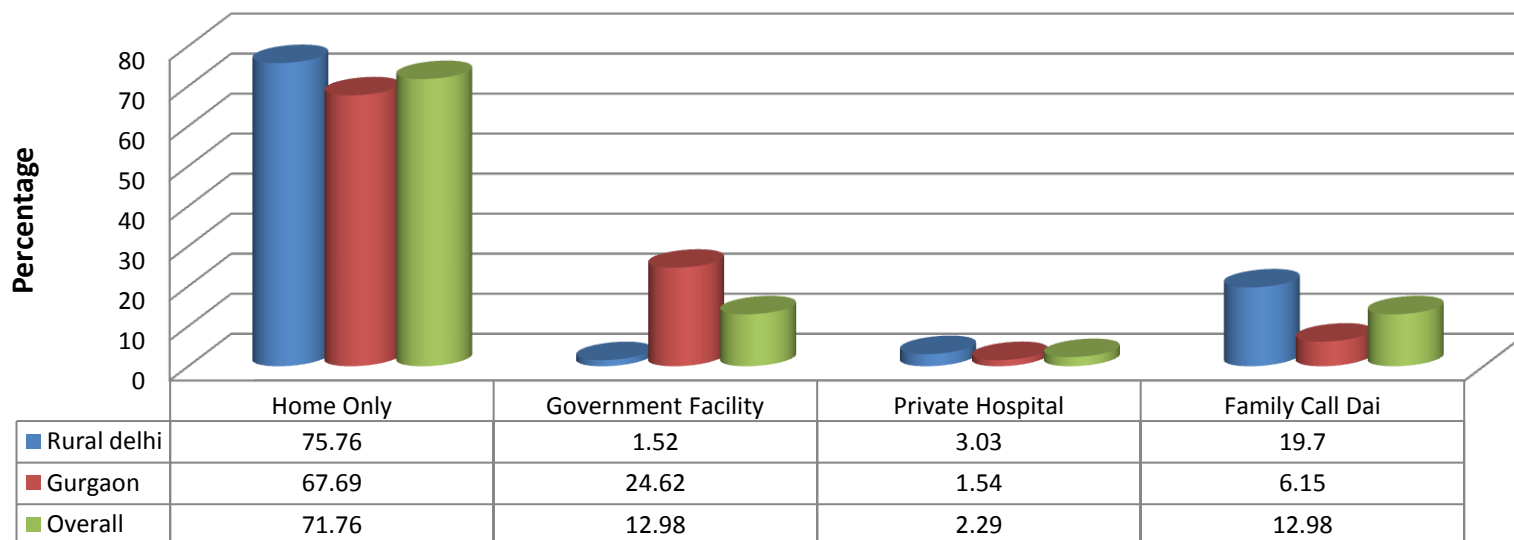
## Child Feeding Knowledge



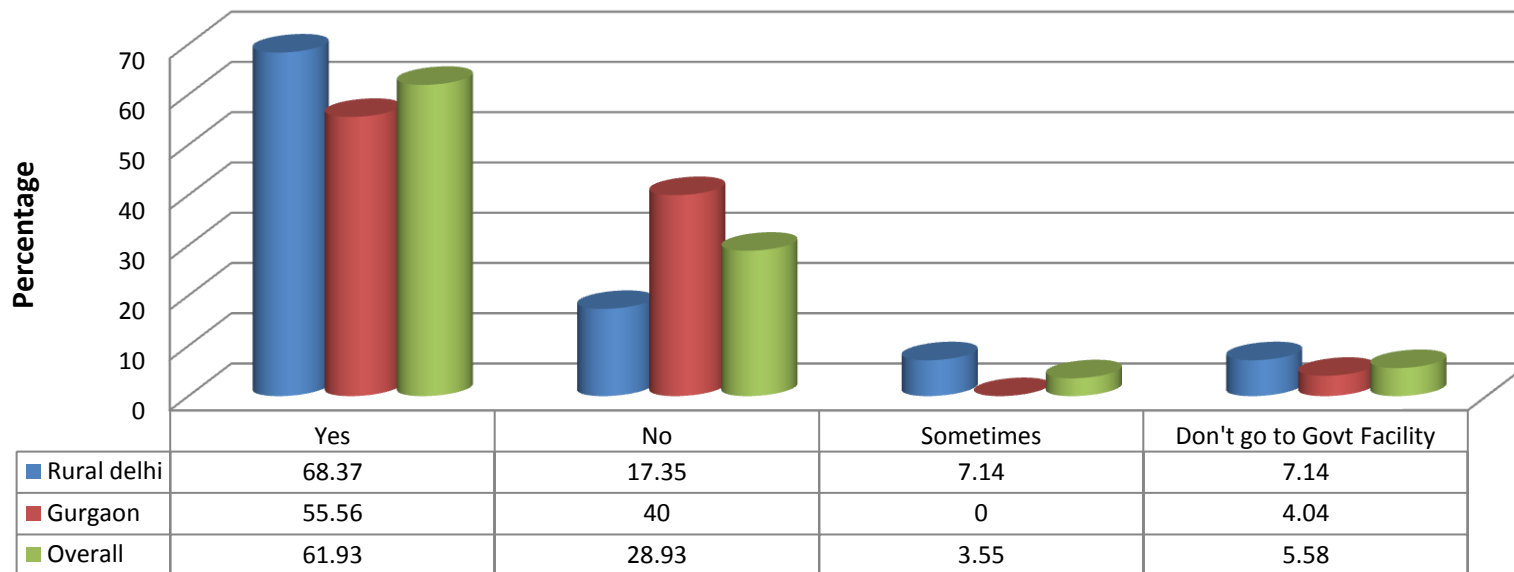
## Facility Utilization During Illness



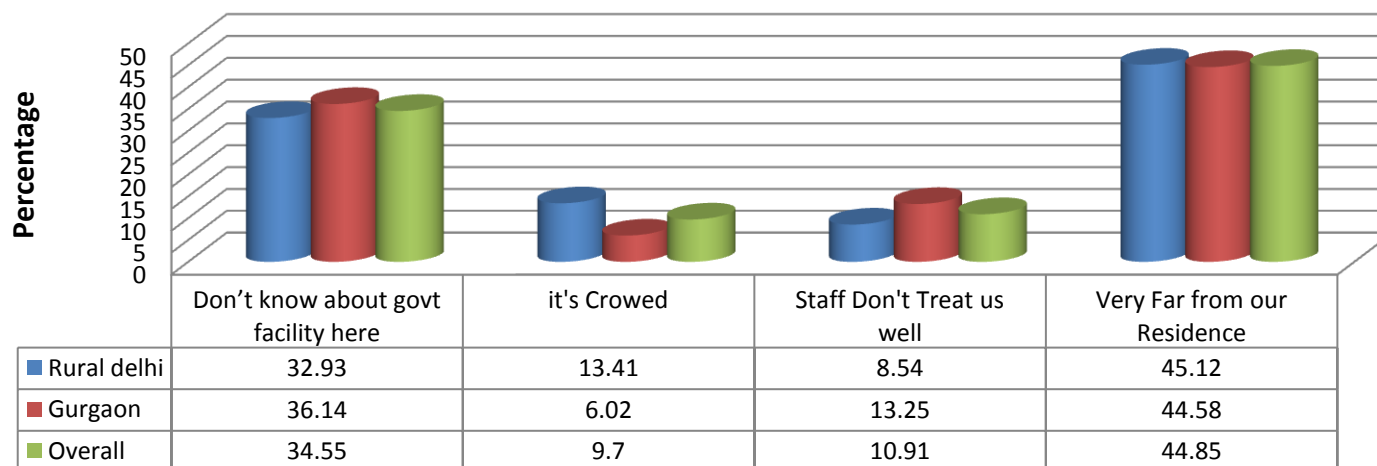
## Facility Preference During Delivery



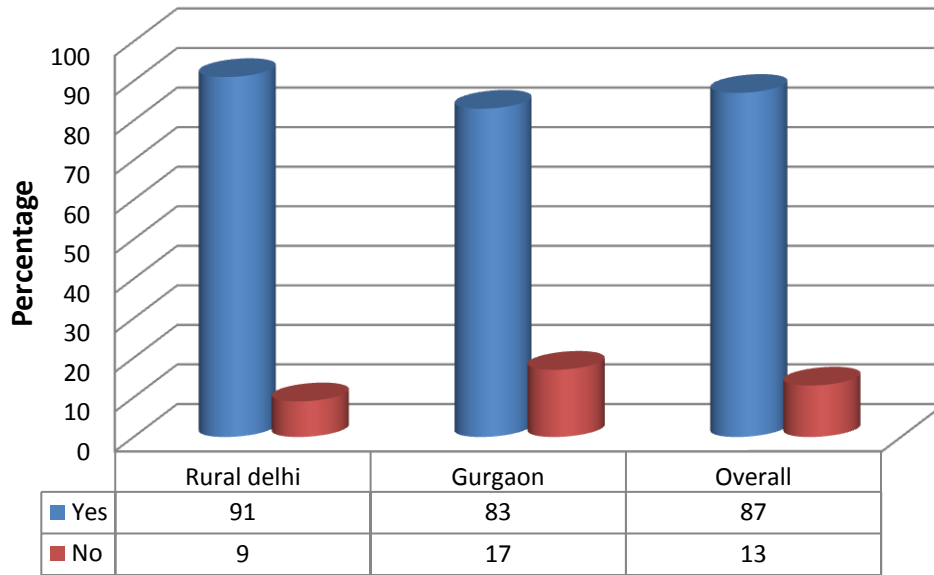
### Find Difficulty in Utilizing Govt Health Facility



### What type of Difficulty in Utilizing Govt Health Facility

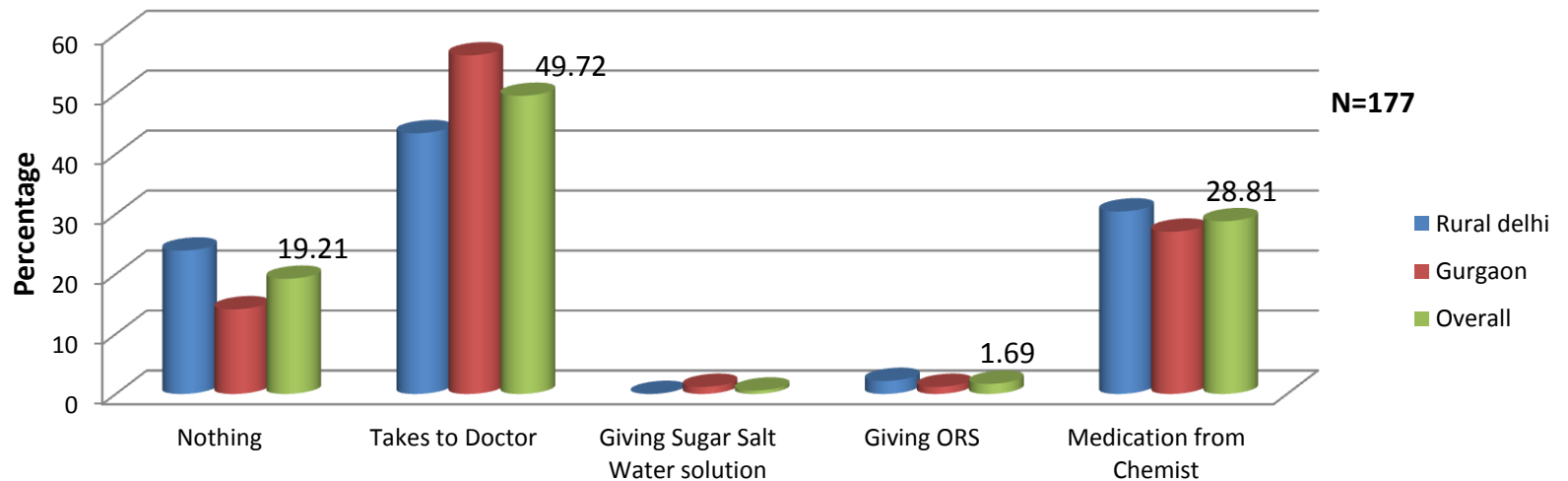


## Child Affected with Diarrhea

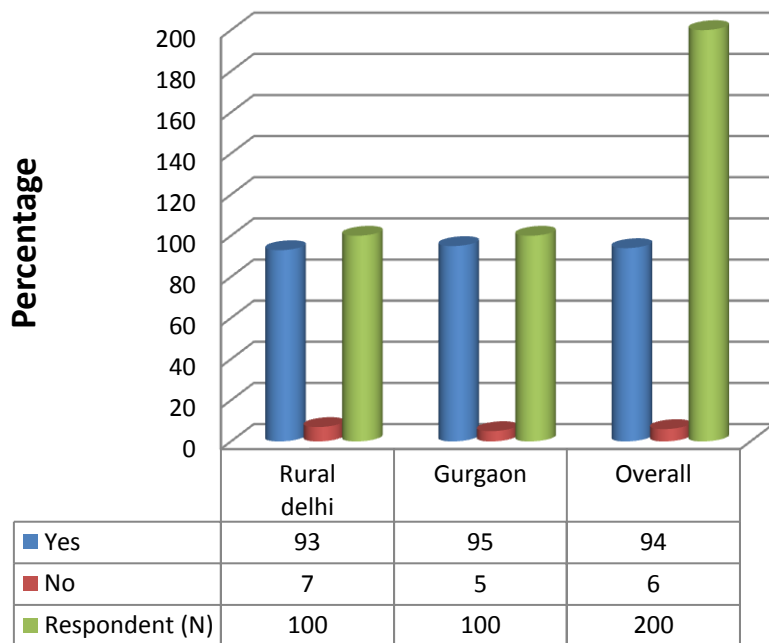


# Diarrhea

## Diarrhea Treatment

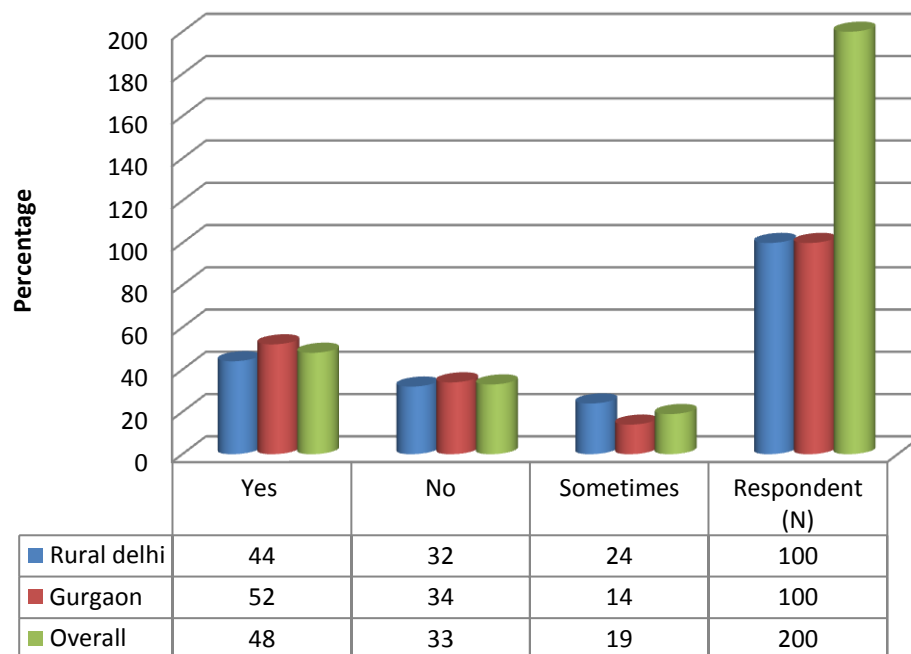


## Hand wash with soap is Important



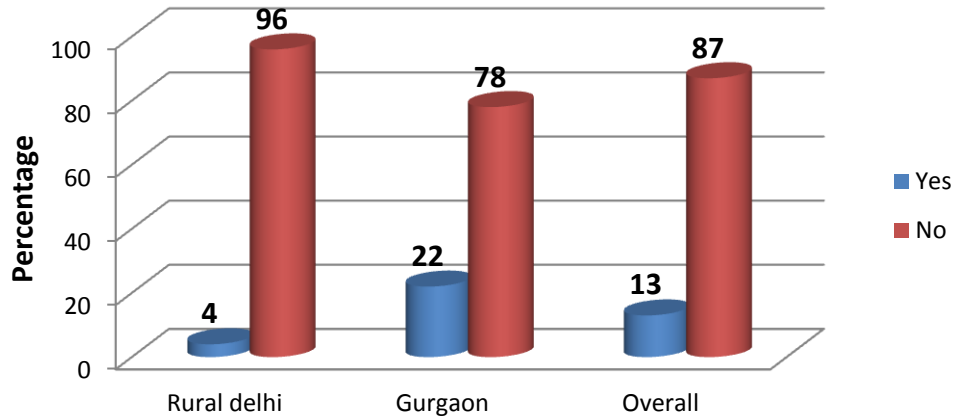
## Hygienic Practices

### Child wash hand Before Food

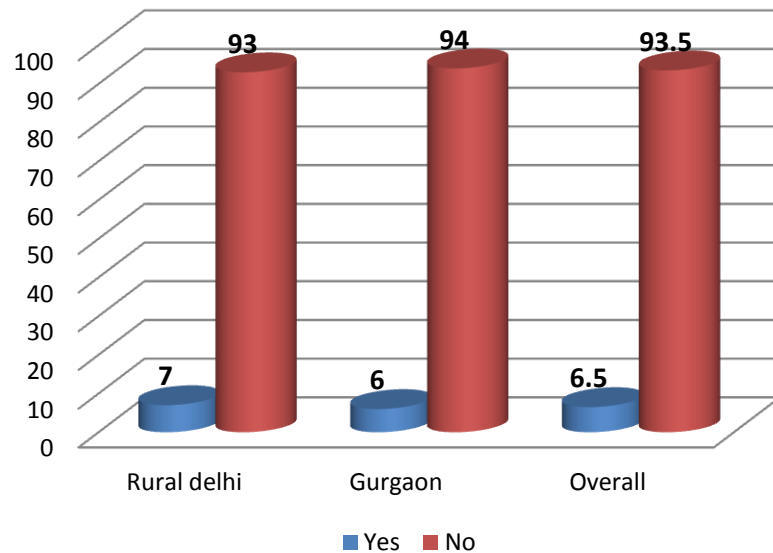


# Health Care Professionals Role

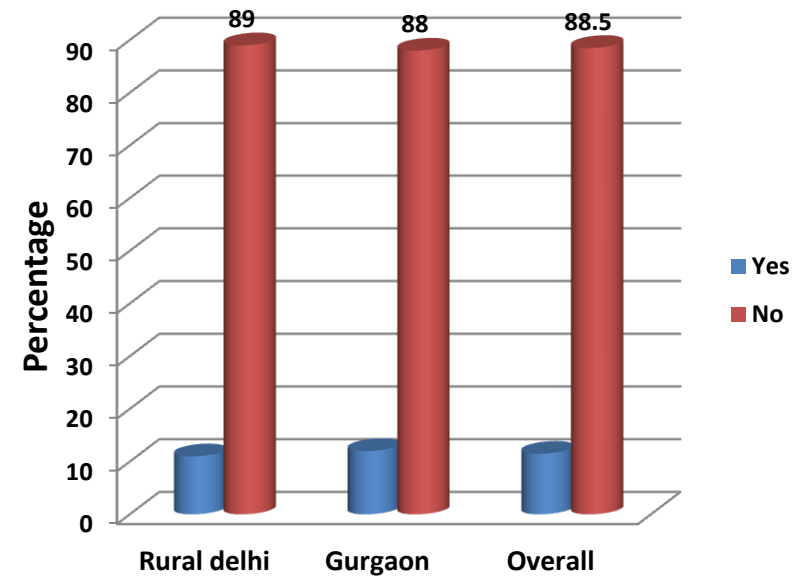
## Nurse/Doctor visit in Past Three Month



## Health Awareness Camp in Past Six Month

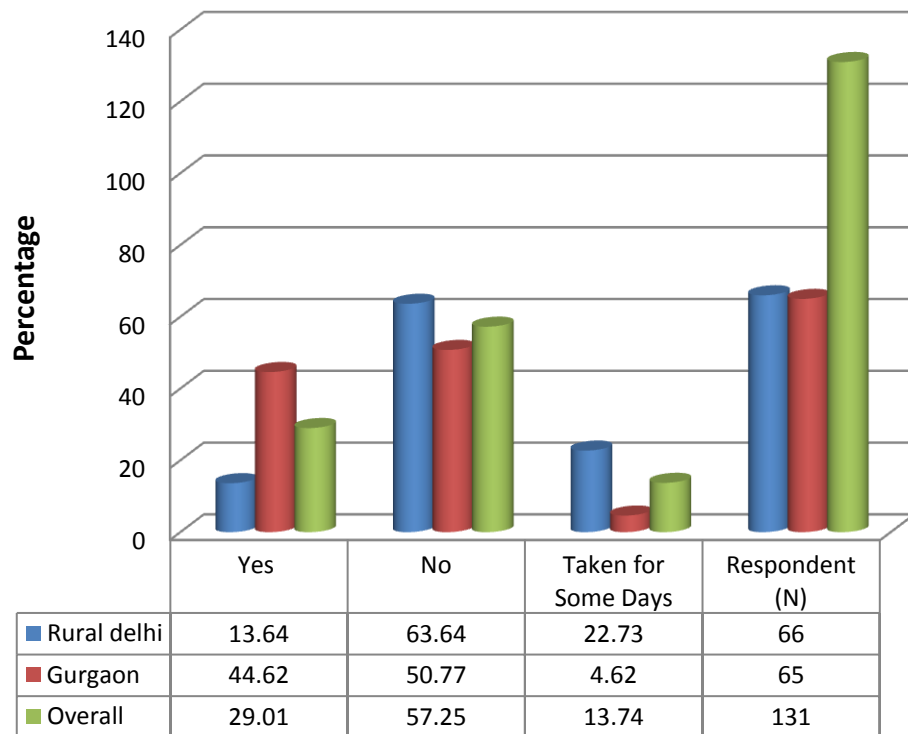


## Anganwadi worker visit in past one Month

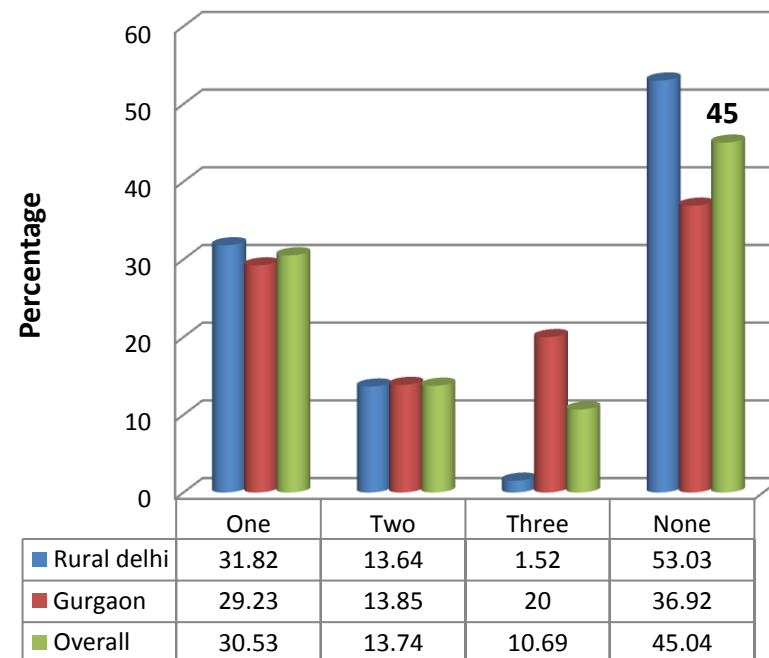


# Antenatal Care

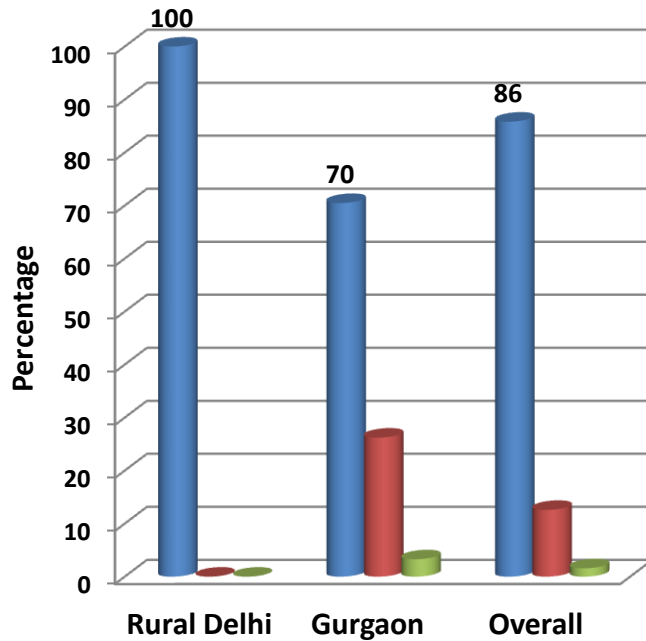
## IFA Tablet During Pregnancy



## Tetanus Injection During Pregnancy



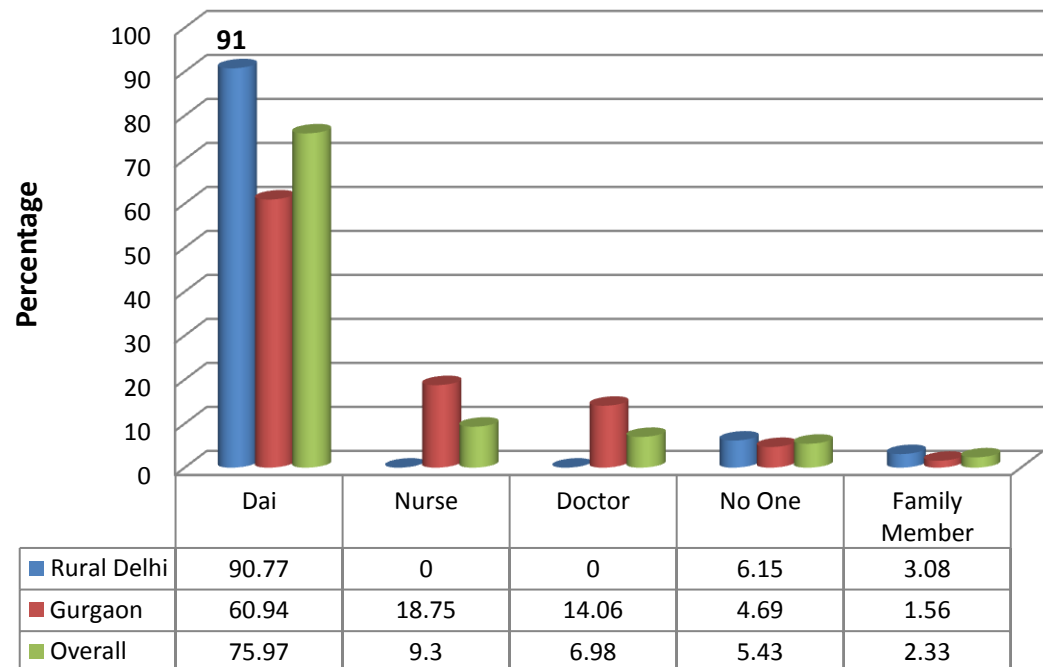
## Delivery Centre



N=127

Delivery

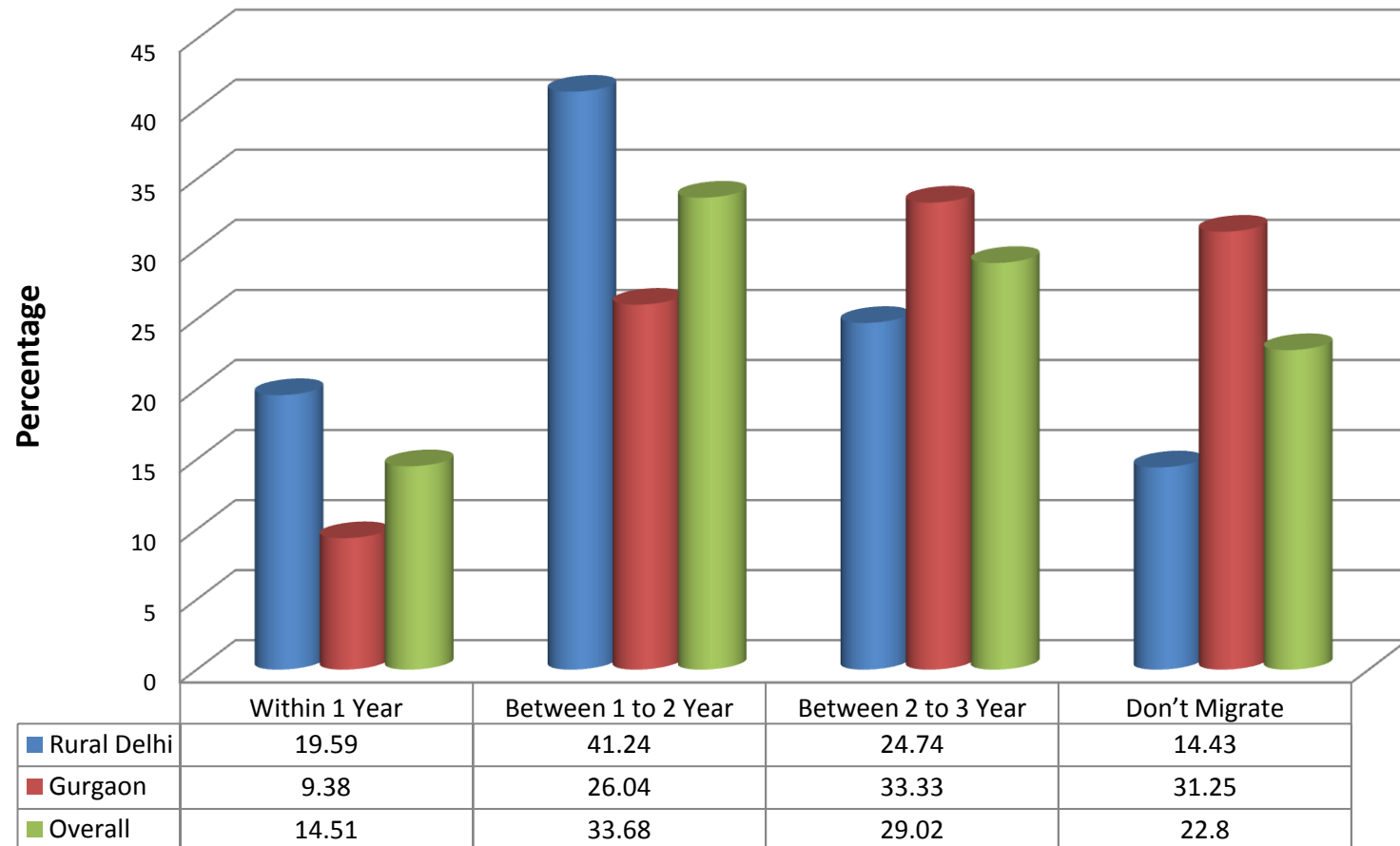
## Delivery Assistance



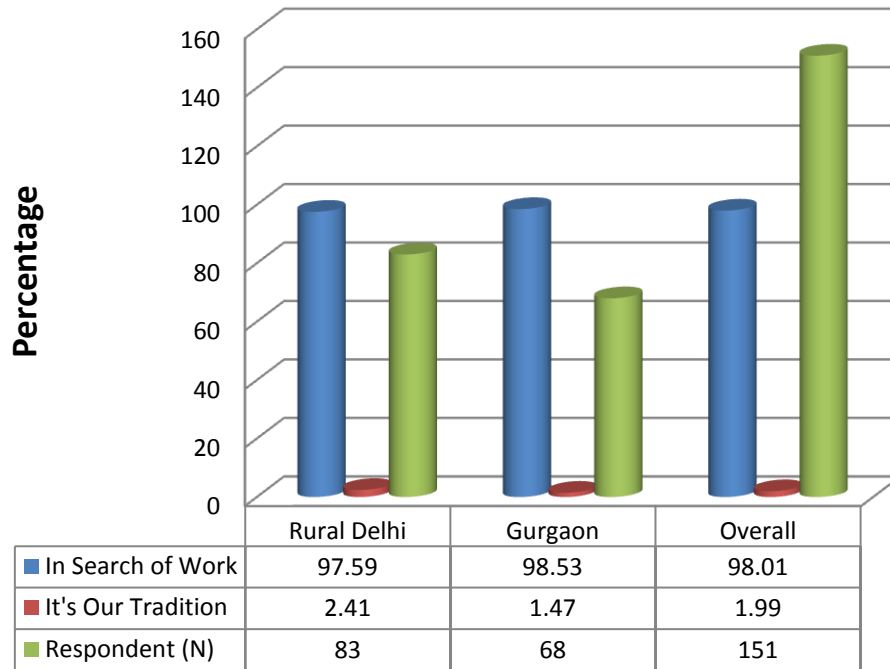


# Migration

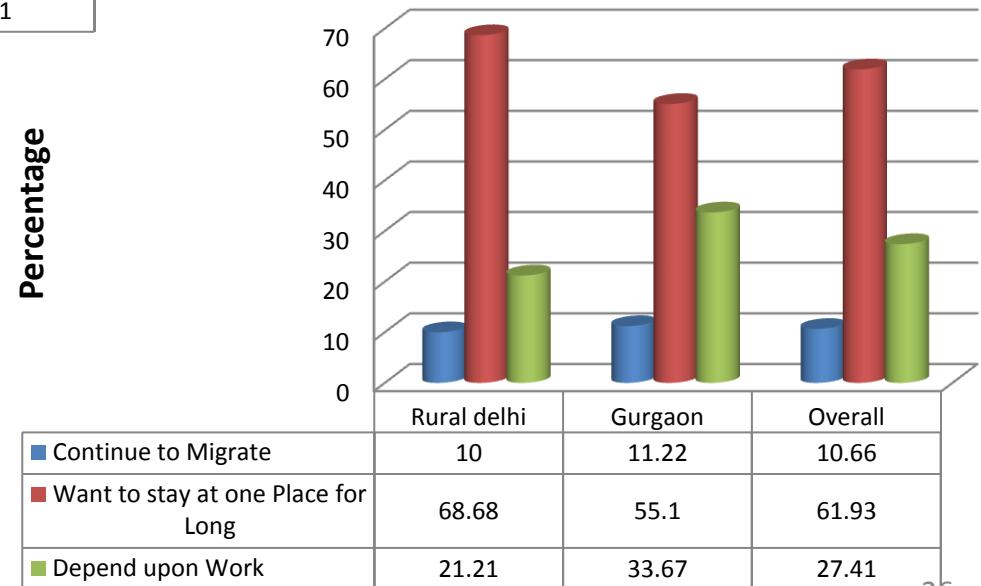
## Migration from One Place to Other



## Why You Migrate



## What About Future Migration



# Limitations

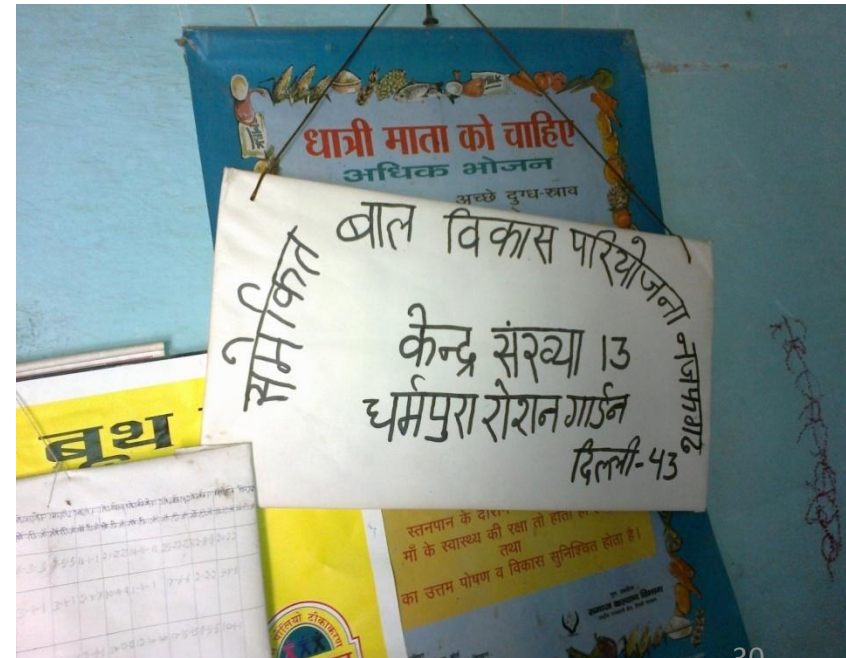
- Study has covered only some groups of the population and limited to an area of south-West Delhi and Gurgaon due to financial and time constraints. So this can be done on a large scale to have an overall view and perspective.
- Second it covered only married persons and the persons having children, the view of other age group like adolescent, single person etc can be taken into consideration.

# Conclusion

- Immunization
- Stakeholders Role
- Health Facility Distance
- Education
- Migration
- Antenatal Care

# Recommendations

- IEC
- Mobile clinic
- Drinking Water
- Training of Dai
- Education
- PRI (Panchayati Raj Institutions)
- Municipal Corporations



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