

Life report on health and medical services essay sample

[Health & Medicine](#)



1. 0 Introduction

The terms Health and Medical services are interrelated to each other and increasingly central to our lives. Bangladesh is a land of hard working souls and the major population of this nation dwells in the rural areas. LFE has been designed to provide a brief knowledge over the living structure and social and economic and also the health condition of the rural areas of Bangladesh. The awareness about health and Medical services are increasing day by day. Like other countries, Bangladesh has a strong commitment to address the health and Medical services issues. Attempts have been made here in this chapter to figure out the population, health and medical service conditions of Purba Para, Golora, Manikganj. A major aim of this report is to formulate the policy-response for achieving development for the village in our point of concerns – “ the health and Medical services”. In the past years, the health and Medical service problems were treated separately. But this Trend has changed in the recent years. In most cases, population is seen as an aggregate of Consuming units and putting stress increasingly on the natural resources leads to Environmental degradation.

This is why there had been many attempts to explore the interrelationship between population, health and medical services at all conceptual and organization Levels. In reality the interrelationship between population, health and medical services is more Complex and multidimensional. Human beings are not always consumers, they are also Producers and some time they are conservators of nature and environment. The quality and Quantity of the population of a country have inevitable interaction with its natural resources And environment. Considering a field study on a certain village I

was required to acquire a rough knowledge about the condition of the people living in the rural areas all over Bangladesh since the assumption is that the villages of Bangladesh are almost alike. Out of around 93000 villages we studied only one village in Manikganj district. The economy of Bangladesh is mostly dependent on the contribution of these villagers and though the air of technology and advancement is blowing over the whole nation we cannot think Bangladesh without villages. Golora, This village is almost like the other villages all around Bangladesh and learning about the village to project a scenario of the major population of Bangladesh was my main objective.

1. 1 Objectives

To reflect the state of health, immunization and medical facilities available in the village.

To visualize the different types of health problems according the villagers.

The name of the common diseases in the area.

To capture the differences of villagers in their health conditions and concept.

The types of health facilities the villagers are getting.

The NGOs operation in the village regarding development of the villager's health care facilities.

To get the real picture of the present environmental condition of the village, like source of water supply toilet facilities and kind of fuel they used. To learn the overall condition of the village and its people. To explore the socio economic condition and lifestyle and the way of managing the resources.

To unearth the distance and psychological factors of the villagers that drive them to

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lead a different life from the urban dwellers.

To explore the health issues of the certain residents.

To find the medical support they are having in their village. To find the financial condition of them for their medical support.

1. 2 Limitations

The LFE is a very short term research based course where we need to find various valuable information's about the society we are researching. So the validity of the information provided remains susceptible to errors. Lack of human resource and shortage of time does not permit full disclosure of the information's extracted and lack of proper guideline and condensed questionnaire may lead to wrong information collected as verification of the collected data is quite impossible within this time. Our survey time was in the morning. At that time most of the males were out of their house for work and the females were not being able to provide information properly due to lack of knowledge and were reluctant to speak with us about their problems.

1. 3 Methodology and Procedure

This research work had been done on our internet based cell phone. This survey was conducted by Real time data. We took data from household members then straight away we sent our data in the server via Cell phone. We used unique House hold Id for every single family. To gather all the information I also used some people as tools and self-observation and estimates of different demographic tools and also interviewed the related persons. Simple random sampling was the main focus. Qualitative & quantitative data were well thought-out to analyze this study. To assemble

information on community resources, literacy, and community development programs, health worker, village doctor, Upozilla Health complex information we did straight way interview. Moreover dispensary and the service of a village doctor have been done through different observational techniques and open end questions. Sample notes and on spot handouts have been used to collect information all through the coursework.

PROCEDURE:

By collecting identity of households.

Collecting data by using questionnaire survey from household members.

Giving collected data as input in IUB internet based mobile website (man. iub. org) Finding the inside of health condition of the villagers.

By checking the available health care center.

Summarizing the data.

2. 0 Working area

A total of twenty five groups of two persons took place in the LFE summer 2012 program held at Proshika, Manikganj. I worked at the middle of the Golora village which is known and golora moddho para and Golora purba Para. The Area we surveyed was consisting of approximately 2 square kilometers east and middle of the land. I also went to the Koitta bazaar which is the nearest bazaar of Golora to take further information about the village doctor and other related topics. Not only this I also deployed my best effort to collect the necessary information from the residents of Golora. I have also communicated with the visitors to this place. I aslo went to the Manikganj

Upazilla Health complex and had an interview with the medical officer in charge of the health complex.

2. 1 Manikganj Overview

Manikganj District (DHAKA division) with an area of 1378. 99 sq km, is bounded by TANGAIL district on the north, DHAKA district on the east, FARIDPUR and Dhaka districts on the south, the

PADMA, JAMUNA

and the districts of PABNA and RAJBARI on the west. Annual temperature: maximum 36°C and minimum 12. 7°C; annual rainfall 2376 mm. Main rivers are the Padma, Jamuna, Dhaleshwari, Ichamati and Kaliganga. An extensive area of the district especially riverine area of the upazilas of Harirampur, Shivalaya and Daulatpur become victims of riverbank erosion every year. Manikganj (Town) consists of 9 wards and 49 mahallas. The area of the town is 20. 59 sq km. It has a population of 53161; male 51. 16% and female 48. 84%; density of population is 2582. Literacy rate among the town people is 49. 9%. Administration of Manikganj subdivision was established in 1845 and was turned into a district in 1984. It consists of 1 municipality, 7 upazilas, 65 union parishads, 1357 mouzas, 9 wards, 49 mahallas and 1647 villages. The upazilas are MANIKGANJ SADAR, SINGAIR, SHIVALAYA, SATURIA, HARIRAMPUR, GHIOR and DAULATPUR. Main occupations Agriculture 37. 96%, fishing 1. 87%, agricultural laborer 22. 25%, wage labourer 3. 92%, industry 1. 15%, and commerce 11. 97%, construction 1. 03%, service 8. 43%. Transport 1. 76% and others 9. 66%.

Source : Internet

2. 2 Proshika HRDC

The name „ Proshika“ is a Bengali acronym made of initials of three words: Proshikhan (training), Shiksa (development education) and Kaj (action). Since its inception as a Bangladesh non-government development organization in 1976, Proshika’s aim has been to create a self-reliant development process among the rural poor by extending support for getting themselves "organized, becoming critically conscious of their situation and making united and collective efforts to improve their socioeconomic condition. The promotional organization of the rural poor is recognized as the core activity of Proshika “ Before you profess, practice yourself”. With this principle PROSHIKA began the Research and Demonstration Project at its Human Resource Development Centre (HRDC) at Koitta, Manikganj, to develop more sustainable and productive technologies, management practices and production methods that it asks others to follow. The objective thus has been to measure the possibility of success and the risk involved in technologies before they are handed over to the poor group members so that they do not face any financial debacle later. Besides, the group members“ theoretical knowledge acquired from various training programmes needs to be complemented with practical skills. Otherwise, expected results cannot be achieved.

Currently, the RDP at Golora has the following components:

(a) Ecological Agriculture.

(b) Livestock (Dairy Farm; Poultry Parent Farm and Poultry Hatchery.

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- (c) Fisheries Farm.
- (d) Shrimp Hatchery.
- (e) Pest and Natural Enemy Interaction in Low Input Rice Cropping System.
- (f) Sericulture (Silkworm Stock Rearing, Silk Reeling, Silk Weaving).
- (g) Plant Tissue Culture.
- (h) Iron Removal Plant.
- (i) Bio-gas Project.

3. 0 Health and Health Service

3. 1 Introduction

The objective of the study was to find out the health condition of the village and take a fair idea.

The health position of different age groups and medical services available was the main focus of my study. Moreover I tried to find out the impact of industrialization on the environment and whether it has any adverse effect or not. What is the villagers" attitude towards their surroundings and their initiative to preserve the natural beauty was also part of our study.

3. 2 Findings

Area masque Golora Modhaya para

Present health condition of Golora village is comparatively quite good.

People are much more aware than before and they are self-driven to remain healthy by consuming good and keeping their surroundings neat and clean.

The roles of NGO"s have been a major factor in creating this awareness.

People are also very aware of the environmental issues and are trying to

keep their surroundings clean to avoid the dispersion of various diseases.

But the village is lacking

the fruit trees it used to have and the plantation of Eucalyptus has been a dominating culture now a days which is the only flaw found about the environmental condition of this village. But one most interesting fact was that most of the household people surveyed were in very sound health position however those who were ill were suffering severely and helpless in getting any type of support. The survey questionnaires will serve better to understand the overall health condition and environment of the village.

3. 3 Resources

Water resources and their utilities:

Water no doubt one of the most essential elements of environment and also important for life and living. Bangladesh is an over-populated country with its demand for its basic requirements increasing in an unconditional way. As the population is increasing, the demand for water is also increasing for various activities. Water is a crucial feature for civilization. Water is used for domestic purpose like drinking, bathing, cooking, washing etc.