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Medical Camp in Rural Area (Bara Hotar) of Abbottabad District

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Abstract

To present the demographics, medical diagnoses, and treatments provided to attendees of the free medical camp in the Abbottabad district's Bara Hotar area. Cross sectional descriptive study. A medical camp of one day duration was established in BaraHotar area of District Abbottabad in August 2024. Camp was staffed by doctors, nurses and assistants of Women Medical College, Abbottabad. At the entrance, the attending patients' details were noted, and at the dispensary where the medications were administered, diagnoses and the medications were noted. The medical camp was attended by 72 patients. The patients' ages ranged from 2 months to 80 years, with a mean age of 27.19 years. 68.1% (49) of the patients were male. The most common complaints were related to the gastrointestinal system (20.8%), musculoskeletal system (18.1%), teeth (20.8%), and visual acuity (5.4%). Additional frequent concerns were associated with obstetrics, dermatology, and ENT (ear, nose, and throat). Of the 72 prescriptions that were documented, the most frequently prescribed medications were anthelminthics (15.3%), multivitamins (5.6%), analgesics (4.2%), and antibiotics (38.9%). The majority of Abbottabad's rural residents suffer from gastrointestinal, musculoskeletal, and dental conditions. These camps are advised until a sufficiently affordable healthcare system is established to serve remote rural communities.

Keywords Medical camp, medical diagnosis, treatments, rural area, Abbottabad, district

1. Introduction

In Pakistan, especially in rural regions, the condition of primary health care (PHC) services is deplorable. The system's disorganization and poor performance results in unfairness, and lack of awareness about the significance of fundamental healthcare offered by these facilities (1). A majority of the population are thought to reside in villages, where the quality of the healthcare system is generally substandard. For medical care, patients typically need to travel to a nearby city, which presents logistical and financial challenges for them (2).

Small town and rural populations frequently struggle with a lack of access to healthcare facilities, which is made worse by a lack of knowledge and false beliefs about general healthcare (3). In order to minimize this shortfall, medical volunteers and non-governmental organizations (NGOs) have been providing pro gratis time and services with the help of camps in distant locations with inadequate health services. They have also assisted with disease screening, treatment, and referrals to tertiary care hospitals (4). Hospital camps, whether stationary or mobile, can be a practical way to provide short-term medical intervention in the current state of our country's healthcare system (5).

Pakistani medical professionals, trainees, and students volunteer for community-based health camps usually with the help of NGOs. These camps give resident physicians and clinicians a plethora of exposure to and experience with community-based medicine (6). Political and humanitarian organizations, as well as local private practitioners, organize the government health system to launch most of the camps (5). The mindset of the intended audience dictates how well these health camp

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services are used (7). If epidemiological approach on need-based evidence is adopted, these health camps can be an effective media for delivery of health services needed (8).

The purpose of this study was to provide an overview of the prevalent ailments that patients attending these medical camps present with, their demographics, and the treatments that are provided.

2. Materials and Method

Objectives:

To present the demographics, medical diagnoses, and treatments provided to attendees of the free medical camp in the Abbottabad district's Bara Hotar area

Rationale:

The basic purpose of the camp is to highlight the problems the people in remote villages are suffering from, refer and follow up the serious problems and provide medicines for common ailments

Study design:

Cross sectional descriptive study

Study population & study site:

- Bara Hotar area of Abbottabad district.
- People of all ages and both genders attend free medical camp in Bara Hotar, Abbottabad District on 31st August 2024.

Inclusion Criteria:

People of all ages attending the camp

Exclusion Criteria:

1. Children with congenital anomalies
2. Adults with diagnosed chronic diseases

Sampling Technique:

Nonprobability Convenience sampling.

Data Collection Procedure:

Data was conducted through a self-constructed questionnaire. Verbal consent was taken from all and they were explained the purpose of research

Data entry analysis

Data was entered in SPSS version 23.

3. Results

The medical camp was attended by 72 patients. The patients' ages ranged from 2 months to 80 years, with a mean age of 27.19 years (SD=19.51). Of all the patients attending the medical camp, 26(36.1%) were children. Mean household size was 1.3 (SD=0.48). Majority of villagers were from low socioeconomic status (earning <Rs 10000/ month). Likewise, the majority had Kucha houses 49(68.1%) and only 13(18.1%) had Pacca houses. The people came from multiple villages (14) all around: 16(22.2%) were from Tharyati and 10 (13.9%) belonged to Barahotar proper.

Majority of the people were uneducated 24 (33.3%) whereas 12 (16.7%) had primary education, 16 (22.2%) were Middle pass and 15 (20.8%) had secondary education. Most of the people who attended the camp were unemployed 60(83.3%).

Table 1: Sociodemographic characteristics of study population.

S.No	Variable	Frequency (%)
1.	**Age Categories**	
	0-20 yrs	37(51.4)
	21-40 yrs	16 (22.2)
	41-60 yrs	14 (19.4)
	61-80 yrs	5 (6.9)
2.	**Gender**	
	Male	23 (31.9)
	Female	49 (68.1)
3.	**Education**	
	No education	24(33.3)
	Primary (1-5)	12(16.7)
	Middle (6-8)	16(22.2)
	Secondary(9-10)	15(20.8)
	Higher>10	5(6.9)
4.	**Occupation**	
	Farmer	2(2.8)
	Teacher	1(1.4)
	Businessman	1(1.4)
	Laborer	15(20.8)
	Other	53(73.6)
5.	**Socioeconomic Status**	
	Low <20000	53(73.6)
	Middle 20000-50000	16(22.2)
	High>50000	3(4.2)
6.	**Employment Status**	
	Unemployed	53(73.6)
	Employed	19(26,4)

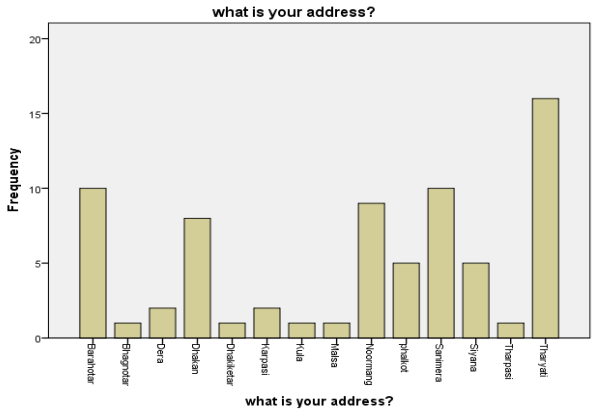

Figure 1: Addresses of the people attending camp

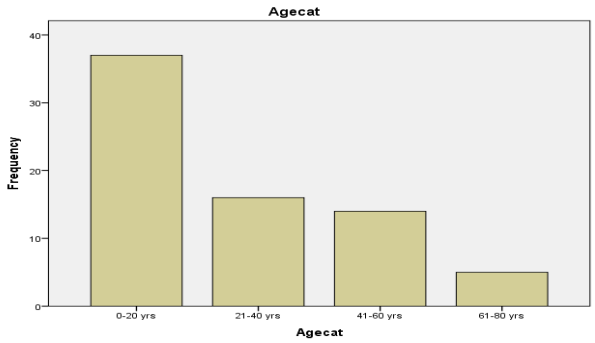

Figure 2: Age category of the camp attendees

Most patients had ongoing issues that persisted for some time mostly more than a month. Musculoskeletal 15(20.8%) and Dental issues 15 (20.8) % were the most prevalent complaints. Next were the gastrointestinal issues 13 (18.1%). Others relatively common were ophthalmological 8(11.1%), ENT 9 (12.5%). linked with gynecology 4 (5.6%), dermatology 4 (5.6%) and a few minors 4 (5.6%).

Table 2: Frequency of diseases by camp population

S.No	Diseases	Freq (%)
1.	Musculoskeletal	15 (20.8)
2.	Dental issues	15 (20.8)
3.	Gastrointestinal issues	13 (18.1)
4.	ENT	9 (12.5)
5.	Ophthalmological	4 (5.6)
6.	Dermatological	4 (5.6)
7.	Others	4 (5.6)

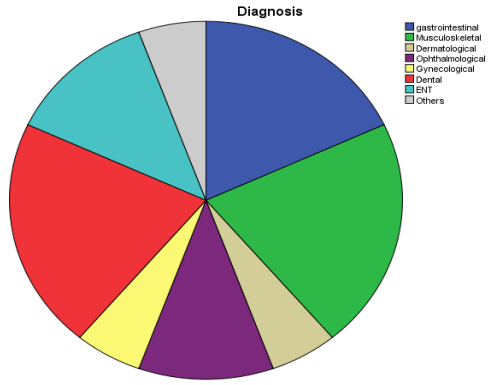

Figure 3: Diseases suffered by study population

A total of 72 prescriptions were recorded and the medicines prescribed. The dental department distributed free toothpaste in addition to dental checkup.

Table 3: Medicines distributed at camp

S.No	Medicines	Freq (%)
1.	Analgesics	3 (4.2)
2.	Antibiotics	28 (38.9)
3.	Antihelminthic	11 (15.3)
4.	Multivitamins	4 (5.6)
5.	Topical preparations	3 (4.2)
6.	Eye/ Ear drops	8 (11.1)
7.	Others	15 (20.8)

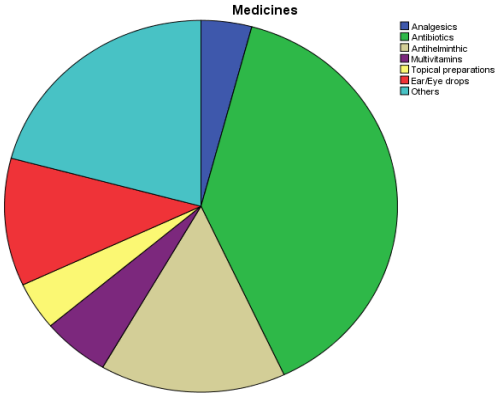

Figure 4: Medicines distributed

There was a strong statistical association between Age of population visiting camp and Musculoskeletal disorders (p=0.007). In this population, however, younger people have more musculoskeletal issues. There was however no statistical association between Age of population visiting camp and Gastrointestinal disorders (p=0.201). There was however a strong statistical association between

Gender of population visiting camp and Gastrointestinal disorders (p=0.038). In this population females were more likely to have gastrointestinal issues There was however a strong statistical association between Age of population visiting camp and Dental disorders (p=0.028). In this population younger age groups were more likely to have dental issues. There was however no statistical association between Socioeconomic status of population visiting camp and Gastrointestinal disorders (p=0.534).

4. Discussion

In addition to guiding and encouraging individuals with advanced treatable medical conditions to visit a tertiary care facility for adequate management and free consultation, camps aim to raise awareness of basic cleanliness and preventative healthcare. These remote locations depend on hakims, faith healers, and midwives for medical care because of logistical and economic limitations. Given the aforementioned objectives, Women Medical College often organizes camps.

A camp was organized by Women Medical College at Barahotar, District Abbottabad in August 2024 and 72 patients attended the camp.

Majority of the patients attending the camp were male (68.1%). This contrasts with another finding in the five medical camps held in AJK in which majority were female 59% (2). Another research conducted in five refugee camps in Northern Pakistan revealed that males were between 35-40% (6). Similarly, a review of a camp in India showed that most people attending the camp were males (52.7%) (3).

The average age of ae people attending the camp was 27.19years (SD=19.51). These findings are like study conducted across five medical camps in AJK in which age varied from 26 -40 years (2). However, in the refugee camps in northern Pakistan all age groups participated equally (6).

A no of females came to the camp to discuss their gynecological problems with a female doctor. Some of the people wanted to discuss problems related to their children. Similar problems were discussed in AJK camps by Usama bin Zubair and Haseeb Ahmed (2).

Most of the patients attending the camp had illnesses ranging from minor skin conditions to gastrointestinal infections and musculoskeletal conditions. The same range of illness were seen in all the camps in AJK (2) In another camp in India observed were cases of acute diseases (41.6%) and chronic diseases (58.7%) (3).

The team visiting the camp also comprised of a group of highly qualified and experienced dentists. Brief presentations were given on oro-dental hygiene and dental care. Oro dental and general hygiene were also discussed in another study (2). Most children had serious problems with their general and oral hygiene; therefore doctors and nursing staff collected them in groups and gave them brief presentations on these topics. This was also done on Camps in AJK (2). The dental department distributed free toothpaste in addition to dental checkup

Musculoskeletal and Dental issues 15 (20.8) % were the most prevalent complaints. Next were the gastrointestinal issues 13 (18.1%) Others relatively common were ophthalmological (11.1%) and ENT (12.5%) This is similar to the findings in camps in AJK in which most of the patients had musculoskeletal (23.1%) and ophthalmological (10.8%) gynecology (8.5%), dermatology (8%), ENT (5.9%) and dentistry (5.2%) (2).

In the camps, most patients received free medication. Analgesics, antibiotics, anthelminthics, eye drops, and multivitamins were among the most often recommended medications. This medicine prescribing pattern was comparable to that observed in Pakistan's general outpatient departments (9). This is similar to camps in AJK; the same medicines were prescribed though a greater number of Multivitamins were given (2).

The camp's availability of medical and surgical specialists helped with many people's diagnosis, treatment, and counseling of patients. The medical camps demonstrated that specialists can significantly improve patient outcomes when they engage with the community outside of their hospital outpatient departments.

5. Conclusion

Gastrointestinal, musculoskeletal and dental issues dominate the rural population of Abbottabad. Such camps are recommended until a cost-effective healthcare system is developed enough such that it can cater for far flung rural areas.

Conflict of interest The author declares no conflict of interest.

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