"Study of Health seeking behavior among Nomads of Rural Delhi and Gurgaon"

A dissertation submitted in partial fulfillment of the requirements
for the award of

Post-Graduate Diploma in Health and Hospital Management

By

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ABSTRACT

BACKGROUND-

The effect of behavior in term of health has a huge impact on a person. And the populations which remain unstable and ready to migrate frequently see and practice some aspects differently. This study was conducted in two parts as one of them comprise Rural Delhi region of south- west and another is of in Gurgaon district.

METHODS-

A community based Descriptive Group Comparison survey was conducted between February and March, 2012 in Rural Delhi South-West region and Gurgaon District. Any person married and having children were included in study as the study aims to know overall health seeking behavior in term of Child immunization, ANC care, utilization of health facility, Hygienic Practices and migration effects. Data collected using a structure questionnaire.

RESULTS-

If we see the immunization coverage (ninety six percent), despite of which fifty four percent told that only some vaccination has given. The exclusive breast feeding data shows that most of the females (forty nine percent) believe it should be for one year. And approximately half of the sample population (forty five percent) believes supplementary food should be given after one year and significant figure of seven percent believe it can be started within six month. Most of the people (forty nine percent) take their ward to doctor in case of diarrhea but only two percent has given ORS for the treatment purpose. And results of the child hand wash before food shows, forty eight percent wash hand before food. And if we consider role of healthcare professional, there was less visit by Nurse/Doctor in past three month and also AWW visited very less. The percentage of IFA utilization, TT injection during pregnancy was also very less. Role of Dai can't be denied as most of the deliveries were assisted by them only and significantly eighty six percent deliveries occurred at home only. And one third of the population migrates between one-two years in search of work. And ninety eight percent don't have any health scheme benefits. And finding difficulty in utilization of government health facility linked to its distance and also no knowledge about its existence in that

particular area. Facility preference was private facility because of its presence in nearby proximity and easy accessibility

CONCLUSION-

Role of education, IEC activities, frequent visits by healthcare professionals and easy accessibility of facilities have an overall impact on the changing behavior toward health. This study shows that the target population has the acceptability toward the immunization and hygienic practices but the knowledge about how it works was missing and to make them understand it need to have a framework on national level so that this migratory population can be covered as a whole.

PART-1

INTERNSHIP REPORT

1.1 Organization Profile

SAI SARVJAN SOCIETY

- ABOUT SAI SARVJAN

Sai Sarvjan society was started on 30th October, 2010 with an aim to serve humanity. It was an effort made by community people toward their community. Key person of this society is Mrs. Devki, who is working from past more than 15 years toward differently abled children. Society provide vocational training, education, prosthesis distribution to differently abled people. It also working for their pension facilitation and fund for self employment. Presently society is having twelve members and overall concern is to strengthen the steps toward the welfare of the especially abled people and to bring them into main stream with dignity and self realization.

- How Journey Started

Sai Sarvjan society was started in 2010 by Mrs. Devki as an innovative idea for working for specially abled children. Devki's three children's belong to differently abled category. Whenever she asked for help regarding their education and treatment she was always denied and low family income made the conditions worse.

Devki without losing hope stood up and educated all three children at her home. Her daughters run a beauty parlor and are also efficient in tailoring. Devki's own struggle evoked her to do something for children having special need. She initiated by working for nearby localities and expanding services in Najafgargh area including Arjun park, Gopal nagar, Dharampura, Sangam Vihar, Rathi Enclave.

- Organizational Hierarchy

i) Chairman
ii) Deputy Chairman
iii) Account Officer
iv) Secretary
v) Deputy Secretary
vi) Members (Seven in number)

- Working Areas:

vii) Free tuition for children
viii) Donating tricycles/prosthesis/ear machine/stick
ix) Rail and bus pass facilitation
x) Beauty parlor training course
xi) Free health camps
xii) Jute beg making
xiii) News paper material making
xiv) Pension facilitation from Samaj Kalyan for Specially Abled
xv) Provide fund for self employment
xvi) Bed ridden patients help

- Future Plans

Sarvjan Society aims to provide education to children, as it is a great challenge for some of them. Due to lack of infrastructure and funds the society runs teaching activities at home space only. Society needs some collaborating organizations which can help them on regular basis so that the work can be carried out in rhythm. So, Sai Sarvjan society always welcomes the effort and facilitation by the people of society toward a good cause.

Address-

Sai Sarvjan Society

RZ-65A, RD- Block,

Dharampura Colony,

Najafgarh,

New Delhi- 110043

Sai sarvjan Society is a Non profit organization registered under Societies Registration Act XXI of 1860 with registration no. S/RS/SW/0117/2010.

Work under Sai Sarvjan Society

1. To help in building de-addiction centres and to sensitise community about ill effects of addiction.
2. To organize blood donation camps on regular intervals.
3. To promote health schemes of government.
4. To educate people about various disease i. e. cancer, TB, AIDS etc and there treatment.
5. To generate various schemes for the physicall challenged people and ensure its continuity.
6. To help physically and mentally challenged people to get medical aid.
7. To help in building of educational institutes for blind, physically challenged, mentally challenged children.
8. To help in building community centres, old age homes for the poor and needy people.
9. To help in set up of healthcare centres, dispensary, hospitals for poor and needy people.
10. To help in building of centre's for co-cultural activities, social centres for human progress.
11. To facilitate in registration of people for various health and social schemes by government.
12. To help persons living below poverty line for the setup of micro, small, medium enterprise to uplift there social standards of living.
13. To facilitate in linking below poverty line persons with various government departments for their employment purpose.
14. To educate people for health and family welfare.

15. To help in preventing child labor and also help child to get into mainstream for his/her future endeavor.
16. To promote environment protection activity like tree plantation and use of natural power resources for daily purpose i.e. bio gas plant, solar power, etc.
17. To promote saving of water and educating people for recycling of water.
18. To help in setup of professional training centre for the women, man.
19. To help in building of training centres for women and providing free of cost training to them.
20. To help in providing loan facility from banks to Schedule Cast/ Other Backward Cast women.
21. To promote importance of education.
22. To work for the welfare of women and child development.
23. To help in providing money assistance for the marriage of daughters of below poverty line families.
24. To provide medical aid, food, residential, vehicles facility during natural calamities i.e. Draught, Flood, Earthquake or storms etc.
25. To facilitate for safe and pure drinking water facility in community.
26. To encourage self employment and also facilitate for professional education and training for the same.

1.2 Work Profile

I joined organization as a Programme Officer for the Internship and Dissertation purpose.

My work profile include

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

1.3 Projects-

Project-I-

My work included to frame a system for registration of Below Povery Line (BPL) people under various schemes of government. During this time registration for RSBY (Rashtriya Swasthya Bima Yojna) beneficiaries was carried out and through our organization the process included.

1. Identification of Below Poverty Line people in community in Dharampura area.
2. Awareness of BPL families about the health benefits under RSBY.
3. Coordinate with GRC (Gender Resource Centre) to facilitate the process.

Project-II-

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

Collaboration with Trade Union-

Meeting was organized with General Secretary of trade Union and Further Framework of work design prepared.

The registration process was conducted with collaboration with trade union named Nirman Mazdoor Hitashi Union with address (H. No. C/14/A, Khasra No. 8/25 Ground Floor, Rajiv Nagar Village, Begampur, New Delhi-110086), Ph. 9312035091

The process of registration included

1. Identification of schemes for the Below Poverty Line families living in Delhi
2. Identification of the Beneficiaries for the concerned Schemes.
3. Visit to the Delhi Labour Welfare Board (Delhi Building and other Construction worker Welfare Board).

4. Enquiring about various schemes.
5. Designing a framework for registration of worker under scheme.
6. Registration of workers.
7. Keeping record accordingly.
8. Submitting documents with Union for further Processing.

Benefits under scheme in Delhi Building and other Construction worker Welfare Board.

1. Loan facility upto Rs. 50,000 to purchase or built home.
2. Medical benefit maximum upto Rs.1000.
3. Money assistance upto Rs 2000 for marriage of self and children (Maximum two children)
4. Pension of Rs. 150 per month after age 60 year.
5. Family pension Rs 100 per month.
6. Disability pension Rs. 150 per month.
7. Assistance of Rs. 5000 in case of handicapped.
8. Maternal benefit upto Rs. 1000 (only first two child)
9. In case of death of registered worker during work, Rs. 50,000 payment to nominee of worker.
10. Rs. 15,000 to nominee of registered worker in case of natural death of worker.
11. Monetary assistance of Rs. 1000 for crematorium purpose.
12. Loan of Rs. 5000 to purchase tools for work.
13. Money assistance for education.
14. Mobile school benefit.
15. Benefits of Mobile dispensary.

16. Benefits of Delhi Aarogya Nidhi.

17. Benefits of Janshree insurance policy.

18. Benefits of Rashtriya Swasthya Bima Yojna.

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. The information Gathered was about

1. Rajiv Gandhi Swavlamban Rozgar Yojna (RGSRY) promoted by Delhi Khadi and Village Industries Board

   with the help of Government of NCT of Delhi, to provide the employment opportunities to the unemployed youths, artisans, trained professionals, skilled technocrats and entrepreneurs by promotion/expansion of permissible industries, professions, tertiary and service sector in the UT of Delhi.

2. Prime Minister Employment Generation Programme (PMEGP) for educated un-employed youth.

   Prime Minister Rozgar Yojana for providing self-Employment to Educated Unemployed Youth was announced by the Prime Minister on 15th August, 1993 to provide self-employed opportunities to one million educated unemployed youth in the country. The Scheme has been formally launched on 2nd October.

1.4 Reflective learning-

My learning during various projects given were

1. How to approach a government department.
2. Coordination with various stakeholders (other organizations working in society, members of trade unions, gender resource centre persons)
3. Importance of community member in facilitating and implementation of various schemes for entire community.
4. Knowledge of lack of awareness to general public about various schemes by different departments of government.

PART-2

DISSERTATION REPORT

1.1 INTRODUCTION

India has variations in its culture and also in geographic pattern. Health is always a concern and the health issue of the migratory population is next to being a more concerned area. There are various factors we have to take into consideration.

The point of consideration to any change or any practice is, what is the behavior of that particular person or community to the area concerned or the outcome desired. This community of nomads has a practice of frequent travel from one place to other as the history tells. So the health needs of this community have some specific points to consider and also we have to understand their behavior related to that. The objectives involves to find out the health behavior related to

- Child immunization
- Antenatal Care
- Hygienic Practices
- Facility utilization
- And also toward health facility preference

  This study tried to find out role played by different healthcare personals and also the distance and migration effect on the facility utilization.

So this study has the initiation toward finding something new which may be missed earlier and also to refine what we have done toward health of this community. Behavior pattern has many inputs in regard to it has some inherited inputs, some are acquired, few has come with the experience of the past, and also the role of education, inputs of the financial stability, acceptance in the community also has more and more impact on this.

Moreover to understand any health behavior it needs continuous understanding the concerned community each and every time having inputs or thoughts providing better solutions to have this goal fulfillment. This study is toward finding something new which may be as an initiative can work for the better health of the individuals and finding a continuous approach.

1.2 REVIEW OF LITERATURE

Review of literature was done to know the existing scenario in term of health of child immunization, antenatal care, hygienic practices and role of various healthcare professionals. Nomads are known as a group of communities who use to travel place to place for livelihood. Some are service providers—salt traders, fortune-tellers, conjurers, ayurvedic healers. And some are jugglers, acrobats, grindstone makers, story¬tellers, snake charmers, animal doctors, tattooists, basketmakers. All told, anthropologists have identified about 500 nomadic groups in India, numbering perhaps 80 million people—around 7 percent of the country's billion-plus population.

The nomadic communities in India can be broadly divided into two groups as pastoral and the peripatetic groups. Peripatetic nomads are the most neglected and discriminated social group in India.

National Family Health survey 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. Birth assistance by healthcare professional shows some improvement than previous surveys and it was forty nine percent. Child diarrhea treatment with ORS (Oral Rehydration Solution) get a setback than previous NFHS survey and it was recorded twenty six percent rather than twenty seven percent earlier. Breast feeding in first hour after delivery has shown improvement but not to a satisfactory level. And about the EBF (Exclusive breast Feeding) the percentage was forty six percent and supplementary food with breast feeding was fifty six 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.

1.3 RATIONALE FOR THE STUDY

India has a huge variation in its cultural form and also in demographic scenario. It has a vast background of various communities and groups living in extreme conditions and some in favorable conditions.

This study comprises the population who migrate from one place to other very frequently. And to ensure a good health scenario we have to find out the health seeking behavior and also the role played by other stakeholders and factors like facility availability and reach with ease. This population has an impact on the Indicators of a state also. This study will be a step to work out on some factors to contribute to a better understanding the behavior related to health importance.

1.4 PROBLEM STATEMENT

Every health initiative work toward fulfillment of the goal for providing better health to the community. But before implementing any initiative we have to understand the need, the culture, behavior of people, there socio-economic background, variations in culture and future long term perspective. So during my work in the organization I felt the need to check the health seeking behavior of this migratory population and then only we can have some more discussions on the implementation part of the initiatives. Therefore I stated the problem as "study of Health seeking Behavior among nomads of Rural Delhi and Gurgaon".

1.5 **OBJECTIVES OF STUDY**

1.4.1 GENERAL OBJECTIVE-

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

1.4.2 SPECIFIC OBJECTIVES-

i) To study the knowledge, attitude, awareness and practices regarding child immunization, hand washing, antenatal care.

ii) To determine role of relevant stakeholders for creating awareness among concerned community

iii) To assess impact of migration in utilizing health services and getting health benefits from government

2.1 RESEARCH PROBLEM AND RESEARCH QUESTION

The research problem was "study of Health Seeking Behavior among nomads of Rural Delhi and Gurgaon".

The research problem could be explained with the help of following questions

1. What is the demographic profile of the nomadic people?

1. Do the income factors have a role to play?
2. What about the immunization of child
3. Antenatal care practices
4. Hygienic practices
5. Distance of health facility from the residence
6. Migration and its impact to avail health services.

2.2 RESEARCH DESIGN

2.2.1Study Design and Area-

The study Design was Descriptive Group-comparison. It included studying the rural setting migratory residents and urban setting migratory residents. The area selected for the study was in Rural Delhi of South west region and Gurgaon District. Sample area selected were two units in Rural Delhi and two units in Gurgaon.

2.2.2 Data Source-

Data was collected using primary data source. The locality selected was divided into four units. Two units were taken from Rural Delhi and Two from Gurgaon. From each unit sample size of fifty people was taken.

2.2.3 Method of Sampling and Sample Size -

Sample is collected using simple Random sampling technique and sample size of 200 individuals taken. From each unit sample collected were fifty in number.

2.3.4 Study Population-

The study population is the people who migrate from one place to other and resides together within jhuggi jhopri and some in half pakka built houses. This Study covered married person having child under study.

2.3.5 Data Collection Technique-

Structured Questionnaire used to collect data from the study population. In-depth Interview of various stakeholders was taken.

Variables on which data is Collected-

This include

1. Immunization
2. Exclusive Breast Feeding
3. Facility Preference
4. Hygienic Practices
5. Stakeholders Role
6. Antenatal Care
7. Migration

2.3.6 Data analysis

Data analysis included both quantitative as well as qualitative data analysis. SPSS (Statistical Package social service) version 16 was used to analyze data.

3- RESULTS AND FINDINGS-

3.1-Demographic Profile

Gender

Table 3.1.1: Gender				
		Rural Delhi	Gurgaon	All
		Percentage	Percentage	Percentage
	Male	34	35	34.5
	Female	66	65	65.5
Total (N)		100	100	200

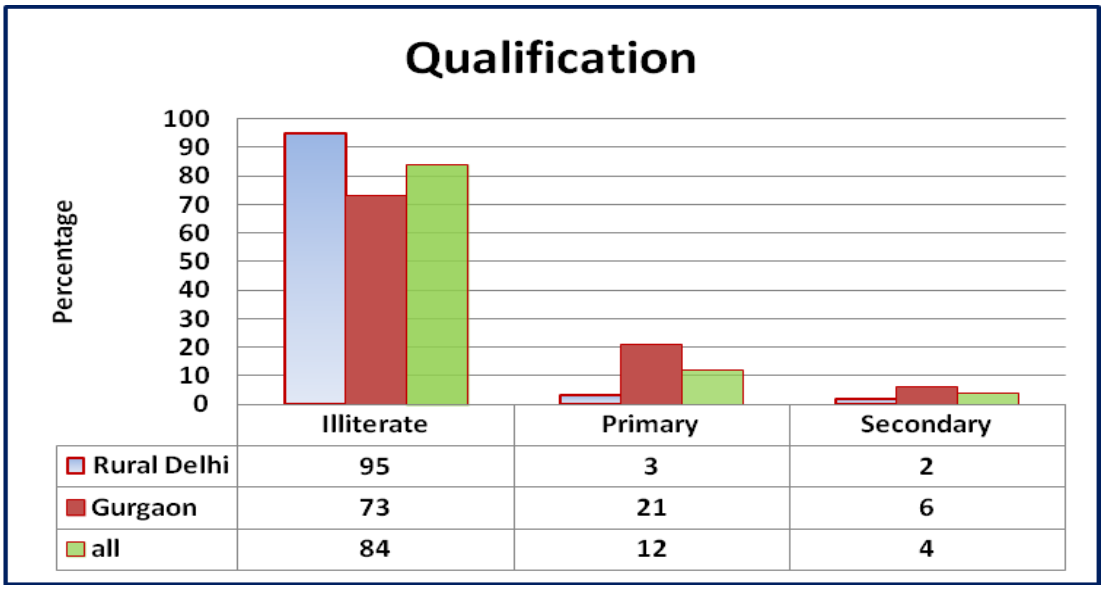
Total sample size was of 200 people comprises 66 females and 34 males in Rural Delhi and 65 females and 35 males in Gurgaon.

Marital Status

Table 3.1.2: Marital Status of Respondent				
		Rural Delhi	Gurgaon	All
		Percentage	Percentage	Percentage
	Married	98	99	98.5
	Widow	2	1	1.5
Total (N)		100	100	200

Target Population is married person and person having Child. Ninety eight percent sample populations was married and two percent was in widow category.

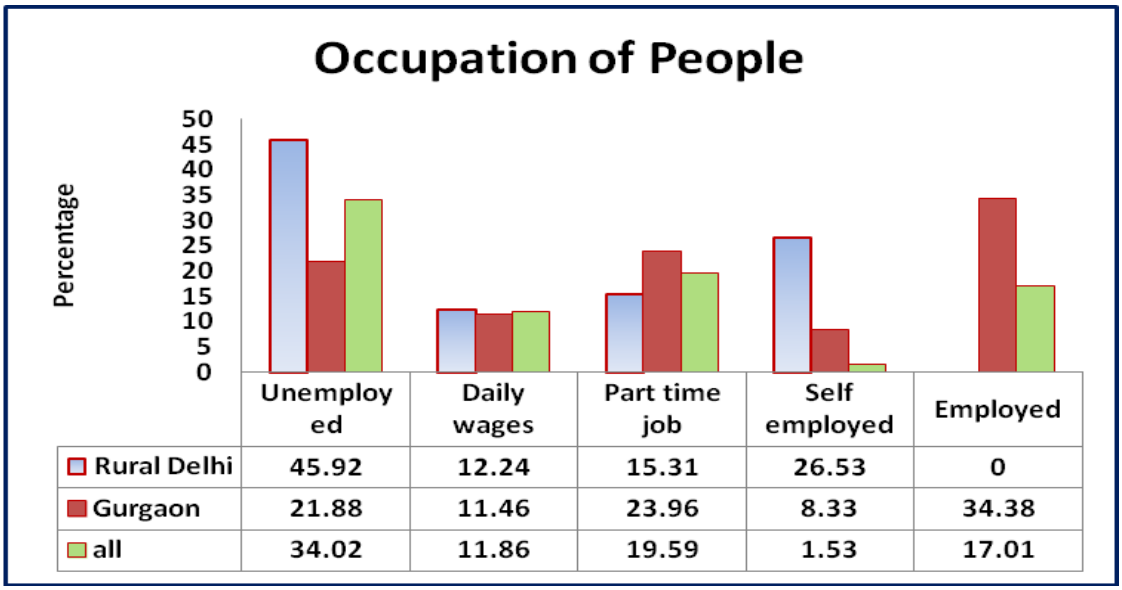
3.1.3 Literacy



	Illiterate	Primary	Secondary
Rural Delhi	95	3	2
Gurgaon	73	21	6
all	84	12	4

Eighty four percent of the Sample population was in category of illiterate and only twelve and four percent were having primary and secondary qualification respectively.

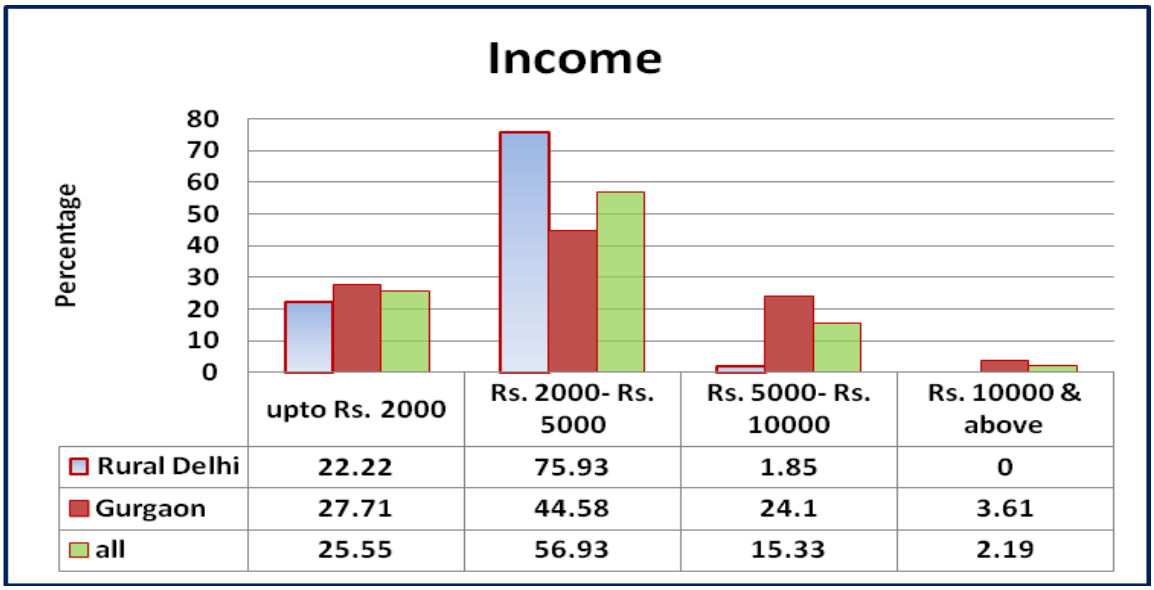
3.1.4 Occupation



	Unemployed	Daily wages	Part time job	Self employed	Employed
Rural Delhi	45.92	12.24	15.31	26.53	0
Gurgaon	21.88	11.46	23.96	8.33	34.38
all	34.02	11.86	19.59	1.53	17.01

Thirty four percent of the population were in the category of unemployed followed by part time job, self employed, employed comprises nineteen, eighteen and seventeen percent respectively. Point of notice comes as in Rural Delhi has more percent of unemployed (Forty six percent) as compared to Gurgaon (Twenty two percent). And also Employed category shows more percentage in Gurgaon (thirty four percent) as compared to Rural Delhi (Zero percent).

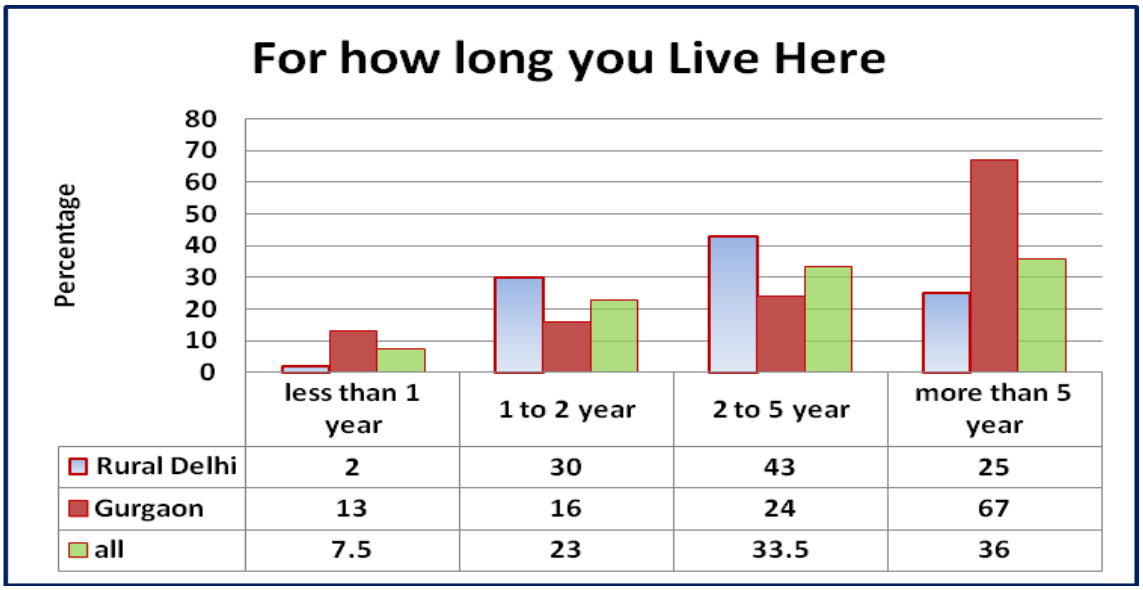
3.1.5 Income



	upto Rs. 2000	Rs. 2000- Rs. 5000	Rs. 5000- Rs. 10000	Rs. 10000 & above
Rural Delhi	22.22	75.93	1.85	0
Gurgaon	27.71	44.58	24.1	3.61
all	25.55	56.93	15.33	2.19

Gurgaon Shows significant high in third category of income (Rs. 5000- Rs. 10000) as of Twenty four percent people as compared to two percent in Rural Delhi. Overall the data shows sample was having in the second category (Rs. 2000-Rs. 5000) showing fifty seven percent.

3.1.6 Living for How Long



	less than 1 year	1 to 2 year	2 to 5 year	more than 5 year
Rural Delhi	2	30	43	25
Gurgaon	13	16	24	67
all	7.5	23	33.5	36

Sample population majorly live in that particular area for more than five year (thirty six percent) followed by two to five year , one to two year with thirty three and twenty three percent respectively. Gurgaon sample population shows higher percentage of people living more than five year (Forty seven percent) as compared to Rural Delhi Population (twenty five percent). But as on comparison mode Rural Delhi sample population has more percentage (Forty three percent) between two to five year than Gurgaon (twenty four percent).

BPL Card Holder

Table 2.7: BPL Card				
		Rural Delhi	Gurgaon	All
		Percentage	Percentage	Percentage
Do you have BPL card	Yes	2	15	8.5
Total (N)		100	100	200

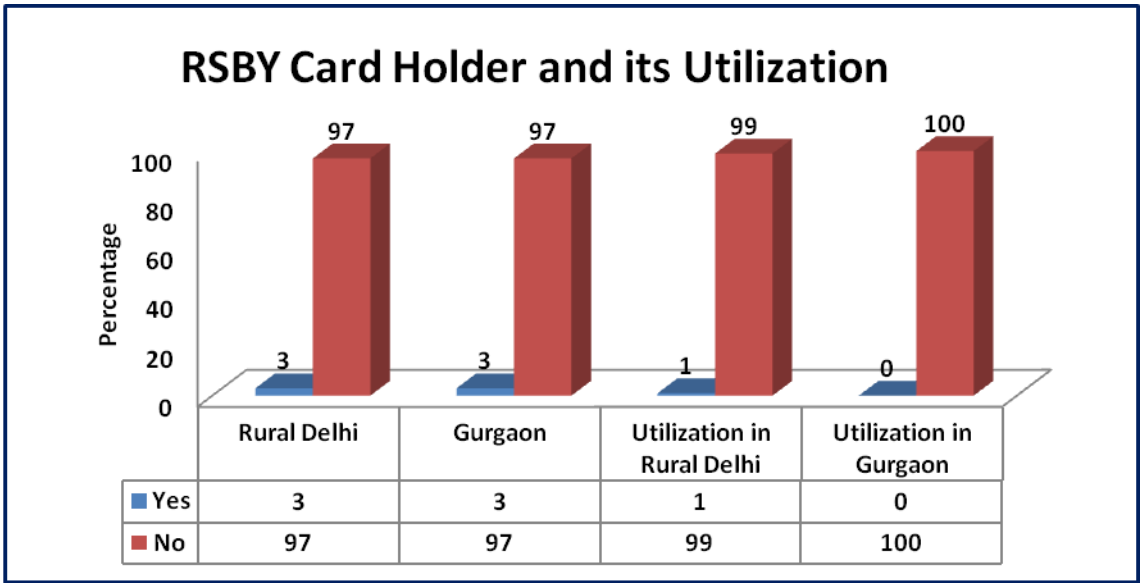
Out of total respondent only eight percent were having BPL card and remaining ninety two percent were not having.

RSBY Card Holder

Table 2.8: RSBY Card				
		Rural Delhi	Gurgaon	All
		Percentage	Percentage	Percentage
Do you have RSBY card	Yes	3	3	3
Total (N)		100	100	200

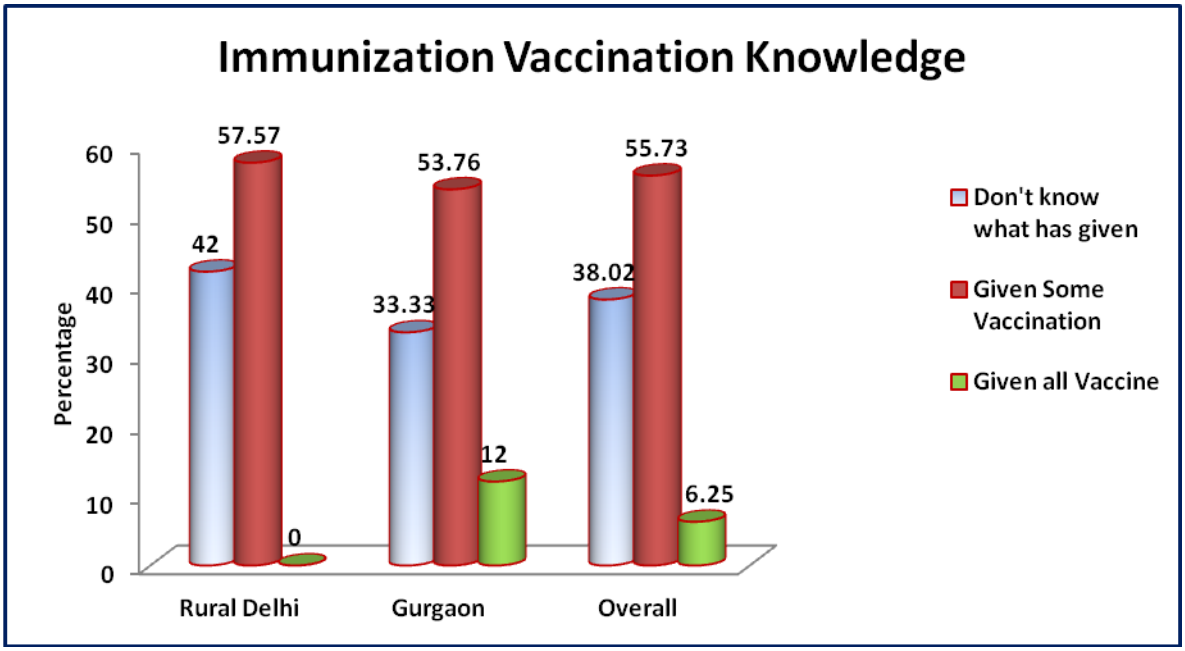
Almost all (ninety seven percent) respondent were not having RSBY (Rashtriya Swasthya Bima Yojna) card.

3.1.7 RSBY Card Holder and its Utilization



Only three percent target population were having RSBY card but the utilization rate was also very low and only one person has utilised its services.

3.1.8 Immunization for which Vaccine



Out of total sample population fifty six percent said some vaccination has given to child and thirty eight percent were having no knowledge, what has given to their child. Thirteen percent respondent told that full vaccination given to their child in Gurgaon as compared to zero percent in Rural Delhi.

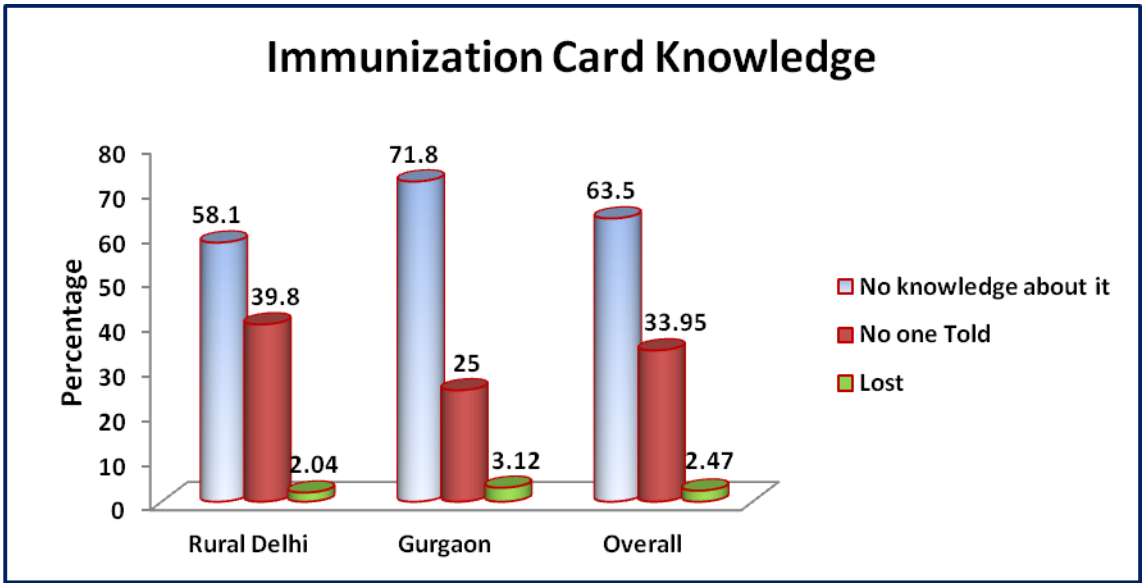
3.1.9 Immunization Importance

Table 3.5: Immunization Is Important

		Rural Delhi	Gurgaon	All
		Percentage	Percentage	Percentage
Do you think Immunization is important for child	Yes	92	93	92.5
	No	8	5	6.5
	Don't Know	0	2	1
Total (N)		100	100	200

Ninety two percent respondent agreed on importance of immunization and a small percent respondent (six percent) denied the importance of immunization.

3.1.10 Knowledge about Immunization Card



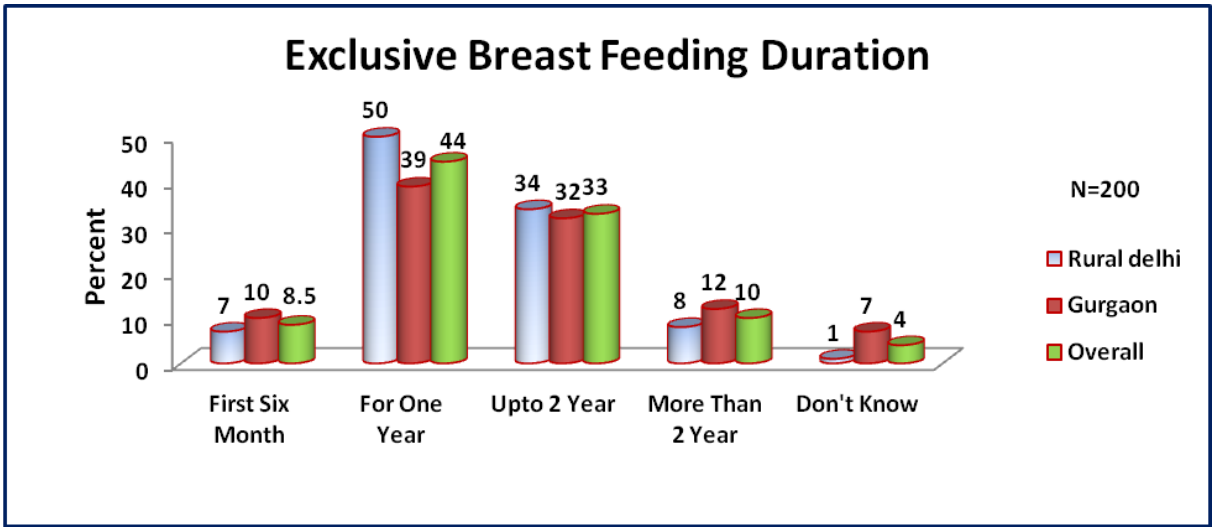
When asked about the immunization card knowledge, sixty three percent respondent told that they were not having any knowledge about it, irrespective of the fact that ninetyfive percent children of these respondent has undergone immunization.

3.2 EBF (Exclusive Breast Feeding)

Table 4.1: Do you think breast feeding is important for child				
		Rural Delhi	Gurgaon	All
		Percentage	Percentage	Percentage
Do you think breast feeding is important for child	Yes	100	100	100
Total (N)		100	100	200

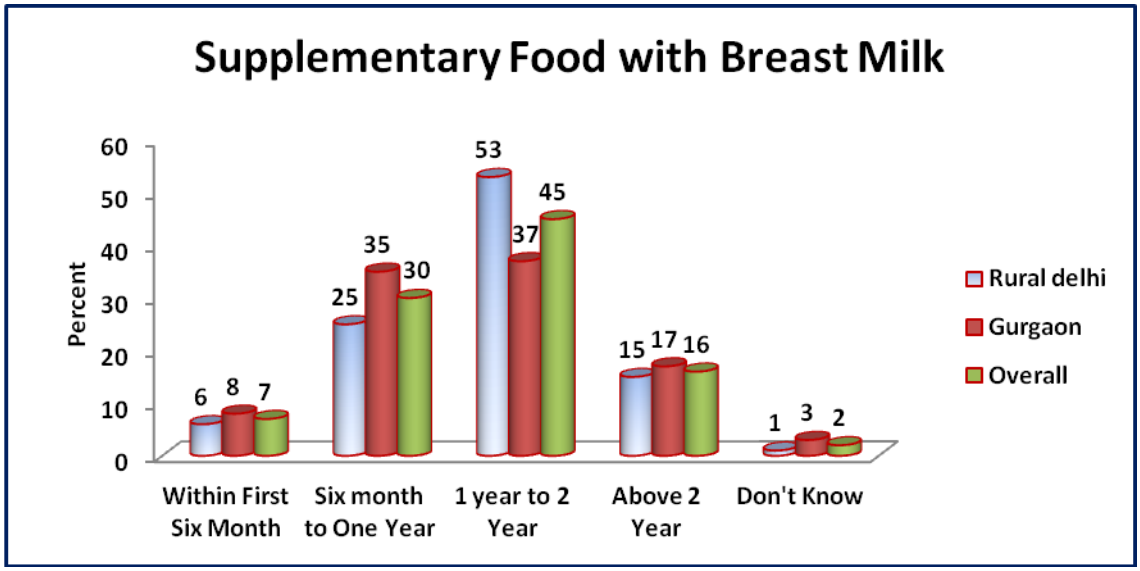
Considering the fact of acceptance and a good result, all respondent agreed on the importance of breast feeding.

3.2.1 EBF



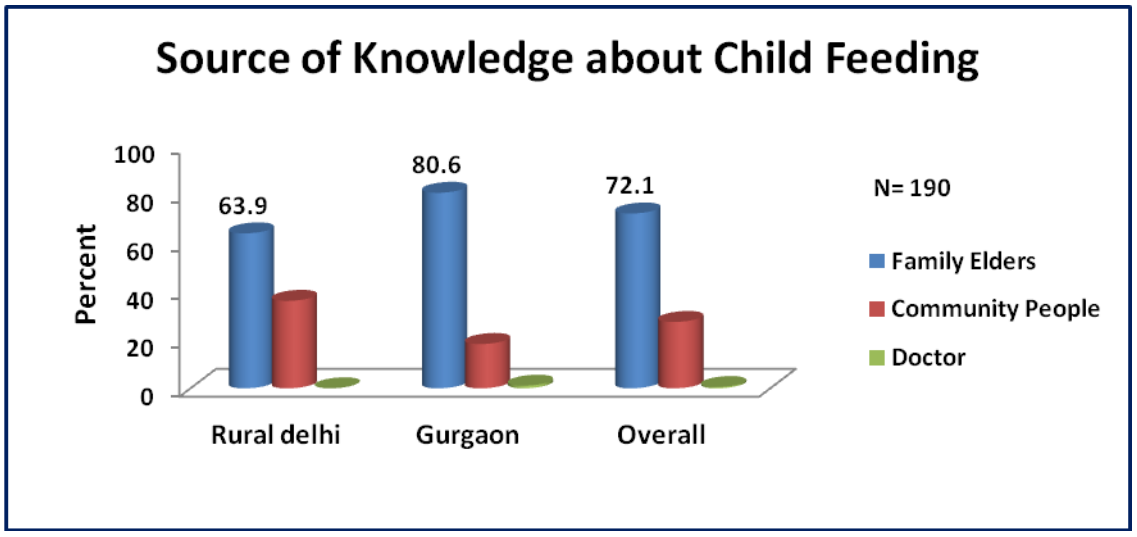
Forty four percent respondent told the duration of Exclusive Breast Feeding will be for one year followed by thirty three percent responded it up to two year. Only eight percent respondent believes it to be only for the first six month.

3.2.2 Supplementary Food



Same time forty five percent respondent believe the supplementary food should be given between one to two year followed by thirty percent believe it can be started between six month to one year. And seven percent respondent said it should be given within six month along with breast milk.

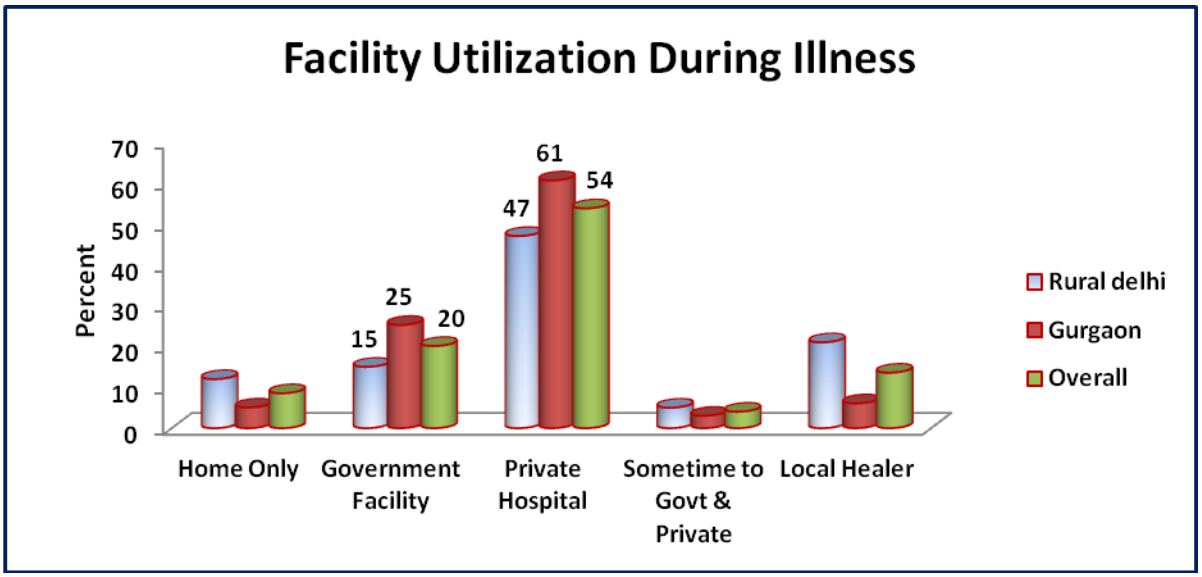
3.2.3 Source of Knowledge about Child Feeding



The knowledge and practice about child feeding acquired moreover (seventy two percent) from the family elders only and followed by community people (Twenty seven percent). Role of health practitioners and healthcare professional found in nil percentage.

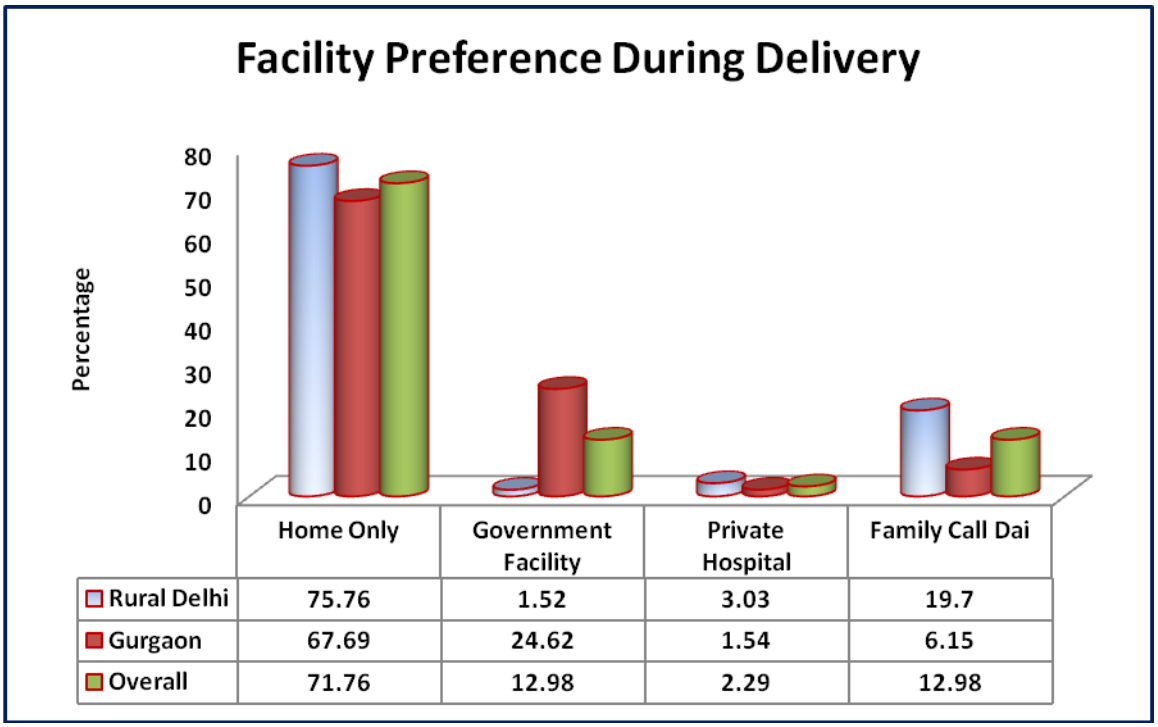
3.3 Facility Preference-

3.3.1 Facility Utilization during Illness



The facility preference during illness was private hospital (fifty four percent) followed by government facility (Twenty percent). Gurgaon shows more utilization of private hospital and government facility (sixty one and twenty five percent) as compared to Rural Delhi (forty seven and fifteen percent respectively).

3.3.2 Facility Preference During Delivery

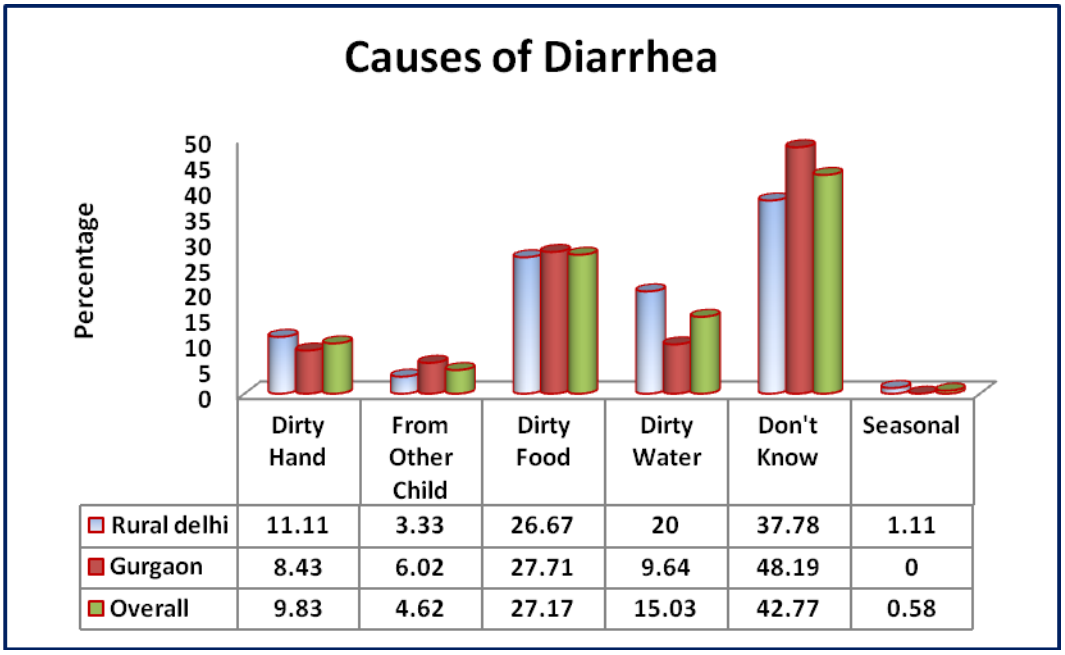


	Home Only	Government Facility	Private Hospital	Family Call Dai
Rural Delhi	75.76	1.52	3.03	19.7
Gurgaon	67.69	24.62	1.54	6.15
Overall	71.76	12.98	2.29	12.98

Facility preference during delivery has shown significant factors as seventy two percent respondent (female only) prefer to stay at home only and only thirteen and three percent prefer to visit government and private facility respectively. Gurgaon respondent prefer more to go in a government facility (sixteen percent) as compared to only one percent in Rural Delhi.

3.4 DIARRHEA

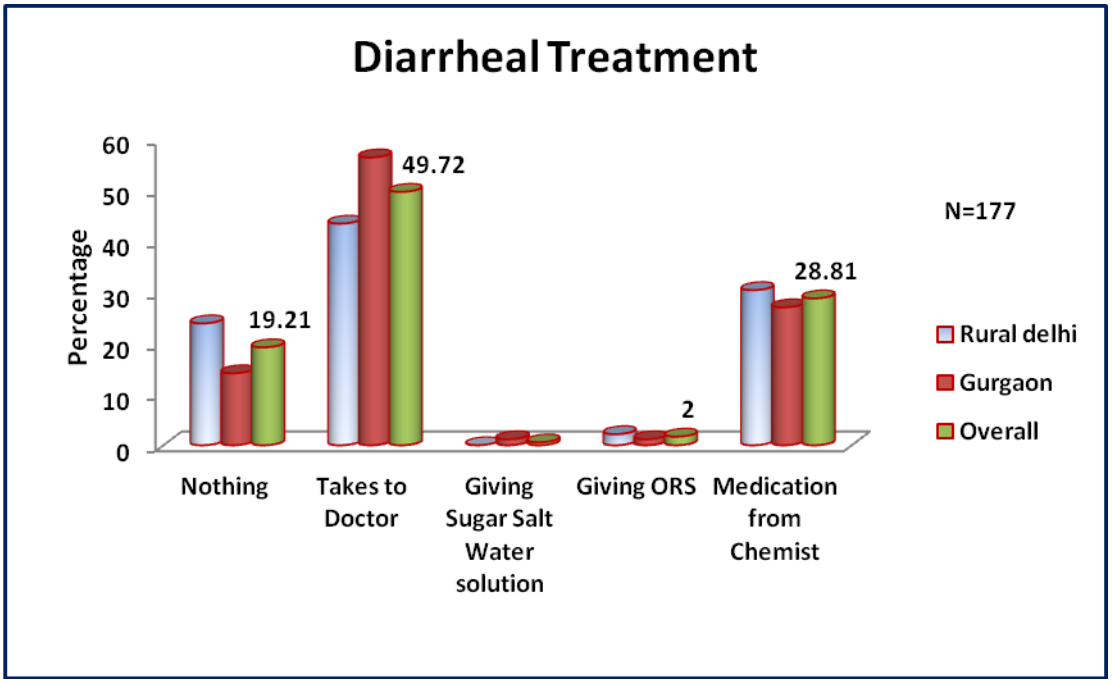
3.4.1 Knowledge about Diarrheal Causes



	Dirty Hand	From Other Child	Dirty Food	Dirty Water	Don't Know	Seasonal
Rural delhi	11.11	3.33	26.67	20	37.78	1.11
Gurgaon	8.43	6.02	27.71	9.64	48.19	0
Overall	9.83	4.62	27.17	15.03	42.77	0.58

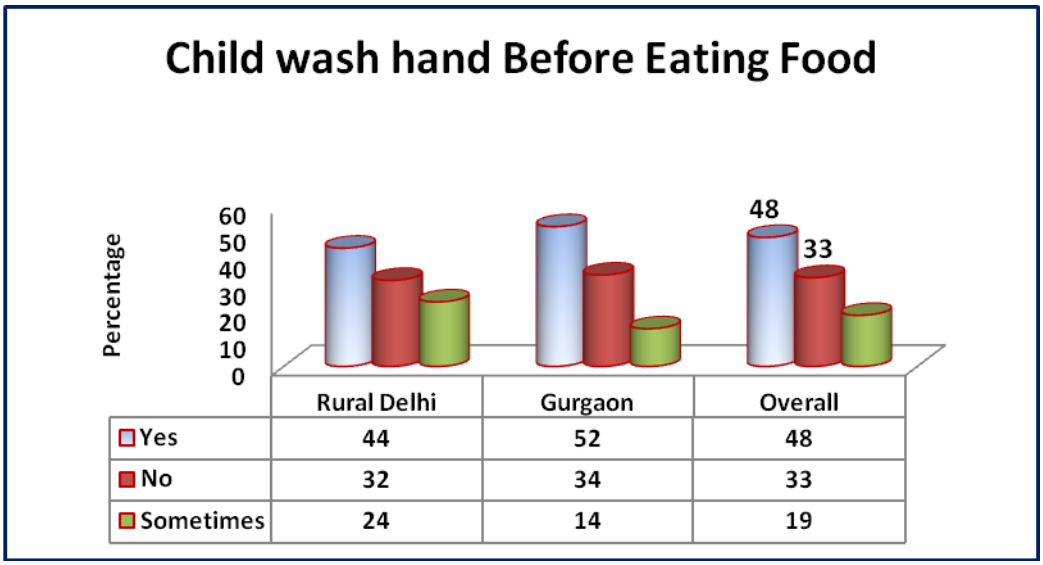
Knowledge about the cause of diarrhea shown that forty three percent respondent don't know the cause of diarrhea in child and twenty seven and fifteen percent responded cause to be dirty food and dirty water respectively.

3.4.2 Diarrheal Treatment



Treatment followed for the child included that fifty percent respondent takes child to doctor in case of diarrhea followed by twenty eight percent give medications to child taken from nearby chemist. Nineteen percent respondent do nothing for diarrhea treatment and told it get overcome by its own. And the fact of importance is that only two percent respondent takes child on ORS routine treatment.

3.4.3 Hand Wash Practice



Practice of hand wash has important role and in case of child it matters a lot. The data shows only about half of the respondent child (forty eight Percent) wash hand before taking food. Thirty three percent children were in significant category as they don't wash hand before taking food.

Table 6.5: Do you wash hand before preparing food

		Rural Delhi	Gurgaon	All
		Percentage	Percentage	Percentage
Do you wash hand Before Preparing Food	Yes	48	67	57.5
	No	23	23	23
	Sometimes	29	10	19.5
Total (N)		100	100	200

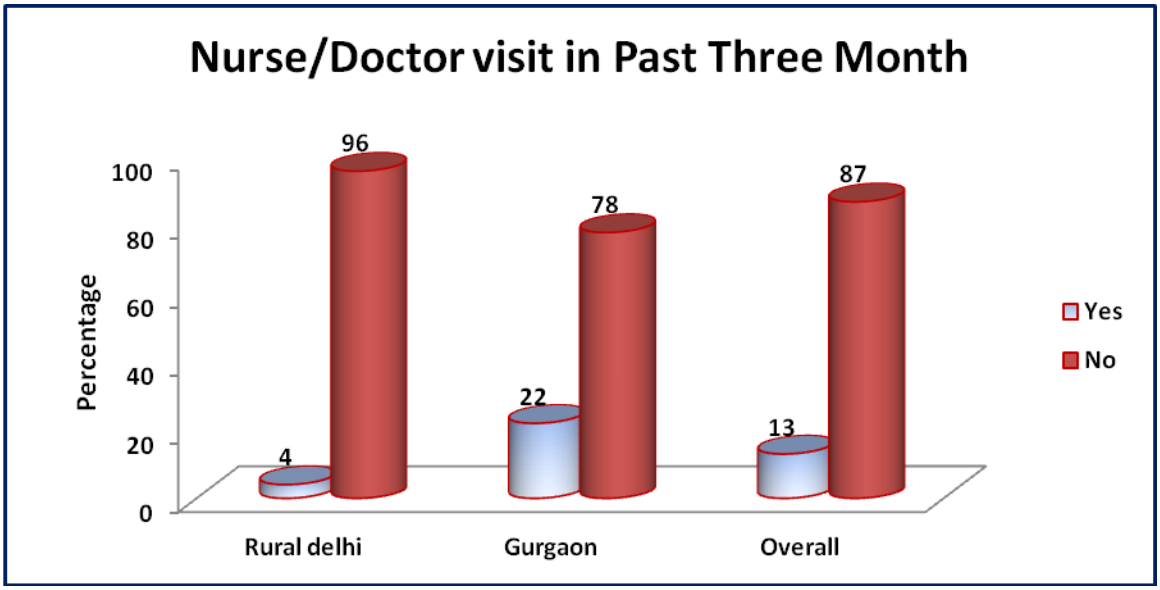
When asked about hand wash before preparing food more than half (Fifty seven percent) said yes they do and only twenty three percent responded no. About twenty percent of them wash hand sometimes.

3.5 Healthcare Professionals Role

Table 7.3: Do Anganwadi worker visited your locality in past one month				
		Rural Delhi	Gurgaon	All
		Percentage	Percentage	Percentage
Do Anganwadi worker visited your locality in Past one Month	Yes	11	12	11.5
	No	89	88	88.5
Total (N)		100	100	200

Anganwadi worker visit to the community was almost nil (Eleven percent only)

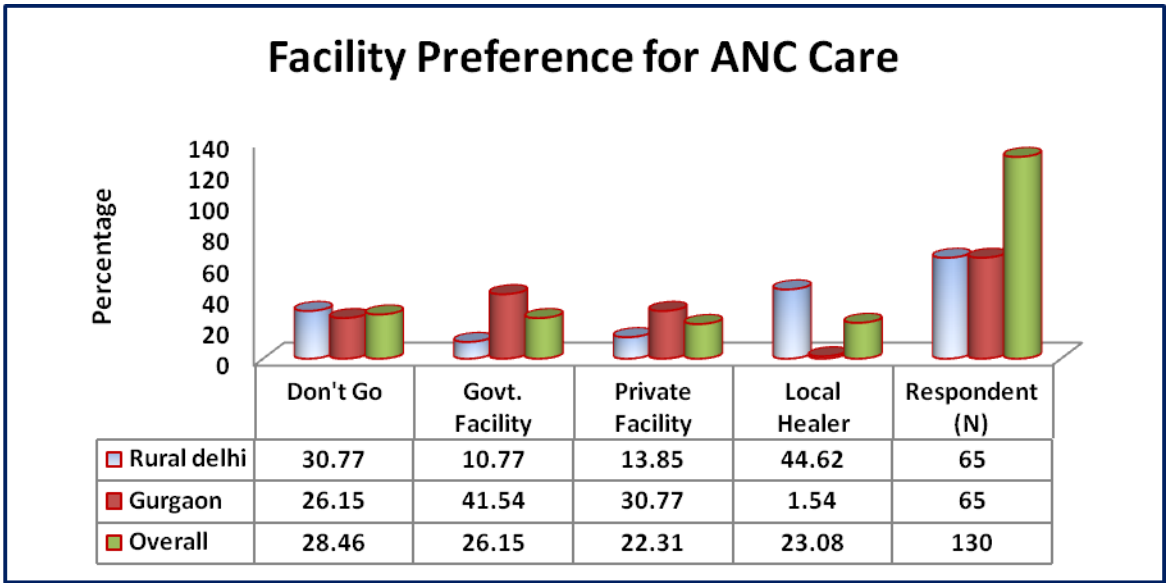
3.5.1 Nurse/Doctor visit to community



There is a great role of healthcare professional in providing services and also in creating awareness. And the study shows significant results as eighty seven percent respondent said there is no visit by any doctor/nurse in their community in past three month. Gurgaon shows slight some good percentage of twenty two percent respondent said yes about doctor/nurse visit to their community as compared to only four percent in Rural Delhi.

3.6 Antenatal Care (ANC)

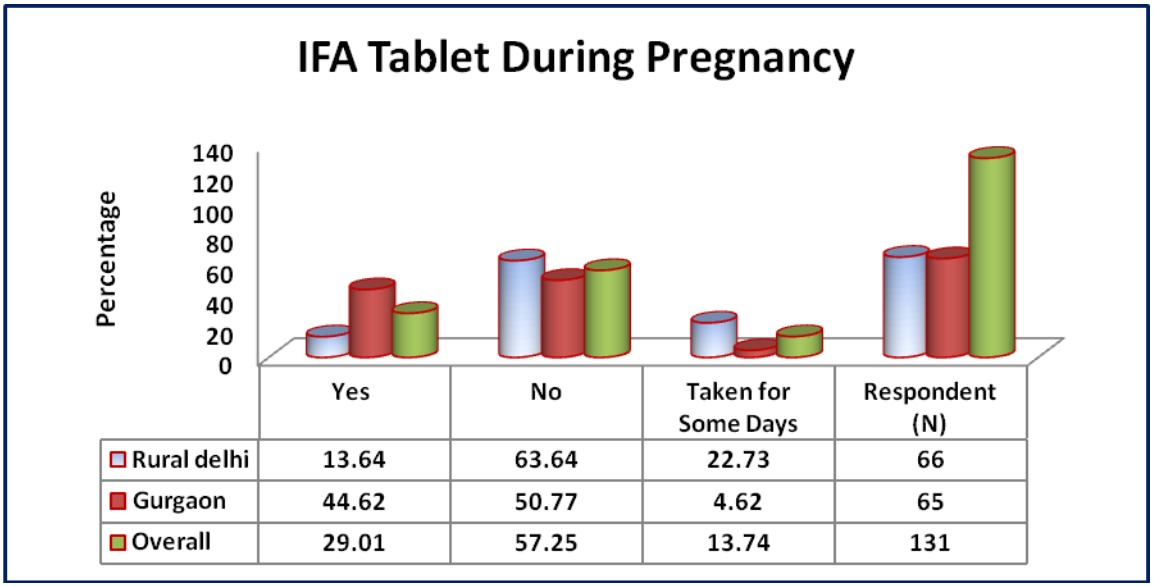
3.6.1 ANC Facility Visit



	Don't Go	Govt. Facility	Private Facility	Local Healer	Respondent (N)
Rural delhi	30.77	10.77	13.85	44.62	65
Gurgaon	26.15	41.54	30.77	1.54	65
Overall	28.46	26.15	22.31	23.08	130

Importance of antenatal care cannot be denied for a health of mother and child. Results of study shows that twenty eight percent respondent (female only) even don't go for antenatal care check up and approximately same percentage (twenty three) go to local healer. Visit to government and private facility seems to be only twenty six and twenty two percent respectively.

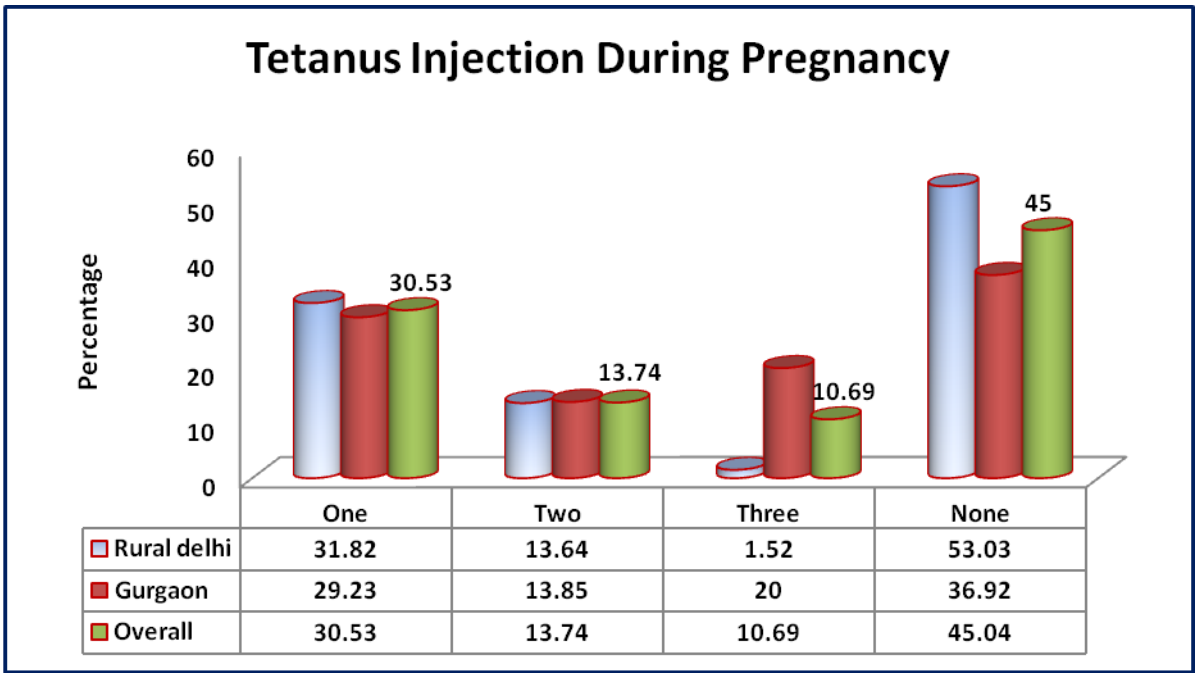
3.6.2 Iron and Folic Acid Tablet



	Yes	No	Taken for Some Days	Respondent (N)
Rural delhi	13.64	63.64	22.73	66
Gurgaon	44.62	50.77	4.62	65
Overall	29.01	57.25	13.74	131

The study data shows that fifty seven percent respondents have not taken iron and folic acid tablet during pregnancy followed by only twenty nine percent has taken and fourteen percent taken tablet for some days.

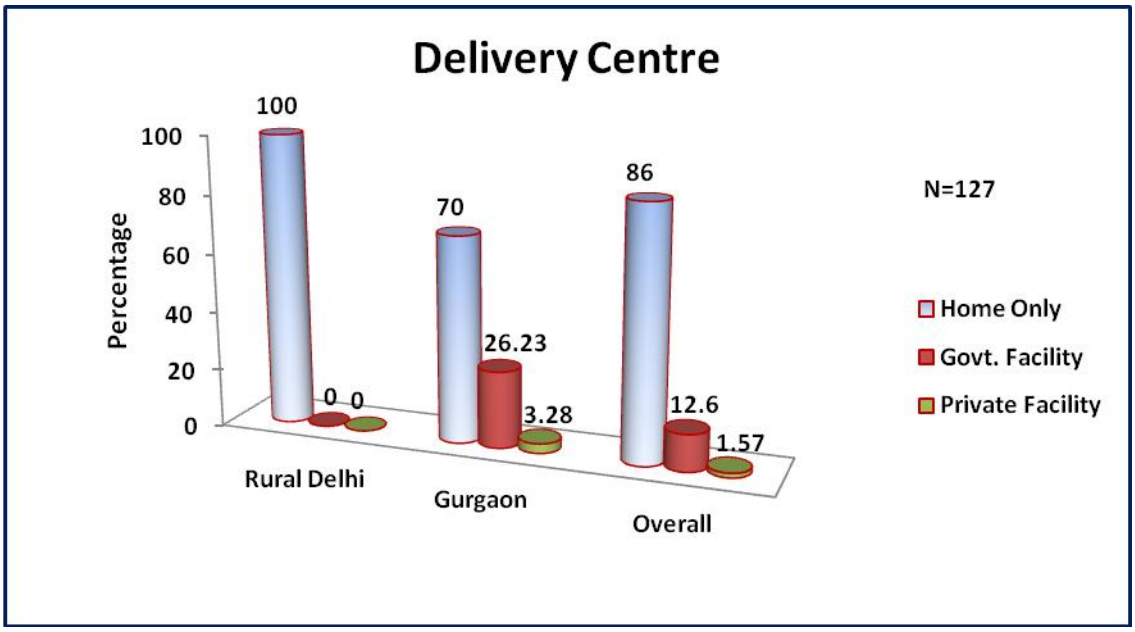
3.6.3 Tetanus Injection Doses during Pregnancy



	One	Two	Three	None
Rural delhi	31.82	13.64	1.52	53.03
Gurgaon	29.23	13.85	20	36.92
Overall	30.53	13.74	10.69	45.04

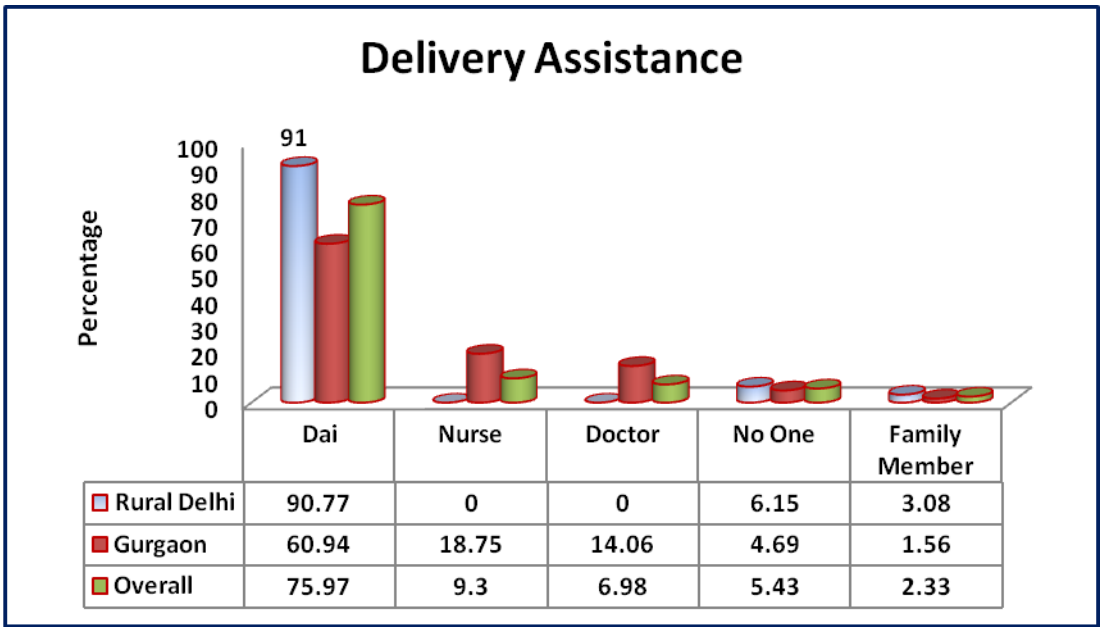
About the tetanus injection dose during pregnancy, forty five percent has not taken even a single dose of tetanus injection followed by thirty one percent taken only one injection and fourteen and eleven percent taken two and three tetanus injection respectively.

3.6.4 Delivery Centre



Eighty six percent respondents said they have delivered at home only and only twelve and two percent delivered in government and private facility respectively.

3.6.5 Delivery Assistance

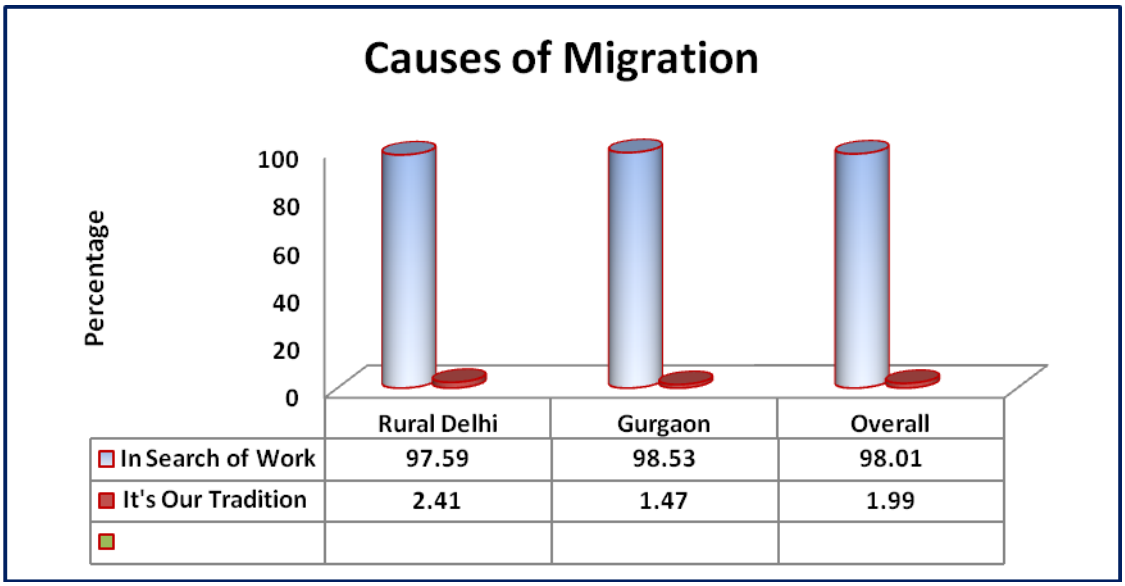


	Dai	Nurse	Doctor	No One	Family Member
Rural Delhi	90.77	0	0	6.15	3.08
Gurgaon	60.94	18.75	14.06	4.69	1.56
Overall	75.97	9.3	6.98	5.43	2.33

Dai has played a major role in delivery process as seventy six percent respondent told that their delivery assisted by dai. And seven and nine percent respondent told that it is assisted by doctor and nurse respectively.

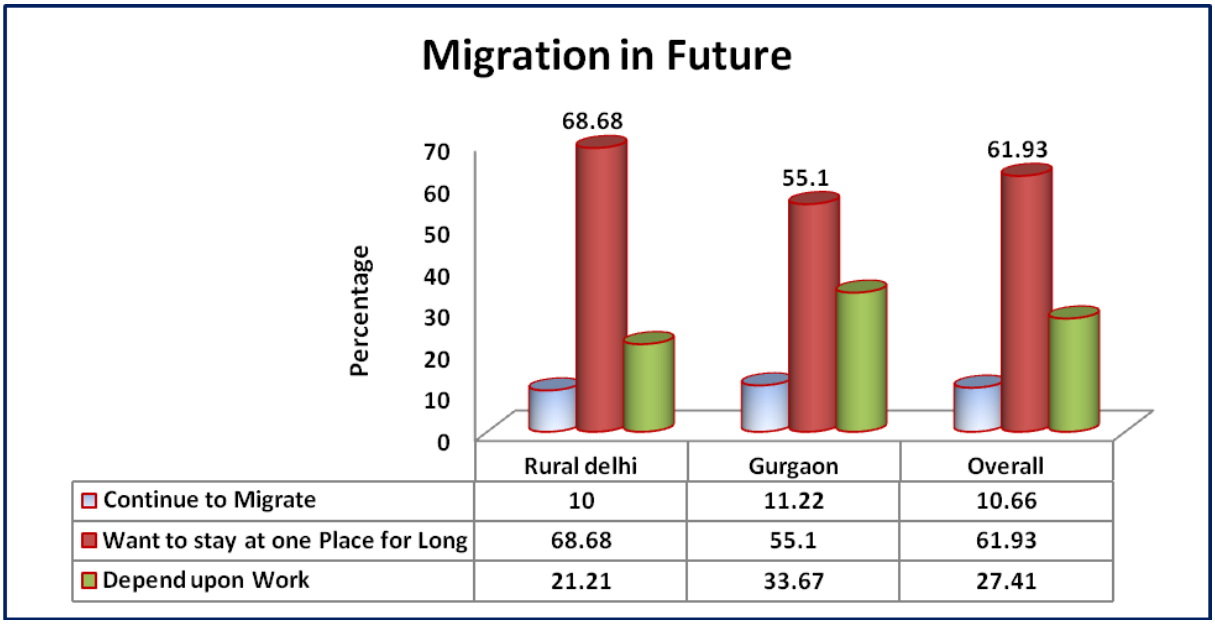
3.7-MIGRATION

3.7.1 Migration Cause



The cause of migration was in search of work (ninety eight percent) and only two percent said that it's our tradition.

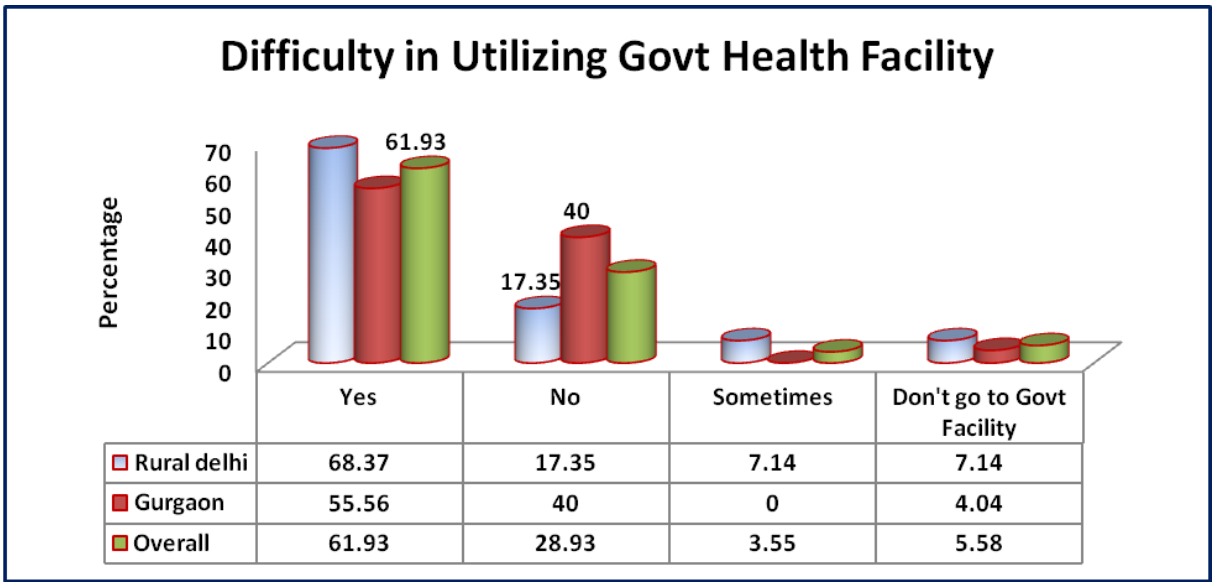
3.7.2 Migration in Future



	Rural delhi	Gurgaon	Overall
Continue to Migrate	10	11.22	10.66
Want to stay at one Place for Long	68.68	55.1	61.93
Depend upon Work	21.21	33.67	27.41

Majority of Respondent (sixty two percent) want to stay at one place for long and twenty seven percent said it depend upon work. And only eleven percent wants to continue to migrate from one place to other.

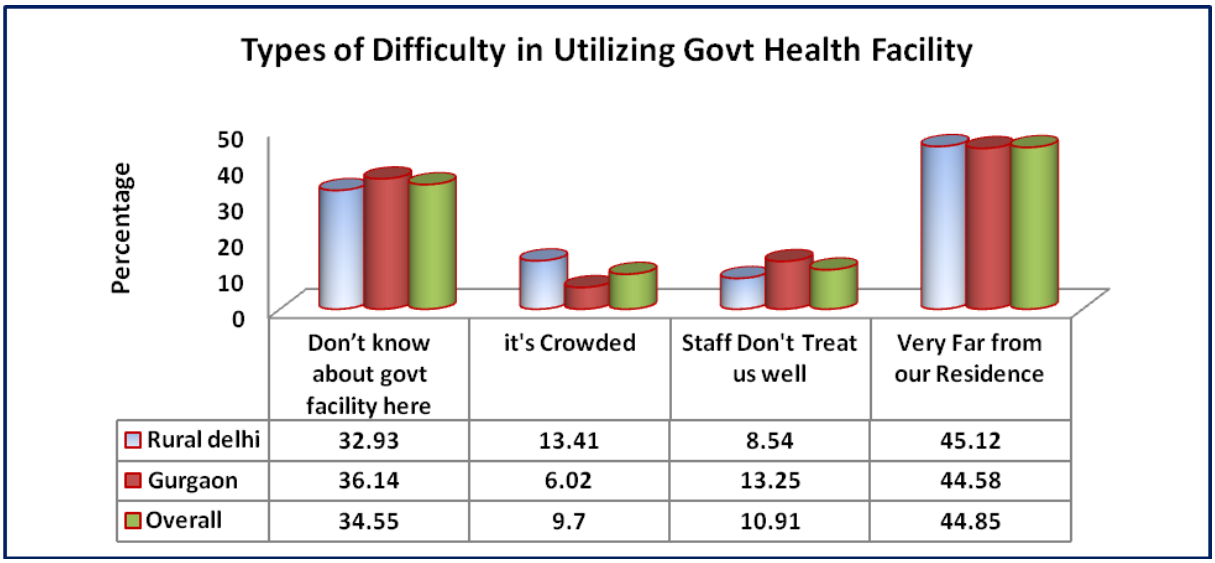
3.7.3 Difficulty in Utilization of Government Health Facility



	Yes	No	Sometimes	Don't go to Govt Facility
Rural delhi	68.37	17.35	7.14	7.14
Gurgaon	55.56	40	0	4.04
Overall	61.93	28.93	3.55	5.58

Sixty two percent respondent find difficulty in utilizing government health facility and forty percent in Gurgaon said they don't find difficulty as compared to Rural Delhi, where only seventeen percent find no difficulty.

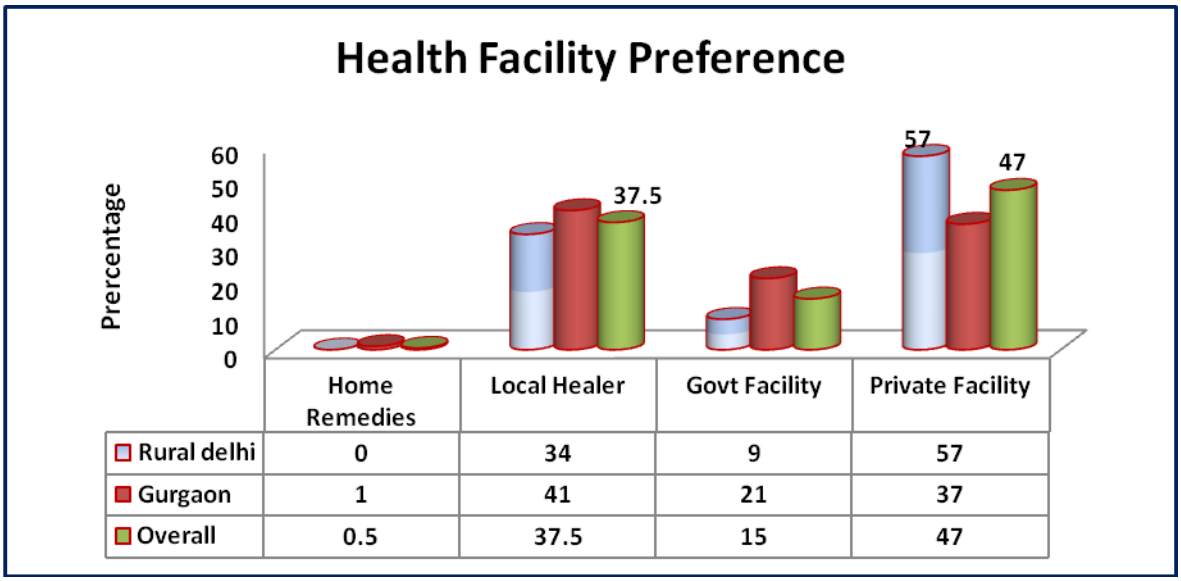
3.7.4 Types of Difficulty in Utilizing Government Health Facility



	Don't know about govt facility here	it's Crowded	Staff Don't Treat us well	Very Far from our Residence
Rural delhi	32.93	13.41	8.54	45.12
Gurgaon	36.14	6.02	13.25	44.58
Overall	34.55	9.7	10.91	44.85

Major difficulty in utilizing government health facility was no knowledge about its presence (thirty five percent) and its distance, as it is very far from their residence (forty five percent).

3.7.5 Health Facility Preference



Preference of health facility was private at major (forty seven percent) followed by local healer (thirty seven percent) and only fifteen percent prefer to go to government facility for treatment and other health benefits.

4- DISCUSSIONS

Health needs vary from individual to individual and also it depends upon various other factors. And to provide the health services to a population not stable to reside at one place is a huge task and work of important consideration.

If we see the immunization coverage (ninety six percent), despite of which fifty four percent told that only some vaccination has given. The exclusive breast feeding data shows that most of the females (forty nine percent) believe it should be for one year. And approximately half of the sample population (forty five percent) believes supplementary food should be given after one year and significant figure of seven percent believe it can be started within six month. Most of the people (forty nine percent) takes their ward to doctor but only two percent has given ORS for the treatment purpose. And results of the child hand wash before food shows forty eight percent wash hand before food. And if we consider role of healthcare professional, there was less visit by Nurse/Doctor in past three month and also AWW visited very less. The percentage of IFA utilization, TT injection during pregnancy was also very less. Role of Dai can't be denied as most of the deliveries are assisted by them only and significantly eighty six percent deliveries occurred at home only. And one third of the population migrates between one-two years in search of work. And ninety eight percent don't have any health scheme benefits. And finding difficulty in utilization of government health facility linked to its distance and also no knowledge about its existence in that particular area. Facility preference was private facility because of its presence in nearby proximity and easy accessibility.

The cultural belief of any area varies and accordingly there are variations available to the facilities but to provide services to a population group whose cultural and other requirement may vary than it can be done through proper understanding their behavior. Health seeking behavior of nomads study has given some inputs for the future studies and also some areas of consideration. The role of various stakeholders at various levels also has its importance into consideration. And the presence of private, government and various cooperatives in a particular area related to health services has an impact of positivity.

The point of consideration comes here is, the migration from one place to other frequently and then to adjust into new environment and also to know the facilities there within a short span of time create a challenge.

5- CONCLUSION

Role of the concerned stakeholders and also the distance of the facility from the residential area have an impact on its utilization. The importance of education seems to be once again highlighting its need to strengthen a framework for these communities' people.

The health seeking behavior in nomads are somewhat having an impact of acceptability of the health services. The main focus can be generated to have an IEC (Information, Education and Communication) activity for the better utilization of health services during antenatal, natal and postnatal care.

Full coverage of immunization doses to child till five year of age should have a framework to implement. The knowledge about the vaccination can enhance the acceptability towards it and show a positive outcome to fulfill the desired goal of complete immunization of child. But the lack of visits by the healthcare professional to the community and lack of awareness about various health schemes also play a hindrance to its utilization.

6-LIMITATION OF THE STUDY

Study has covered only some groups of the population and limited to an area of south-West Delhi and Gurgaon due to financial 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.

7-RECOMMENDATIONS

- **IEC Activities—**

  More and more IEC activities should be conducted so that the community knows the benefits of various health behavior and its outcomes i.e. hand wash practice can prevent number of diarrheal cases.

- **Mobile clinic—**

  As these communities sometimes resides far away from the government health facility, so weekly or bi-monthly mobile clinic can visit these communities with a team of doctors, paramedics and also with stock of medicines of common diseases.

- **Drinking water—**

  Health department can have collaboration with water department and can ensure supply of drinking water, as the piped supply of water is an issue and can be sorted out with supply through Water tanker.

- **Training of Dai—**

  As most of the deliveries are occurring at home so the skills of Dai can be improved with streamlining them and also train them on a regular period of time.

- **Education—**

  Role of education has an effect on healthcare behavior and services utilization so a framework can be built and some reservations can be given to enroll children of these people to schools having same curriculum throughout country i.e. Kendriya Vidalaya.

- **Role of PRI and Municipal Corporations—**

  As these communities resides in outside skirts of the locality, so PRI and Municipal Corporations can play a significant role in awareness programme with co-ordination

with health Departments. So that they eventually know the health schemes and also the facilities available and how they can utilize their services.

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APPENDICES