UNIT 4 CLINICO-SOCIAL CASE STUDY IN PREVENTIVE MCH

Structure

4.0 OBJECTIVES

After going through this unit, you will be able to:

- correlate natural history of the disease or condition (e.g. pregnancy) in the perspective of the community and family with acceptable and affordable levels of prevention;
- detect other similar cases in the family who influence/affect/or are similarly valued in the family/community;
- suggest right action for prevention and control of problem related to RCH preconditioned in the family or community;
- study the health care-seeking behavior including the level of utilization of health services and patient's compliance of the prescription, their purchasing power or attitude towards the formal services provided to them;
- provoke community participation at the family and community level for adequate MCH/RCH practice;
- calculate incidence and prevalence of the disease or condition existed at community level (community load study) in relation to MCH (or RCH) programme; and
- manage health problems at the individual family and community level.

4.1 INTRODUCTION

During your MBBS career, you have been trained to take history of a patient, diagnose his disease process and manage accordingly. The management remains same for all patients suffering a particular disease irrespective of their age, sex, economic status, home environment, beliefs and practices, community behaviour etc. But when you approach a patient to plan his management taking all these above parameters into consideration, your management will not only differ from patient to patient but will be of comprehensive in nature. This essentially requires you to understand the dynamics of the disease process (the natural history of the disease in the environment of a particular host). Similarly the management approach aims at containment of the disease process in the community, treatment and rehabilitation of the patient, long term follow-up and preventing the disease occurrence in the community in the future.

This approach of studying a disease process and managing the patient in its own environment is called clinico-social case study. In this unit, the discussions aim at providing you the tips to enable you to collect the necessary information from the family and community when ever you make a family visit.

4.2 FAMILY AND COMMUNITY STUDY

Family study is the sheet anchor of clinical preventive MCH. To understand family you must know about the community. The community means a group of individuals or families who share common characteristics like language, culture norms, morals and values etc. The family is the unit of the community. It is defined as an unit of a group of individuals living together under the same shelter and sharing common purse, kitchen and common worship place. During undergraduate or a post graduate course you were posted in the different wards of the hospital. In the ward, you used to go to a bed to study a specific patient. In the similar way in the subject of community medicine will be placed in the community to study the family allotted to you. Thus in this subject community is the ward and family is the bed and each member of the family is an acceptor (not patient). A learner in their work place will study families for understanding the Maternal and child health status (say reproductive and child health status). The MCH or RCH status refers to the case, her (or child's) family, the health care they need and demand, the cost they afford and all other issues related to the situation.

4.2.1 Community Study

To understand the community you are supposed to study the following issues.

Community Setting

- Study the various groups and structure within community — social, cultural, political and organisational (through direct meeting and informal dialogue)
- Thorough analysis of community health care need and their demand; health and environmental status; pattern of disease etc.
- Survey of the community resources, existing institutions and assess their initiatives towards maintenance of their own health with an ultimate objectives of overall improvements of their own health.
- Knowledge of infrastructure at the community setting and natural constraints (flood, drought etc.) related to delivery of primary health care, the local people and peripheral workers, NGOs working in the area or any specific units of interest.

Opinion leaders are very important persons to study the community settings. Even the village pradhans, local practitioners, folk practitioners and Community

Development Block workers present in the community can provide a lot of information of importance to your study.

Opinion Leader

- He is the person on whom the community has confidence and he can direct the community.
- The person who knows about the community and has insight into human behaviour of the community.
- He has decision-making ability in a most practical ways.
- Has knowledge about the health and environment issues of that area and he has ability to plan, organize and direct.
- Ability to react with others on a face to face basis.

Find out opinion leader in your area and enlist the role they play in MCH or RCH.

Find out NGOs working in the area and detect their role in the same way

Area Characteristics

a) Mention total population, literacy rate, sex ratio, main occupation, source of drinking water, method of solid waste and excreta disposal, number of Schools present, whether ICDS scheme existed or not etc. The statistical rates can be provided by your counsellor.

b) Also records the availability of Medicine shop in the area, any other type of shop which are involved in social marketing of condom, ORS, oral pill etc. (Like depot holders). It is also important to field out certain important information with regard to referral in RCH Care. They may be:

   - The scope of transferring emergency obstetric and newborn cases or places for referral with expected mode or time spent during the referral.
   - Community or NGO initiatives in this regard?
   - Availability of community based transport/stretcher.
   - Construction of road through local bodies or community mobilization, which helps in the transfer of cases from the house to the place of referral.
   - The health facilities available for the provision of MCH/RCH care or conduction of delivery
   - Any NGOs available for delivering reproductive and child health services
   - Whether any partnership exists between NGO, Private Sector and Government sector for improvement of health of mother, children, adolescent as well as women of reproductive age group or not. Comment on your endeavor in this regard.

Task for You

Record all the above observations in your practical records and comment on different social, cultural, political and organizational group who can influence on health and specially on MCH care. Outline briefly your findings relevant to reproductive and child health and record them with both short and long term recommendations.

4.2.2 Family Health Schedule

Record the health status of the family as per the schedule given below:

Family: Nuclear/Joint	Address:	Head of Family (HoF):
Household No.	Religion & Caste:	Total monthly income of family:

Per capita income:

A) **Family Folder**

	Resident Family Status										Health Status*		
Sl. No.	Name	Age	Sex	Relation with HOF	Marital status	Literacy	Occupa-tion	Income	Nature of work	Addic-tion	Present illness	Past illness	P.W.& L.W

Calculate the per capita monthly income = $\frac{\text{Total family income form all sources}}{\text{Total no. of family members irrespective of age}}$

B) **General Health Status**

Sl. no. (same as the earlier table)	Wt (kg)	Ht (cm)	MAC (cm)	HC/CC (cm)	Pulse/ Resp	BP	General examina-tion	Systemic examina-tion (Only write Positive Finding)	Immuniza-tion status of children & P.W.	Signs of Nutritio-nal deficie-ncy	Prov. Diagn-osis	Remarks

* Fill obstetric sheet for married women

H/O past, present and family illness, if required, may be written in detail in separate pages; P.W.= Pregnant women; L.W.= Lactating women; HC =head circumference; C.C.= chest circumference; MAC= Mid arm circumference; Wt=Weight; Ht= Height

Date of birth in case of pre-school children to be mentioned.

C) **Follow up, advice and treatment sheet**

F.F. Sl. No.	Date of. Exam	Chief complaints and Clinical findings, if any	Laboratory Findings, if any	Management of case(s), management at the family level and advice to the community	Referral (if any)	Outcome

4.2.3 Housing

House No.

Own/Shared/Rented:

Rent if being paid, Rs .....

Site of the house (Draw a plan of house room wise).

Number of living rooms:

Total area of living rooms:

Area of other space utilized for living purposes:

Per capita space available:

Kitchen: Separate/in the living room

Cooking apparatus: Chulha/gas/kerosene stove/heater/any other

Smoke outlet : Present/absent

Cattle : Present/absent Total No.

Cattle shade (give details):

Ventilation : Adequate/inadequate

Cross ventilation : Make observation and discuss with your teacher.

Faecal disposal : Is there a sanitary latrine in the family?

If yes, then describe the type of construction.

If there is no latrine, where do they go for defecation and why?

Whether the family is ready to install it after your motivational efforts?

Whether there is enough space for a PRAI or any other sanitary latrine installation in the house or near it?

Refuse Disposal

Mention methods of refuse disposal in the family:

Drainage

1) Is there proper disposal of waste water from the house?

2) Whether there is a source for breeding of mosquitoes or houseflies in or around the house, in the cattle shade?

3) What sanitary methods would you advise for sanitary installations around the house for effective and clean disposal?

Study of Housing

Find out the status of overcrowding and it's effect on health and diseases like worm infestations, ARI, Diarhhoea, facilities for home delivery etc.

Comment on the Water Supply:

1) Sources of water supply:

   a) Drinking purpose: Tube well/Well/Tap/Pond/River.

   b) Cooking purpose: Tube well/Well/Tap/Pond/River

   c) Cleaning, bathing and washing purposes: Tube well/Well/Tap/Pond/River. Mention under each category whether the supply is sanitary/insanitary.

   d) Distance from the house:

   e) Private owned/owned by other family of community

   f) When last cleaned, repaired or chlorinated, if such question exist?

2) Observe how water is drawn, transported and stored in the house for

Drinking purposes

Other purposes

Give your comment:

3) Is the water for different purposes are given special treatment or not (like boiling straining, domestic filtration or any other)?

4) Comment on knowledge of the family on water-borne diseases and its prevention

Name the Water-borne diseases, Knowledge of the community, Remarks (including suggestions for improvement)

Health Seeking Behaviour

Where does family usually go when there is any health problem related to reproductive and child health?

For Antenatal Care

For Intranatal Care

For Post Natal Care

Mother

Infant

For Under-five Care

For Adolescent Health Problem

For RTI

For Family Planning

Nutrition

Comment on the Care-seeking behaviour of the family members

Identify good and bad health practices

Identify the individuals among the family members, who are at risk, from the point of view of reproductive and child health? Give your reasons why they are at risk. (This you should do during 3rd spell)

Task For You

Comment/recommend both medical and social actions, which you are going to recommend for the family as well as for the vulnerable groups

Summarize your findings and give your community diagnosis with special reference to RCH:

Recommend measures at the

Individual level

Family Level

Community Level

4.2.4 Under-five Nutritional Assesment Schedule

Identification		1)	Name .....
		2)	Age .....
		3)	Sex.....
		4)	Height .....
		5)	Weight .....
		6)	Mid arm circumference.....
General Appearance			
Eyes			
A.	Conjunctiva	7)	Xerosis .....
		8)	Pigmentation .....
		9)	Discharge .....
B.	Cornea	10)	Xerosis .....
		11)	Vascularisation.....
C.	Lids	12)	Folliculosis .....
		13)	Excoriation .....
		14)	Angular Conjunctivitis .....
D.	Functional	15)	Night blindness .....
Mouth			
A.	Lips and tongue	16)	Condition .....
		17)	Colour.....
		18)	Surface .....
B.	Buccal mucosa	19)	Condition .....
C.	Gums	20)	Condition .....
D.	Teeth	21)	Fluorosis .....
		22)	Caries .....
Hair		23)	Condition .....
Skin			
A.	General	24)	Appearance .....
		25)	Elasticity.....
B.	Regional	26)	Trunk.....
		27)	Face .....
		28)	Perineum .....
		29)	Extremities.....
Adipose Tissue		30)	Quantity .....
Oedema		31)	Distribution .....

Bones

Heart

Alimentary System

Nervous System

32) Condition .....

33) Size .....

34) Appetite .....

35) Stools .....

36) Calf tenderness .....

37) Paresthesia .....

Consumption of Food Per Day

Sl. No.	Food Stuff	Quantity	Calorie	Protein
1.	Cereals			
2.	Pulses			
3.	Milk and milk products			
4.	Oils/fats			
5.	Flesh foods			
6.	Green vegetables			
7.	Roots			
8.	Fruits			
9.	Others			

Total Consumption Units in the family (specify):

Therefore, consumption per G.U. per day:

4.2.5 Immunization Status of the Family

(Record the time i.e. months and year of immunization received)

Name			D.P.T.	Polio	Measles
Under-fives and mothers	Age/Sex	B.C.G.	1 2 3 Booster	1 2 3 Booster	

4.2.6 Morbidity Status of the Family

Date	Name of family Member ill	Age	Complaint/ Illness and Days of illness	Treatment given	Place of treatment	Remarks

4.3 STUDY OF MATERNAL CARE

4.3.1 Antenatal Care

Date of examination: ……

Name:……..Age:……..……..L.M.P……..……E.D.D. ……

Address:……..…… Para :.....……

Gravida : ……..……

H/O 1) Past illness:

2) Any illness during this pregnancy:

Previous Obstetric History:

No. of Preg.	Age/Sex	Type of Deliv.	Place	Conducted by	Result

General Examination

Pallor: Present/Absent

Oedema: Present/Absent

If present, specify part:

B.P. …….. Weight …….. Pulse .....

Any other positive finding:

Per Abdomen Examination:

Fundal Height:

Position:

Presentation:

Foetal Movements:

Foetal Heart Sound:

Laboratory Findings

1. Heamoglobin:
2. Urine: Alb:

Sugar:

Details of Ante-natal Care Provided for this Pregnancy:

Source of Care:

Time of registration:

No. of visits paid: Clinic:

Home:

Total:

H/O Immunization: (Tetanus toxoid):

Given/Not given

No. of doses:

Advice given to the mother:

Diet:

Personal Hygiene:

Family Planning:

Others, if any:

Drugs:

Dose and Duration:

Referrals, if any:

Cause(s) of referral:

Referred to:

Comments:

4.3.2 Intranatal Care

a) Delivery History

Date……..…… Place ……..…… Time …..……..

Person Conducting ……..……

b) Type of delivery

Normal/Instrumentation needed/any other (specify)

c) Baby Alive/Dead

If dead, cause of death ……..

Birth weight of baby ……

d) Condition of mother

Healthy/poor/dead

4.3.3 The Postnatal Examination

Day of examination ……

(No. of P.N. Day)

a) **The Mother**

Fever : Present/Absent If yes: Temp.: Treatment given:

Lochia: Rubra/Serosa/Alba

Discharge, if any:

Involution of uterus: Proper/Not proper

Is the mother breast feeding: Yes/No

- If yes, then
  - — Started on which day:
  - — No. of feeds per day:
- If no, why?
  - — Cracked/Retracted nipple
  - — Mastitis
  - — Lack of lactation
  - — Others (specify) ……

b) **The Neonate** Birth Weight ……

Cry : Normal/weak

Defecation and Micturition

The condition of the cord:

Activity of the child:

Any other complaints:

Normal/Any Problems Encountered

4.3.4 Maternal Health and Family Planning

Why are the mother and the child considered as one unit?

Do the family members avail M.C.H (clinic/domiciliary) services? (To study on Maternal health, Child Health and Family Planning you should preferably select a lactating mother who has an infant)

In case, the reply is no, one has to find out the reason for not availing the M.C.H. services and perform the next steps in some other family where the information is available. If yes, note the following:

At the time of her pregnancy

When was she registered?

Where?

Who has registered her?

Ask, how many visits she paid during the antenatal period?

What was done during each antenatal visit? Write in tabular form:

Visit no. Weeks Type of Physical Examination done Advice given

1st Visit

2nd visit

3rd visit

4th visit

5th visit

(If there is visits more than five, please write also under each category mentioned above)

Examination should include at least B.P. check-up, weight recording and physical examination. Advice should include diet (Does the family know the type of diet she should have taken during pregnancy as well as attitude of the family towards her diet). Other advice includes avoidance of heavy work, rest, sleep, bowel, advice laboratory examination, breast-feeding (exclusive breast-feeding, no prelacteal feed, colostrum feeding, early initiation and timely complimentary feeding etc.), IFA tablets consumption, tetanus toxoid immunization, advice on F.P., clean delivery, DDK, danger signs for referral— importance of timely referral to a appropriate place of referral etc.

Note how far the family is acquainted with Maternal and Child Health (MCH) care and whether their family members receive any instruction in this regard from any health facilities or health workers or not.

If instruction is received from whom?

Comment after enquiry. Identify points for communication to be included either for development of messages or for the group meeting after completion of enquiry.

Family Planning

Eligible Couple means any married couple where female partner has age between 15-49 years. (Learners are instructed to enquire family planning practices from both the partners preferably.)

What does the eligible couple understand by the term family planning and family welfare?

Can they differentiate between the two terms?

Ask, whether they understand the need for family planning or welfare or not.

At what age eligible couple was married?

When they conceived?

What they think, their marriage and conception is at right age or not?

Ask them to give reason/s why they consider it right?

Have you noticed in your allotted family any reflection of birth timing and spacing as well as size of the family?

Does any one in the family is aware about the effects of birth timing and spacing on maternal and child health?

How many children the family has?

What is the birth interval between last two children or in case of only one child ask about their knowledge?

(Identify whether they have correct knowledge and practice or not)

Ask, whether they understand the need for family planning or welfare or not.

Does the eligible couple use any family planning methods? If yes, what is the method/are the methods?

Find out, why they choose a specific method/s? If no, the reason/s.

Comment on the findings (identify the gap between knowledge and practice, as well as choice of any method).

4.4 STUDY OF CHILD CARE

4.4.1 Normal Infant

Name: …… Age: …… Sex : ……..

Address : …… Occupation of father & mother ……..……

Mile Stones:

Feeding History:

Breast Feeding (Details):

Top Feeding (Specify, what is being given; quantity and dilution):

Weaning: Age at weaning:.....

Specify food-stuffs given: .....

.....

Quantity & Dilution:.....

.....

Immunizations (mention details): .....

.....

.....

.....

.....

Anthropometry:

1. Weight : ……..
2. Height : ……
3. Head circumference ……..……
4. Mid-arm circumference……..……
5. Chest circumference ……...……

History of Illness (Past/Present)

4.4.2 Growth and Development

Sl. No.	Age	Weight (kg.)	Height (cms)	Milestone
1.	At birth	3.0	53	Sleep most of the time. The baby sucks, swallows. The movements are purposeless. He suffers from hunger and gives a hunger cry. He can not recognise his mother. He is satisfied if properly cared for regardless of who does it.
2.	1 month	3.75	54	The baby is quite helpless, sleeps most of the time, when awake lies on his back with head averted to one side reacts to out side stimuli with startled response. There is completed head lagging when being pulled to sitting position by holding his both arms, it means that head drops behind and there is no control over neck muscles.
3.	2 month	4.5	56	The boy recognizes his mother, but is still quite helpless in respect to coordination and self movements. He smiles to himself, utters cooing sounds. Pelvis is flat and hips extended.
4.	3 month	5.0	58	The infant begins to recognize sound, turns his head towards the sounds, smiles in recognisation of his mother, is fascinated by the movement of his own hand.
5.	4 month	6.5	60	He holds his head erect, giving head control, enjoys sitting with support. He grasps objects. Coos, gurgles and laughs in a sociable way with familiar face.
6.	5 month	7.0	62	The infant has wide eyed expression when in a sitting position. Attempt is made to reach small objects, can turn over. He can roll over on abdomen and back. He can sit steadily when supported.
7.	6 month	7.5	64	The infant shows signs of muscular co-ordination, grasps small objects, uses legs and arms to move forward or backward when lying on abdomen. Sits up or tries to sit up by himself, cries on provocation e.g., removal of toys from his hand. Usually around 6-7 months the lower central incisors erupt.

Sl. No.	Age	Weight (kg.)	Height (cms)	Milestone
8.	7 month	8.0	66	The infant sits alone, plays with single small toy for a long period, has a growing self sufficiency, plays with feet to mouth.
9.	8 month	8.4	68	Infant can pick up small pellets with finger and thumb, directs all objects to his mouth, squeals with excitement, upper incisor may appear.
10.	9 month	8.7	70	The infant can pull himself to an up-right position with support, may begin syllable utterance of 'ma' 'da'. Tries to stand but falls frequently. One or two upper incisors may appear.
11.	10 month	9.0	72	The infant creeps on floors; has an increased awareness of his environment. His index finger and thumb show a specialized mobility for poking and probing. Very frequently utter a few words 'ma' 'da-da'. One or two upper incisors may appear.
12.	11 month	9.2	74	The infant can stand alone; accepts solid foods, feeds himself, creaks; prefers company then being alone; tends to imitate facial expressions, gestures and sounds.
13.	12 month	9.5	76	The infant can play placing one cube on top of another, walks with support, repeats words under stress of repetition. Begins to suit action to words. Enjoys simple tricks and games. Teething: Between eight to twelve months the four upper incisors appear. Hearing: The infant begins to recognize sound from 3rd month onwards and by 1 year he tries to reply the questions by actions.

Recording of PEM/Growth and Development of the Infant

Age in months	Growth				Development		
	Wt. in Kg.	Height	Dentition	Others	Dev.	Diet. Adv.	Cal.

4.4.3 Infant and Under-five Feeding and Rearing

Collect information in the following headings and record in your practical record which ever is applicable in your case.

1) **Describe the methods of (preferably after personal observation)**

New born care:

Breast Feeding

Time of initiation of breast-feeding: (Mention whether immediately after birth/ within ½ hr/within 1 hr/1-6 hr/6-24 hr/others specify)

Pre-lacteal feed (Given/Not given)

If given type of pre-lacteal feed:

Colostrum: Given/Discarded

(Reasons for giving or reasons for discarding)

2) **Collect History of:**

Breast-feeding, whether Exclusive/not. Give reason(s) for both +ve or -ve answer.

(Exclusive breast-feeding means breast-feeding without any other feeding, even not sips of water)

How long to continue exclusive breast-feeding (both knowledge as well as practices, practices in same families: observe)?

Whether the feeding is given? Time schedule feeding/Demand feeding

When to start complimentary feeding (assess both knowledge and practices, if any)?

Note the type of solid or semi solid food, frequency and how these are offered including food hygiene? (this may be done through observation)

Find out whether they like to continue breast-feeding or continuing breast-feeding along with solid food or not?

If so, how long they may continue?

Type of food they intend to give up to the age of 5 years:

3) **Knowledge attitude and practice study**

Information Required	Knowledge	Practice
Will they continue feeding during illness?		
If Yes for what diseases and for what age/sex groups?		
If no, for what diseases and for what age/sex groups?		
Do they consider any food as hot or cold? If so, detail it.		
What are the key components of newborn care?		
Find out both the knowledge and practice of your allotted family in regard to newborn care?		
Five Cleans		
When to give baby bath?		
Whether to apply kajal or not?		
Whether to apply powder or not?		
Whether to apply oil or not?		

Information Required	Knowledge	Practice
Use of Kantha (soft cotton cover made from old discarded cloth) etc. What they use to cover a Newborn? Kantha/Towel Why it is needed to cover? Why kantha or towel is preferred? Do they know that under-five children of the family should be weighed regularly? If yes, why? Are they taking their < 5 to AWC? If yes Was the weight of the under-five children plotted in the growth chart or not? At what frequency and why? What is the importance of growth chart or regular weight recording?		

4) **Task For You**

Identify the gap in the newborn, infant and < 5 care between the theory as well as knowledge and practice at the family level. Recommend how will you improve. Discuss with Academic Counsellor.

Now you can take the weight of the child and plot it in the growth chart supplied for individual < 5 children.

Plot the weight of the child monthly (a minimum of 5 to 6 plotting) in the growth chart.

Show the growth chart to the mother and explain on growth status of the children to the mother and write down the advice/s given.

From the weight recording in the subsequent months, find out whether growth falters or not. Whenever it falters elicit reasons. Explain mothers on measures to be taken. Write it down.

At the family visit comment on the total growth status of all the children you have taken so far and the staus of the concerned child in respect of the other children.

Write a summary of your finding. Bring out the issues related to malnutrition of the children with an objective to prevent malnutrition at the individual, family and community level.

Give your critical comment on infant and under-five feeding and child caring practices in the family, in the light of existing socio-cultural beliefs of the family.

Give relevant advice to the family including the good or bad aspects of the existing child caring practices of the family.

Give a chart of low cost food based on the nutritional requirements of infant and under-five:

Make a community diagnosis. Prepare a list of bullet points for group discussion and mother's meeting.

Conduct a mother's meeting

- Select venue
- Select target group
- Identify topic for discussion based on your findings
- Fix date and time in consultation with the community
- Conduct meeting

4.5 CASE PRESENTATION GUIDELINES

Case presentations are done as followed in clinical medicine. Relevant observations should be included. A broad outline is given below but certain points have to be stressed or might have to be included in case of certain diseases.

Identification: Name, Age, Sex, Religion, Caste, Occupation, Income, Literacy, Marital Status, Address etc.

Chief complaints (with duration of illness or incapacitation)

Present illness:

Source of infection and medical aid received so far. Reasons for time lag between onset illness and treatment, if any. Reasons for discontinuation of treatment (defaulter). Socio-economic problems due to illness, job, rehabilitation, etc. Pathological and radiological finding.

History of Past illnesses:

Chr. Illness of the past, Other illness, Childhood diseases, Treatment undertaken.

Family history:

Joint/Nuclear. Following relevant portions may be included as mentioned below.

Sl. No., Name, Age, Sex, Marital Status, Relation with head of family, Occupation, hereditary illness, etc.

No. of Earning members, Deaths, morbidity, etc. Dependent members

For females, past obstetric history may be recorded.

Personal history:

Economic aspect of the family:

a) Income of head of the family b) Income of the patient before illness and at present Total per capital income of the family c) Expenditure per month in the family on Food, Clothing, Housing, Education, Medical care, Functions or ceremonies, Others (specify Amount of debt (if any) and how much of it is due to illness or incapacitation d) Approximate total expenditure (feels, drugs diet, etc.) for the whole course of illness. Mention also expenditure for different types of medical agencies.

Dietary history:

Diet:	**Veg./Non-Veg.**		
Items	**Calories**	**Proteins**	**Others (specify)**
Morning	1		
	2		
Midday	1		
	2		
	3		
Afternoon	1		
	2		
Night	1		
	2		
	3		
	Total		

Environment:

a) Housing (none type, ventilation, overcrowding, etc.)

b) Water supply

c) Disposal of refuse and excreta

General examination: (Note immunization status also)

Systemic examination:

Laboratory findings, if any:

Provisional Diagnosis:

Examination of contacts:

Summary of the case: Bring out the main points e.g. source of infection, circumstances which led to disease, if the disease is treatable or preventable, reasons for failure and non compliance, any sequalae.

Comprehensive Diagnosis:

Advice and Treatment:

Levels of prevention recommended:

a) In case of the patient

b) In case of family

c) In case of community (if anger of spread is there).

4.5 LET US SUM UP

In this Unit, we have discussed the approach to a clinico-social case study. Different parameters have been discussed in details. You should apply your common sense how much data to be collected in a particular case. Please keep in mind that the purpose of date collection is to make a comprehensive diagnosis taking into consideration all

the parameters interacting with the disease process and provide a management at personal, family and community level so that not only the individual gets cured of the disease but the spread of the disease is also controlled.

4.6 FURTHER READINGS

J.S. Mathur, *Field Training in Community Medicine*.

Sandip Kumar Ray, *Guide for Community Exposure of Student*, published by the Students Union, Medical College, Kolkata, June 2001.

S.C. Mohapatra and S.P. Singh, *Record of Field Visit and Demonstration*, Institute of Medical Sciences, B.H.U., Varanasi.