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A QUALITATIVE STUDY OF CLIMATE CHANGE, PUBLIC HEALTH AT GWADAR

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Climate change is massive threat for the huge number of people around the globe. It has affected the health of people in multiple ways. The factors promoting the waves of climate change nonetheless are natural disasters and manmade industries in order to explore about the due factors inflicting health sectors of the region it was best to adapt exploratory approach. This study is designed to look at the factor of climate change and public health at Gwadar. This research paper further looks at the due factors affecting the health of children of Gwadar. The key factor of the study is to identify the possible impacts of climate change on the health of Human beings living in regions of Gwadar, Balochistan. This study explores that how human health is affected and what are different diseases which are being caused in human beings as a result of changing in climate? This study also explains the direct and the indirect effects of climate change in human health. This study is designed using qualitative strategy to know the perception of people that how they constructs reality about climate change and health at Gwadar.

SPATIAL ANALYSIS OF ACUTE RESPIRATORY INFECTION AMONG CHILDREN IN INDIA

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Asthma is responsible for major morbidity worldwide. It is a major public health concern in developing countries as 80% of deaths due to asthma takes place in developing countries. This study aims at examining the spatial concentration of asthma in India along with its association with selected social attributes. Data on acute respiratory infection among children aged less than 5 years was collected from the published district factsheet of NFHS-4. Moran's I index, and Getris G Ord statistics were used to examine the spatial relationship of asthma and with selected attributes. Overall univariate Morans'I index for asthma was found to be 0.2175 stating the concentration in values of asthma in India. Bivariate Moran's I index of selected attributes with asthma showed dispersed nature for use of clean fuel (-0.0765), electricity status (-0.1644), urbanization (-0.0677) and literacy rate (-0.0645), however it was positive for economic status (percent of poor people). In total 46 districts were identified under hot-spot and 84 under cold-spots. There were 6 pockets of hot-spot identified of which four were concentrated in northern India, mainly Uttar Pradesh and Madhya Pradesh. In OLS regression, negative relationship between electricity status, urbanization , literacy rate and economic status was observed. Whereas, relationship between use of clean fuel and asthma turned insignificant. Whereas in spatial lag model and spatial error model, electricity status turned insignificant and positive association between lag value of asthma and error values were observed respectively. In conclusion, there was spatial association of asthma with lag value and its selected co-varieties. There is a need to examine the reason for higher value of prevalence in hot-spots of asthma.

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