CHAPTER-10

MORBIDITY AND HEALTHCARE IN BAGNAN POLICE STATION: A MICRO-LEVEL CASE STUDY BASED ON PRIMARY SURVEY

10.1 INTRODUCTION

The status of morbidity and healthcare facilities in the district of Howrah has been presented in the preceding chapters of the thesis. All of these evaluations have been made on the basis of secondary data published by government agencies during different times. Now, an attempt has been made to analyse the situation by collecting primary data on the morbidity and healthcare facilities of a selected area of the district.

Bagnan police station, which is located in the western central part of the district, has been selected for the purpose as it consists of both rural and urban population, (Table – 10.1) though rural population being higher. It is bounded by Rupnarayan River in the west; Joypur and Amta Police Stations in the north; Uluberia Police Station in the east and Shyampur Police Station in the south.

Table - 10.1: Name of the Surveyed Villages/Census Towns in Bagnan Police Station

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Name of Villages / Census Town</th>
<th>Gram Panchayats</th>
<th>Sl No</th>
<th>Name of Villages/Census Town</th>
<th>Gram Panchayats</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Chyani</td>
<td>Hallyan</td>
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<td>Rabi Bhag</td>
<td>Chandra Bhag</td>
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<td>Rupasgori</td>
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<td>3</td>
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<td>4</td>
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<td>Benapur</td>
<td>Mug-Benzapur</td>
<td>16</td>
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<td></td>
<td></td>
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<td>Bankudaha</td>
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<td>18</td>
<td>Heledwip.</td>
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<tr>
<td>6</td>
<td>Paik Para</td>
<td>Antila</td>
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<td>Deulti</td>
<td>Sarat</td>
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<td>Kazibhuyara</td>
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<td>Mallack</td>
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<td>8</td>
<td>Kulitapara</td>
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<td>Iswazipur</td>
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<td>9</td>
<td>Antila</td>
<td></td>
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<td></td>
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<tr>
<td>10</td>
<td>Khalore CT</td>
<td>Khalore</td>
<td>22</td>
<td>Bagnan CT</td>
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</tbody>
</table>

Source: Prepared by the researcher based on the Field Survey, 2008-09 and 2011-12
Household Survey carried out by the researcher exhibits the pattern of morbidity and healthcare facilities in Bagnan Police Station for the period of 2008-09 and 2011-12. According to Census of 2001 total population in this police station was 337523 persons of which 7.28% were in urban areas of Bagman and Khalore. Total number of households was 63635 sharing 7.59% of the total 838520 households of the district. It is to be noted that 7.93% households of Bagnan PS live in urban areas. The survey was carried out in 20 villages and 2 census town (CT) of selected seven Gram Panchayats of Bagnan PS to find out the prevailing scenario of the morbidity and healthcare facilities existing there. The number of households surveyed was 220 to include 1395 persons. These sample households occupied 0.03% of the total households of the district and 0.35% of Bagnan PS.

10.2 GENERAL CHARACTERISTICS OF THE SURVEYED POPULATION IN BAGNAN PS

10.2.1 Demographic Features
Total number of population in 220 families surveyed was 1395 in the police station of Bagnan. Thus, the average family size of it was 6.34, quite high. Total number of the children in these families is 436 indicating 1.98 children per family which clearly reflects the consciousness of people about family planning, though there is some disparity among the families regarding the number of children. The sex ratio of these children is 209:227 i.e. 921 female per 1000 male, meaning sex - ratio was quite well in favour of women.

The study was conducted in 169 general caste families, 18 SC families and 13 OBC families to measure the status of morbidity of different class of population. Moreover, it was conducted among 200 Hindu families which constituted 90.91% and 20 Muslim families which occupied 9.09% of the total families surveyed.

10.2.2 Housing Status
73.63% of the families of the police station live in the ‘Pucca Rooms’, which are made of brick wall, cemented floor and brick roof/tiles roof, and most of the houses have courtyard and long hall like corridor/verandah, reflecting favourable situation for the good health. 17.73% of them stay in ‘Semi-Pucca Houses’ which are constructed with soil/earthen materials and bricks creating moderate environment for the health. The rest 8.64% of the families live in ‘Kutchha Houses’ meaning the wall or floor are made of soil or earthen material but many of
them have courtyard. These *kutchha houses* are unfavourable for the health, especially of children. The share of these poor houses is, thus, low in the police station and is favourable, on the average, for the public health.

10.2.3 Sanitation of Households
Sanitation status of the police station is quite satisfactory as the natural/open defecation has been reduced considerably. People have realized the ill effect of open latrine and importance of permanent latrine for the health of themselves and their children. The study has found that only 6.82% families surveyed have the practice of open defecation which is hazardous for their health and also of their neighbours. 75.45% families use permanent latrine which is good for the public health. 14.54% families have constructed semi-permanent latrine which is made of pakka pan and muddy wall/polythene wall. 3.18% families use temporary latrine which is constructed in any suitable place of their own land having not fixed construction, meaning not good for the health.

10.2.4 Sources of Drinking Water
The main source of the water in Baghn PS is tube well. 83.17% families fully depend on the tube wells for drinking water in their own localities. 9.54% families get drinking water from the taps which are gradually increasing in the rural areas of the district, and the rest of the families, occupying 7.27%, depend on both tube well and taps for their water. Thus, it is clear that the status of the drinking water in the PS is quite satisfactory for the public health.

10.3 MORBIDITY AND MORTALITY

10.3.1 Diseases of the Elder
The elder people of the PS suffer from various diseases. Gastritis has been considered first ranking disease in 27.27% households; 2nd ranking in 9.09% households; 3rd ranking disease in 5.00% households and 4th ranking in 3.64% households. Cough has been regarded as 1st ranking disease in 18.63% households; 2nd ranking disease in 13.64% households; 3rd ranking in 10.45% households and 4th ranking disease in only 0.91% households. Fever is 1st ranking among the elder of 7.72% households; 2nd ranking among the elder of 17.27% households; 3rd ranking in 10.45% households and 4th ranking among 7.27% households. Dysentery is 1st ranking diseases in 5.91% households; 2nd ranking in 14.91% households; 3rd ranking in 6.82% households and 4th ranking in 8.64% households. Most notable diseases are Gastritis,
Cough, Dysentery, Fever and Diarrhoea. The first ranking among them is Gastritis. Second ranking disease is Cough. Third ranking disease is both Dysentery and Fever. Water of the ponds used in washing utensils, mouth after eating, and bathing purpose is mainly responsible for the stomach problems of the elder in this area.

Apart from these diseases, some of the elderly people of the PS also suffer from Chronic Heart Disease (CHD), Asthma, Skin Problems, Spondilitis, Gout, Hypertension (HTN), Diabetes Mellitus (DM), Eye Problems, and Loss of Appetite. Thus, these are the main factors for the morbidity of the elderly people of Bagnan.

10.3.2 Diseases of the Children

The children of Bagnan use to suffer from different diseases. Cough is the 1st ranking disease in 53.18% households; 2nd ranking in 27.27% households and 3rd ranking in 4.55% households. Fever is regarded as 1st ranking in 22.73% households; 2nd ranking in 47.72% households; and 3rd ranking in 11.81% households. Dysentery is considered 1st ranking disease in 9.55% households; 2nd ranking in 6.82% households and 3rd ranking in 25.00% households.

Thus, it is found that in Bagnan the most common disease is Cough, which is followed by Fever and Dysentery. Besides, other diseases of the children are Skin Diseases, Tonsil and Allergy.

10.3.3 Chronic Diseases of the Households

The study was also conducted for finding out the status and pattern of chronic diseases in the police station. The 1st ranking chronic disease of Bagnan is Hypertension which is prevalent in 18.64% households. The 2nd ranking chronic disease is Diabetes Mellitus (DM) which is found in 12.27% households. Chronic Heart Disease (CHD) is the 3rd ranking disease in Bagnan and observed in 10.91% households. The 4th ranking disease namely Gastritis Disorder is prevalent in 10.45% households. The 5th ranking chronic disease is Gout which is predominant in 7.73% households.

Other chronics diseases of the area are Spondilitis, Asthma, Vitiligo, Fever, Skin Disease, Prostate problem, Eye Problem, Thyroid, Headache, Fistula, Cold etc.
10.3.4 Common Diseases of Households

Fever is the first ranking disease in 26.36% households. In 30.91% households it is the 2nd ranking disease and 3rd ranking diseases in 17.73% households and 4th ranking disease in 11.36% households. Cough is the first ranking disease in 31.82% households. In 34.09% households it is the 2nd ranking disease and the 3rd ranking diseases in 22.27% households and the 4th ranking diseases in 5.45% households. Gastritis is the first ranking disease in 25.91% households. In 13.64% households it is the 2nd ranking disease and the 3rd ranking disease in 14.09% households and the 4th ranking disease in 10.45% households. Dysentery is the first ranking disease in 8.64% households. In 18.18% households it is the 2nd ranking disease and the 3rd ranking disease in 29.55% households and the 4th ranking disease in 10.00% households.

Thus, major diseases of the area are Gastritis, Fever, Cough and Dysentery. Apart from these diseases, other chronic diseases of the PS are Hypertension, Gout, Diabetes Mellitus, Chronic Heart Disease, Asthma, Tonsil, Thyroid, Headache, and Eye Disorder etc.

### 10.2: Major Common Diseases of the Households in Bagnan Police Station

<table>
<thead>
<tr>
<th>Disease Ranking</th>
<th>Households</th>
<th>Children</th>
<th>Elderly People</th>
<th>Chronic Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Fever</td>
<td>Cough</td>
<td>Gastritis</td>
<td>Gastric Disorder</td>
</tr>
<tr>
<td>2nd</td>
<td>Dysentery</td>
<td>Fever</td>
<td>Cough</td>
<td>Hypertension</td>
</tr>
<tr>
<td>3rd</td>
<td>Cough</td>
<td>Dysentery</td>
<td>Dysentery</td>
<td>Diabetes</td>
</tr>
<tr>
<td>4th</td>
<td>Gout, Hypertension, DM, Skin Disease</td>
<td>Skin Disease, Tonsil</td>
<td>Fever</td>
<td>CHD, Gout</td>
</tr>
<tr>
<td>5th</td>
<td>Head Ache, Tonsil, CHD, Asthma, Spondilitis</td>
<td>-</td>
<td>-</td>
<td>Spondilitis, Asthma, Vitiligo, Women Problem</td>
</tr>
</tbody>
</table>

Source: Prepared by the researcher based on field survey, 2008-09 and 2011-12

10.4 MEDICAL/HEALTHCARE FACILITIES

10.4.1 System of Medicines

The survey has been conducted to find out the prevalent system of medicines in the PS. It shows that 51.82% of the households of the PS prefer Allopath Medicines for the treatment of the patients. On the other hand, only 4.09% of them use Homoeopath Medicine for the cure. The rest 44.09% households prefer both Allopath and Homoeopath medicines. No
family prefers exclusively Ayurvedic or Unani system of medicines. Thus, it is seen that Homoeopathy treatment is quite popular in the PS.

10.4.2 First Preference for Availing Medical Facilities
The survey put emphasis also on the role of various types of doctors and medical institutions in treating the first stages of the diseases. 18.63% of the households surveyed in Bagnan prefer Medicine Shops for the first treatment in time of their ailments. The people of these households are obviously vulnerable. Most of the families of Bagnan still depend on 'Rural Medical Practitioners' (Rural MP) or *Quack* for the first treatment and get cured from the diseases. 64.08% of the households prefer Rural MP first for the treatment, thus indicating the very active role of the Rural MP in providing primary healthcare to the people. They are practically the backbone of rural health services.

RMPs are playing a moderate role in providing health services in the PS. 8.18% households of this PS prefer Rural MPs for the first treatment in time of health problems. 5.45% households like Homoeopath Doctor for the treatment of their first problem indicating low importance of Homoeopath in the PS. Primary Health Sub Centres (SCs) play very small role in the district in providing primary healthcare to the people of Bagnan, because only 2.73% households depend on this facility.

10.4.3 First Preference for Availing Curative Services
In time of severe illness and natural calamities, people have to receive curative services from the hospitals in the government sector and from private nursing home. In Bagnan 79.08% families depend on the government health sector i.e. hospitals for availing curative services in time of necessity. People attend Bagnan Rural Hospital in Bagnan, although some times they prefer Uluberia SD hospital due to its proximity.

On the other hand, 20.91% households prefer nursing home for the treatment from severe illness. The main nursing homes are located in Uluberia town. Thus, it is found that most of the people of the PS depend on government sector for the curative services.

10.4.4 Existing Medical Facilities (MF) in Villages
10.4.4.1 Villages having Medical Facilities
In the study area, all 20 villages and 2 Census Towns are provided with the MFs of any form which is very favourable for meeting the WHO goal of "Health for All". In all of these
villages there are more than one Quacks and Homoeopath doctor. Besides, all the villages are equipped with Sub-Centers for providing primary health services to the people.

10.4.4.2 Distance of PHC from the Residence of Patients

Distance of Primary Health Centres (PHC) from the house of any family influence the health of the people, especially in time of critical situation. Higher the distance from the home, the higher is the problem of health. The study exhibits that only 28% of the families surveyed can avail the PHC within 2 km indicating very low status of PHC facilities here. 13.5 families can get access to the PHC within 2.1-4 kms indicating poor facilities. PHC is located within 4.1-6 Kms from the house of 25.5% families which is quite poor performance. In this PS most of the families accounting to 26.5% have to travel at least 6.1-8 kms for the access of PHC. These families suffer more during the critical time due to this far location of PHC and sometimes fatality may occur. 1.5% families of the area have almost no access to PHC as they have to travel 8.1-10 Kms for the same purpose. This is very unfortunate that still 5% families have to cover a long distance of more than 10 kms which is very much vulnerable for the public health in the concerned parts of the police station.

10.4.4.3 Distance of Hospital

Hospital facilities are not available in all the villages and hence all families are not enjoying this facility in their villages. Most of the families have to travel some distance for the access of hospital. 13.07% families of Bagnan have to cover just less than two kms for the access of hospital i.e. Bagnan Rural Hospital. 14.38% of these families have to travel 2.1-4 kms for availing hospital services in time of critical cases. Maximum families (27.45%) get hospital facilities within 4.1-6 km distance. 7.19% families travel long distance of 6.1-8 km for the hospital services which is very much unfavourable. 11.11% families suffer more as they have to cover a distance of 8.1-10 kms. On the other hand, this is very much alarming that still 26.80% families cover more than10 kms for getting services from the hospital. The people of these families suffer a lot due to lack of hospital which in turn may lead to increase mortality in case of these families.

10.5 UNIVERSAL IMMUNIZATION PROGRAMME (UIP)

UIP includes the vaccination of Polio, Measles, BCG, and DPT for all children of the state of West Bengal. In Bagnan out of 436 children, 435 are given required vaccines. This is very
good for the child health that almost all children within 0-14 years are fully immunized. Only one child of 3-6 years does not take all vaccines in the village Khalore (now Census Town). This family is well to do. This happens due to obstinacy of the child, not due to lack of awareness. Thus, it is found that the UIP status is very much satisfactory.

10.6 MATERNAL/REPRODUCTIVE & CHILD HEALTH (MCH / RCH)

MCH/RCH put special emphasis on reduction of maternal, peri-natal, infant, and childhood mortality and morbidity, as well as, promotion of reproductive and child health.

10.6.1 Health Guide or Ante Natal Care during Pregnancy

It is found that out of 436 pregnancy cases (pregnant), during the last 14 years, 433 women constituting 99.33% received health guidance, whereas only 3 pregnant occupying 0.67% did not consult doctor. Thus, status of MCH is very much satisfactory in Bagnan.

10.6.2 Preference for Ante Natal Care

The dependency of pregnant on health units or doctors for the ANC is essential in any MCH study. Out of 436 cases during the last 14 years, 290 pregnant occupying 66.53% consulted Registered Medical Practitioners (RMPs) for ANC. Thus, RMP is very much successful in providing ANC and child health.

It is followed by Primary Health Centres (PHCs) where 14.68% (64 cases) pregnant received ANC. Thereafter, Hospital came in the scenario. Uluberia SD Hospital and Bagnan Rural Hospital play a vital role in providing ANC to the pregnant because 6.19% pregnant prefer these two hospitals.

Primary Health Sub-Centres (SCs) also play some role as 4.59% pregnant received ANC from them. Even, Rural Medical Practitioners or Quack Doctors are preferred by 13 pregnant which occupied 2.98% of all pregnant of the period.

Private Nursing Homes like JNU in Bagnan and various nursing homes in Uluberia provide ANC to the pregnant indicating the development of economic status of the people in Bagnan PS. 2.75% pregnant prefer nursing homes for the consultation during pregnancy.

The rest 1.84% pregnant consulted Homoeopath doctors for the purpose in the Bagnan PS indicating the increase of homoeopath in providing ANC in the area.

The condition to some extent is very much alarming for 2 cases as they did not consult any one of the above and remained home.
10.6.3 Institutional Deliveries
In the past most of the deliveries of pregnant was carried out at home under the guidance of traditional dais causing many deaths of both mother and babies. In recent time the situation has been changed. During the last 14 years, out of 436 deliveries, 337 constituting 77.29% is carried out in any health institution under the guidance of physicians, and these are safe deliveries. On the other hand still 99 occupying 22.71% deliveries were carried out at home which were risky. Thus, a large section people are still depending on traditional methods though the trend is reducing very quickly.

The preference of people for the deliveries is also a significant issue. Out of total 436 deliveries in the district, the maximum number of deliveries as well as most shares of the deliveries was registered in Hospitals of Bagnan and Uluberia. 223 deliveries constituting 51.16% was done in these hospitals. It was followed by nursing home which registered 108 deliveries sharing 24.78% of all. Primary Health Centres (PHCs) were playing the least role in the deliveries of the pregnant as only meager 1.18% deliveries were performed there.

10.6.4 Share of Under Weight Babies
The weight of babies during birth is a very good indicator of healthcare development of any area. Under weight babies indicates Anaemia of mother and her poor health condition. Under weight baby is very much vulnerable to get infection quickly which may cause death of a new born baby. When the weight of baby during birth is less than 2500 gm she/he is called under weight baby. During the last 14 years in this area, out of 436 babies, 65 babies were found under weight, accounting 14.91% which is very much negative for the child health, though during the very recent years there has been a reduced trend.

10.6.5 Time to Start Breast Feeding (BF) After Birth
Breast feeding is very much fruitful for child health. According to WHO, breast feeding should be started within one hour of birth of babies as it reduces 20-30% infantile death. Hence, special emphasis is given on finding out time of commencement of breast feeding after the birth of new born baby.

In Bagnan PS during the last 14 years 29.14% new born babies started breast feeding within 1 hour of birth which is very positive aspect of the health of these babies. They are susceptible to be free from infantile death. This is also a very favourable condition of the child health as the people are aware about the importance of breast feeding.
Another 20.88% new born babies started breast feeding within 1.1-2.0 hours. These babies were also in very good position to be saved from morbidity. More than half of the new born babies were safe as they started breast feeding in proper time. Still about 50% babies failed to start breast feeding within 2 hours, which must be noted seriously.

10.6.6 Duration of Breast Feeding
Breast milk is the best for proper growth of babies and improvement of health. Hence doctors advice the mother to feed breast milk as long as possible. The survey was carried out to find out the present status of breast feeding in Bagnan. Accordingly, out of 436 babies 68 constituting 15.60% continued breast feeding up to 1 year indicating comparatively poor health situation. Maximum number of children constituting 46.80% gets breast milk up to 1-2 years. A large number of babies comprising 31.20% get breast milk up to 4 years of age indicating prospect of good health. 4.35% babies continued their breast feeding up to 6 years which was very positive sign but the share was very low. Only 3 (0.69%) babies carried on the feeding more than 6 years. Mothers of 5 babies (1.15%) could not say the time duration. Thus, over all status of breast feeding was satisfactory in this area.

10.6.7 Safe Motherhood Index (SMI)
SMI is the simple average of percentage of pregnant mother receiving antenatal check up and the percentage of institutional deliveries. In Bagnan PS the percentage of institutional deliveries was 73.67 and the percentage of ANC in the PS was 99.11. Hence, the SMI for Bagnan is (77.29% + 99.33)/2 is equal to 88.31 which was quite higher. Thus, it is clear that the MCH was considerably favourable in the police station.

10.7 MEASURES TAKEN TO CONTROL SOME DISEASES
10.7.1 Malaria
Malaria is a life taking disease which occurs due to mosquito bite. Hence, some steps are taken everywhere for protecting the people from mosquito in night as well as at day time. Generally villagers are sometime unaware of the cause of malaria. Hence, a question was put before the female members of family whether they are aware of cause of malaria or not. It is a matter of great joy that all of the women of the 220 families of the PS were very much conscious of the same. Hence, no case of malaria was found in the PS during the study year.
Thereafter an endeavor was done to know the measures taken in the area to tackle mosquito biting. The study indicates that 89.99% of the total households (220) utilize mosquito net in the night to get out of malaria. Very few families accounting 10.11% use mosquito repellants.

10.7.2 Tuberculosis (TB)

TB was once a life taking disease in the district of Howrah and hence in the surveyed area. Now it has been under control though recently some immune TB are occuring among the poor. In this study an attempt has been made to find out the present status of TB in Bagnan PS. The study reveals that out of 220 families in the area, TB was found in 7 households occupying 3.19% of them which indicates that TB is not fully eradicated in the district. This is a great failure that TB is still an important factor for the morbidity of the people of the district and in Bagnan.

10.7.3 Jaundice

Jaundice occurs frequently among the people of the PS. It is seen that in all of the families there are some experience of attack with jaundice in any time. Hence an attempt has been done to know the method of treatment from Jaundice. With the progress of scientific medicines the traditional methods are still popular in the PS. Out of superstition for a long time people use some garlands to cure Jaundice. However, the situation has been changing and modern methods are in practice for the treatment from the Jaundice.

The study shows the attitude of people about the treatment of jaundice. 76.36% households of the area consult doctors for the treatment of Jaundice instead of adopting any superstitious treatment. This means 1/4th households have still faith on superstitions or both. 5.90% households fully believe in superstition in which they use garland blessed by god or goddess. 17.73% households of the PS have attitude to utilize both modern treatment and garland for the treatment.

10.7.4 Dysentery and Diarrhoea (Oral Rehydration Therapy)

Oral Rehydration Therapy means the use of ORS during loose motion or dysentery and diarrhoea. In the past, many people died of diarrhoea in the state only due to lack of knowledge of ORT. During the recent times awareness of ORT among the population in the state and in the district of Howrah has been gradually increasing. All of the households
10.8 STATUS OF FAMILY PLANNING

Large family size is often an obstacle to healthcare development. Small family size is said to be ideal for good health of the family members. Recently attitude of people has been changed and they are trying to reduce the family size by controlling birth. In this study it is attempted to know the attitude of the people towards family planning.

10.8.1 Use of Family Planning Method

In Bagnan almost all of the families showed a positive attitude to family planning. Only in 3 families (1.36%) of the households planning was of no importance and the child health was not good in these households due to malnutrition. 98.64% households showed positive attitude to take care of their children.

10.8.2 Number of Baby Preferred

Government of India and West Bengal has been playing a great role to make the people more conscious to adopt "two children norm" to lower the family size and to control population size of the country. The survey clearly exhibits 18.18% households of the Bagnan PS preferring one baby for their health and proper education. Most of the families occupying 64.54% prefer two children for the proper development of health and social behaviours of baby. The rest of the households prefer three or more children per couple.

10.8.3 Couple Protection Rate (CPR)

CPR is simply the ratio of total number of current contraceptives users and number of eligible couples (15-49 years) multiplied by 100. 'Couple Protection Rate' in Bagnan is 98.90%. High CPR is very crucial for any socio-economic development as well as health development. Hence, Bagnan is in a good position in this regard.

10.8.4 Spacing of Babies

Spacing of Babies is very important for the proper healthcare of the children and mother. In the past number of babies was higher and the spacing between two children was very low even just one year in the third world countries. This low gap between two babies leads to aggravate the problems of child and they suffer from malnutrition as well as under nutrition. Generally three years gap is permissible for the proper healthcare of children.
According to this study there was 272 eligible couple in the study area. Among them 124 couples accounting 45.59% have only one baby. Hence the spacing of baby is not applicable to them. 148 couples occupying 54.41% have two or more children. Hence spacing of babies in Bagnan is applicable only in 148 cases or couples. 82.43% couples having two or more children of Bagnan have maintained the WHO norm of 3 years spacing of babies which is the good indicator of MCH and family planning.

10.9 MORTALITY

10.9.1 Child or Infant Mortality
In Bagnan infant mortality was significantly low because death occurred in only 4 households accounting just 1.81% of all households surveyed. 5 (Five) children in four households lost their lives because two children died in the same household. All of the 5 children were male. 2 male babies died within 1-2 days only after birth perhaps due to wrong method of treatment by the doctors as alleged by the family members. One male baby died during the delivery in the nursing home due to critical condition. Two male babies in the area died just after the delivery at home under the guidance of dais indicating negligent attitude towards institutional delivery. This low death of children has been possible for the increasing rate of ANC of pregnant mothers and enhancing institutional deliveries which ultimately lead to increase of the Safe Motherhood Index (SMI) in Bagnan.

10.9.2 Mortality (Excluding Child)
Study has been conducted for the measurement of the status of mortality other than the children (< 14 years) in Bagnan during the last two years. In this area in 220 families, death was occurred in 19 families and the number of death was 20 during the period.

10.9.2.1 Sex-wise death - Of these 20 deaths, 10 were male and 10 were female.

10.9.2.2 Age-wise death – Age-wise death shows that 7 persons were in the age group of 80-90 years, meaning very old age. 4 deaths occurred in the range of 70-79 years. Another 3 persons died from the age group of 60-69 years. 2 case of death occurred within the age group of 50-59 years. 1 person died in the age group of 30-50 years. The rest 3 deaths were young, aged just below 30 years.
10.9.2.3 Causes of Death - The study has also tried to find out the causes of the death of the people on the basis of information obtained from the family members.

i. Old Age: According to them 8 persons lost their lives due to old age ranging from 78 to 90 years. Of these 8 old age deaths, 62.5% (5) was female indicating that female have higher life expectancy than the male in the Bagnan.

ii. Heart Attack/CHD: It played a vital role in the death of the people in the age ranging from 50-73 years in this area because 4 deaths occurred from this. Of these 4 deaths, 3 were male and 1 was female of 50 years of age.

iii. Breast Cancer: It has gained an alarming position in the areas because it claimed 2 lives of very young women with ages of 28 and 42 respectively. Women of Bagnan PS should be aware of it.

iv. Lung Cancer: It claimed life of 2 female in the Bagnan at present. This could be due to use of carbon-generating fuel and unhealthy kitchen.

v. Hystetia: It plays a small role to take live of one young male of just 22 years in the study area.

vi. Polio: It also took one life of male of just 18 years which is very much pathetic.

vii. Accident: Finally Accident was the responsible for the death of one female in the study area.

10.10 Superstition

The human society has been developing very rapidly due to advancement of science and technology. But even today superstition is still prevailing as some people still believe in Ojha, propitiation of evil, god through Bhad (gods come to human body and cure the people and solve any type of problems), astrology for better luck etc. Some studies have been carried out for finding out the level of superstition in Bagnan. The study exhibits some interesting aspects of superstitions, as given below.

10.10.1 Preference to Save Life from Snake Biting

9.99% families of Bagnan prefer Ojha for the cure from snake biting which is very much dangerous for their lives. 2.73% families prefer doctors first for this. Most of the families of Bagnan accounting 84.54% of all surveyed families prefer Hospitals for saving the lives in
case of snake biting which is very much favourable for the health of the people. However, 2.73% families like both Ojha and Hospitals.

10.10.2 Belief in Witch System
In spite of development of science and technology still people have a strong belief in witch system. Generally some old females who are mentally challenged are regarded as witch who lick the wound on the body and make the diseases of the body stop for all time. Obviously the disease is not cured. In Bagnan, as per the study, 23.63% families have a positive belief in witch system which is very much unfavourable for the public health of the area.

10.10.3 Propitiation of Evils
Another superstition is the work of evil upon man particularly on children. The evil/phantom, as people believe is the cause of fever among the children and also elders. The study indicates that in Bagnan 28.63% families still believe that evils affect children more and propitiation of the soul or evil is very much essential. Hence, those people worship for the propitiation of the evils. This is a very bad indicator for the development of public health in the area. 55.90% families do not have any belief on the evils and hence propitiation is not entertained. Only 15.45% families are half-believers. This superstition needs to be eradicated immediately.

10.11 MAJOR DISEASES OF BAGNAN POLICE STATION
For finding out the present status of morbidity in Bagnan PS, the researcher took interview of different types of physicians in different areas of the Bagnan in 2008-09 and 2011-12 through specific questionnaires. For this purpose, interviews are taken from Homoeopathic Physicians, Quack, General MBBS and Gynaecologist in different villages mentioned in Table-10.3 (A-E) in Appendix-2.

10.11.15 Villages Covered By the Doctors
Study shows that each of the physicians who have been interviewed in this study cover 2-6 kms areas around his/ her chamber. Many villages are located here. Out of 96 villages of the Polices station of Bagnan 36 are covered by the doctors. Thus, this gives a clear idea about the status of morbidity of Bagnan PS as in 2009.
(1) **Religion-wise Diseases** - According to the physicians in most of the areas of the Bagnan the diseases are more prevalent among Muslim population in comparison with the Hindu Population. Out of 8 places of chamber of doctors, 7 places are marked with more diseases among the Muslim community.

(2) **Caste-wise Diseases** - The diseases are more prevalent among the people of general caste population in comparison with the SC population in the villages of Panchani, Guninpara and Antila and their surroundings localities. On the other hand, the diseases are more prevalent among the population of SC category in comparison with that general population in Kanaipur, Nuntia, Rupasgori villages and their neighbouring areas. In Bagnan C.T. physicians do not observe this differential minutely. Hence, they can not decide and differentiate the rate of prevalence of diseases among the castes.

10.11.16 **Referral Health Units recommended by the Doctors**

Most of the physicians of the 8 places of chamber refer the patients during their critical condition to Uluberia Sub-division Hospital (USDH) in Uluberia Municipality for the curative services. Out of 8 doctors, 6 prefer USDH for the curative services. One homoeopath doctor, who practices in Rupasgori, Nuntia and Kanaipur villages, sends his critical patients to Mugkalyan Block Primary Health Centre (BPHC) located at the village Mugkalyan, for the curative services. Thus, it is found that some people have a well faith on the BPHC for the curative services.

Another homoeopath doctor who practices in Khalore prefers Bagnan Rural Hospital in Bagnan C.T. in time of emergency and critical cases. Thus, it is a positive side of the government institutions that along with the general public the physicians of Bagnan PS also depend on the Hospitals and BPHC for the curative services. They send only relatively rich people to private nursing homes in Uluberia city during critical case and emergency time.

10.11.17 **Major Findings from Doctors’ Interview**

On the basis of the interviews with the doctors following inferences about the diseases of the people of district can be drawn.

(1) Major diseases that are principal factors of morbidity of 'children up to 1 year' in Bagnan PS are fever, respiratory tract infection, diarrhoea, vomiting, constipation, dysentery, colic,
measles, mumps, gastroenteritis, malnutrition, hypothermia, worm infestation, septicemia, bronchopneumonia, infantile convulsion, hepatitis, and intestine pain.

(2) The most prevalent diseases of ‘Under five years Children’ are TB, mumps, whooping coughs, gastroenteritis, malnutrition, worm infestation, pharyngitis, otitis extern, respiratory tract infection, hepatitis, chicken pox, fever, asthma, scabies, diarrhoea, ascariasis, colitis, anorexia and weight fall.

(3) The ‘Children within 5-12 years of age’ of the PS often suffer from the mumps, gastroenteritis, malnutrition, worm infestation, pharyngitis, respiratory tract infection, hepatitis, chicken pox, fever, asthma, scabies, diarrhoea, ascariasis, colitis, impetigo, phimosis, nausea, skin diseases and constipation.

(4) The ‘adult population aged between 13-40 years’ in the PS often have to fight with some morbidity factors like indigestion, gastroenteritis, respiratory tract infection, hepatitis, fever, asthma, diarrhoea, ascariasis, colitis, hypertension, lower back pain, bronco-asthma, lumber spondilitis, common cold, insomnia, liver trouble, spermatoria, headache and joint pain. Besides ‘females of this age group’ along with those diseases mentioned above in the PS also suffer from dysfunctional uterine bleeding, obesity, leucorrhoea, dysmenorrheal diseases, pelvic inflammatory disease (PID), DUB, and vertigo.

(5) The ‘populations of middle age group between 40-65 Years’ of the PS are attacked with heart diseases, indigestion, gastroenteritis, dyspepsia, vertigo, respiratory tract infection, hepatitis, fever, asthma, arthritis, chronic obstructive pulmonary disease (COPD), ischaemic heart disease, urinary tract infection, diabetes mellitus, neuritis, hypertension, lower back pain, diarrhoea, migraine, chronic heart disease, anorexia and obesity with dyspepsia. The ‘female of this age group’ have other extra diseases along with those diseases stated above. These are uterine schist, breast tumor, fibroid uterus, meterogia problems, and menopause.

(6) The major health problems of ‘elderly people aged more than 65 years’ of Bagnan are heart diseases, A.P. indigestion, gastroenteritis, gout, respiratory tract infection, neuritis, hypertension, joint pain, diabetes mellitus, cardio vascular attack, obstructive uropathy, prostate, constipation and cataract.
10.12 DISEASES OF PREGNANT MOTHERS IN BAGNAN

At present RCH-2 Programme has been implemented throughout the India for the proper healthcare of mother and child. Generally pregnant mother often suffer from various diseases and this sometimes lead to fatality of mother. Hence each and every mother has to receive 3 Antenatal Care (ANC) and 2 or 3 tetanus (TT) injection. Keeping this view in mind attempt has been made to find out the status of morbidity of pregnant mother during different stages of pregnant period. Two Gynaecologists in Bagnan and Antila villages were interviewed through specific questionnaire and the result is stated in Table-10.4 in Appendix-2.

All these diseases of the pregnant in the Bagnan are prevalent in all types of families irrespective of economic standard, literacy rate, level of occupation, early marriage and quality of food intake.

10.14 CONCLUSION

The primary survey in Bagnan police station shows that Bagnan police station is more developed in regard to the healthcare facilities and health achievement in comparison with Howrah district as whole (Table- 10.5 in Appendix-2). But number of diseases in Bagnan as per the doctors is more than the district as whole.