

CONCLUSION AND SUGGESTION

In spite of the high temperature, prolonged summer and low rainfall in the area of study, a high prevalence of giardiasis was recorded in this village. The prevalence rates of nonpathogenic forms like E.coli, I.butschlii and E.nana are comparable to the rates reported in other parts of the country. The high rate of Entamoeba coli (44.8 per cent), suggests its ability to withstand adverse climatic condition. Dust-storms which are a special feature of Rajasthan in general coupled with the habit of promiscuous defaecation of the population help to spread the faecally transmitted parasites in general in this community. It is no exaggeration to state when such high percentages of G.lamblia and E.coli are recorded that this community feeds on its own faeces.

Prevalence rates of hookworm and roundworm though not high may increase with the increase in facilities for irrigation of the cultivated fields in near future. It will, therefore, be ideal to take control measure for the intestinal parasites at this stage.

The knowledge that is revealed in this study on the significant seasonal variations in the prevalence of some of the intestinal parasites like Entamoeba histolytica, Giardia lamblia, Ascaris lumbricoides, Hookworm and Entamoeba coli will help in the planning of control measures against these infections in an opportune time, that is during the period of least prevalence of these infections. Control measures adopted during this time will not only show a thrust but also will be economical.

The age-wise differences observed in the study in the prevalence of some of the parasites for example Giardia lamblia, E.histolytica, Hymenolepis nana, A.lumbricoides, Hookworm, Enterobius vermicularis, E.coli etc. give a clue for embarking the control measures on the susceptible age group.

The information which was further obtained in this survey regarding the variations in occurrence of some of the intestinal parasites i.e. E.histolytica, Hookworm, E.coli and Taenia solium in different socio-economic groups of the community would be a guideline for planning the control programmes of these intestinal parasites in the susceptible socio-economic groups of the population.

High prevalence of intestinal parasites in a community is due, in part at least, to ignorance about these infections.

It is suggested that the provision of latrines and improvement of sanitation including regular water supply coupled with health education and treatment of cases would reduce the parasite load from this community.