

FREE MEDICAL CAMPS IN RURAL AREAS OF AZAD JAMMU AND KASHMIR

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ABSTRACT

Objective: To describe the demographics, diagnoses and treatment offered to the people attending five free medical camps in various rural areas of Azad Jammu and Kashmir (AJK) during 2012.

Study Design: Cross sectional descriptive study.

Place and Duration of Study: Bhimber district of AJK from January 2012 to December 2012.

Material and Methods: Five free medical camps each of two days duration were established during this period in Nihala, Gola, Poona, Nalee and Barroh which are located in the Bhimber district. Camps were staffed by Army doctors and nursing assistants. The particulars of the attending patients were recorded at the reception and diagnoses along with the medicines dispensed noted at the dispensary.

Results: A total of 7320 patients attended the five medical camps. The age of the patients ranged from 05 days to 101 years, mean age being 35 years. Females constituted 59% (4319) of the patients. Majority of the patients were agricultural workers. The most frequent complaints were gastrointestinal (30.4%), musculoskeletal (25.5%) and visual acuity problems (15.1%). Other common complaints were related with dermatology, ear, nose and throat (ENT) and gynecology. A total of 5010 prescriptions were recorded and the commonest medicines prescribed were multivitamins (30.5%), analgesics (28.3%), antibiotics (22.3%) and antihelminthics (21.7%).

Conclusion: Gastrointestinal and musculoskeletal ailments dominate in the rural population of AJK. Recruiting a pediatrician, gynecologist and ophthalmologist in rural medical camps would greatly improve the efficiency of such camps and increase patient satisfaction. Such camps are recommended until the indigenous healthcare system is developed enough.

Keywords: Medical camp, Azad Jammu and Kashmir, Rural, Pakistan, Health, Demographics.

INTRODUCTION

Azad Jammu and Kashmir (AJK) is home to over five million people, the majority living in rural areas. It is estimated that nine out of ten people live in villages and the health care facilities in these areas are poorly developed, somewhat similar to those in most rural areas of Pakistan¹. Usually people have to travel to a nearby city for medical treatment which is logistically and financially difficult for them.

Data on health care provided by the government of AJK reveals a total of 675 doctors working in the state which includes health managers, administrative doctors and dentists. A population of 10,000 people in AJK has access to 1.87 doctors, 0.44 specialists and 0.18 dentists².

Pakistan Army has had a presence in AJK since its inception. Realizing its role in the welfare of the people of AJK, the Army regularly establishes free medical camps in its various rural areas, trying to compensate for the poor health care infrastructure.

This study was conducted to describe the demographics of the patient population attending these medical camps, the common ailments they present with and the type of treatment they are offered.

MATERIAL AND METHODS

This cross sectional study was conducted in five free medical camps established from Jan to Dec 2012 in the Bhimber district of AJK. Each camp was of 2 days duration and established in the most vulnerable rural areas where no other organization provides medical facilities. News of the medical camp was disseminated a week in advance through loudspeakers in mosques and banners in the area.

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Five to six army doctors along with the nursing assistants manned the medical camps. The civil health department was requested to be involved in each camp which occasionally provided a doctor also. A lady doctor was available in every camp except the one at Barroh.

3001 (41%) were males. Their ages varied from 05 days to 101 years (table-1) with a mean age of 35 years (SD= 25.92). Of all the patients attending the medical camps, 1408 (19%) were children i.e. 12 years and below, amongst which those below 1 year of age (infants) were just 54. Adults

Table-1:Age distribution of the patients attending the medical camps (n=7320).

Age in Years	Geriatric (n=1564) 21.4%		Adult (n=4348) 59.4%			Paediatric (n=1408) 19.2%		
	≥ 80	79-61	60-41	40-26	25-13	12-5	4-1	< 1
Camp1 (Nihala) n=1820	29	401	198	722	150	103	204	13
Camp2 (Gola) n=1255	14	312	148	332	195	121	125	8
Camp3 (Poona) n=1834	9	282	302	413	414	206	197	11
Camp4 (Nalee) n=668	4	132	94	202	69	86	73	8
Camp5 (Barroh) n=1743	18	363	221	578	310	141	98	14

An ophthalmologist was part of the team in the camp at Poona. Arrangements were made for a dentist to visit each camp on its last day to see selected patients. Basic laboratory and ECG facilities were also provided.

The particulars of the patients were recorded at the reception and waiting areas. The diagnoses along with the medicines dispensed were noted at the dispensary.

The doctors considered the medical camps a good opportunity to interact with the villagers and give knowledge about hygiene and disease prevention. The children were gathered in groups and given talks on hygiene too.

Statistical analysis of the data was done using SPSS version 17.0. Descriptive statistics i.e. mean and standard deviation (SD) for quantitative values and frequencies along with percentages for qualitative variables were used to describe the results.

RESULTS

A total of 7320 villagers attended the medical camps out of which 4319 (59%) were females and

between the ages of 26 to 40 years contributed most to the patient population attending the camps i.e. 2247 (30.7%). The mean household size of the study population was 8. Despite belonging to a low socioeconomic group, most of the households had bricked houses, latrines and access to clean water.

Majority of the patients had chronic complaints lasting over one month. The commonest complaints were gastrointestinal (1969, 26.9%), musculoskeletal (1691, 23.1%) and ophthalmological (790, 10.8%). Other relatively common complaints were related with gynecology (622, 8.5%), dermatology (586, 8%), ENT (432, 5.9%) and dentistry (380, 5.2%).

A total of 5010 prescriptions were recorded and the medicines prescribed are given in table 2.

DISCUSSION

The demographics of the rural population of AJK are not very different from the rest of Pakistan as far as household size and living conditions are concerned. As in Pakistan¹, the healthcare system is concentrated in the few

urban areas leaving most of the state deprived of access to a qualified doctor. Moreover, the civil

Table-2: Commonly prescribed medicines in the camps (Total prescriptions = 5010).

S.no	Medicine	Number of prescriptions containing the medicine
1	Multivitamins	1528 (30.5%)
2	Analgesics	1418 (28.3%)
3	Antibiotics	1117 (22.3%)
4	Anti-helminthics	1087 (21.7%)
5	Topical preparations	780 (15.6%)
6	Eye drops	540 (10.8%)

health organizations have limited access to areas close to the Line of Control (LOC), making it difficult for them to reach out to the people there. Because of logistical and financial constraints, inhabitants of these areas rely on hakeems, faith healers and midwives for medical care. They usually visit the doctor only in case of a dire emergency, otherwise relying greatly on the regular medical camps established by Army for chronic ailments. Effort is made to incorporate civilian doctors in the camps which is not always possible because of their general shortage.

The purpose of these camps is to provide free consultation and medicines to the villagers living in areas where there are no medical facilities, to guide and motivate patients who have an advanced treatable medical condition to visit a tertiary care hospital for proper management, to increase awareness of basic hygiene and preventive healthcare and to foster strong relationships between the people of Pakistan and AJK.

The number of females attending the camps was significant despite their population being slightly less than males in AJK. This was probably because the generalized health seeking trends of women in the area is not different from that of Pakistan^{3,4}. Many of them were under treatment of faith healers or midwives and now due to easy accessibility to a doctor, they decided

to get consultation for their persisting ailments. Presence of a lady doctor was a major motivation for them to come to the camp. A few made only casual consultations while visiting the camp primarily for their children’s disease.

The average age of the patients was 35 years. The number of patients above 65 years was 1473 (20.1%). This number is much more than the percentage of Pakistanis above 65 years of age which is 3.5% as per 1998 Population Census⁵. This may be an indicator of the global trend of aging and also the possibility that the elderly are frequently neglected and their health issues only identified when healthcare comes to their door-step⁶.

Children (age ≤ 13 years) also constituted a considerable bulk (1464 i.e. 20%) of the patients. Their diseases varied from mild infections, dermatological problems to a few congenital diseases. General and oro-dental hygiene was a major issue in most children; hence they were gathered in groups and given short talks on personal hygiene by doctors and nursing assistants. This observation is similar to that made in another study in Pakistan⁷. The sheer number of children attending the medical camps supported the need of a pediatrician on the team.

Most of the patients (68%) were given medicines free of cost in the camps. The commonly prescribed medicines were analgesics, antibiotics and multivitamins. This pattern of drug prescription was similar to any other OPD in Pakistan⁸. Some patients (12%) were referred to tertiary care hospitals because of a potentially dangerous ailment like uncontrolled diabetes mellitus, hypertension, and suspicion of tuberculosis, malignancy and ischemic heart disease.

Random feedback from the patients was good and they considered medical camps beneficial. Availability of specialist consultation in medicine and surgery in the camp was helpful in diagnosing, treating and counseling of many patients. The medical camps proved that when specialists reach out to the community beyond their OPDs in the hospitals, they can greatly

improve the efficiency and quality of health care in the society^{9,10}.

CONCLUSION

There is a considerable unaddressed disease burden relating to gastrointestinal and musculoskeletal ailments in the rural communities of AJK. Ophthalmological, gynecological and pediatric problems are common and specialists may be included in those camps.

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