

An analysis of public health conditions in Bapatla rural mandal of Guntur District in Andhra

Pradesh

Dr. Ericharla Raju

Post-Doctoral fellow, Dept of economics, Acharya Nagarjuna University, Guntur, Andhra Pradesh, India.

Abstract

In the present article an attempt is made to examine public health condition of the respondents in the Bapatla rural mandal of Guntur District in Andhra Pradesh. As per a World Health Organization (WHO 2002) Report, 80 per cent of the diseases are due to unhygienic conditions and unsafe drinking water. In present research found that majority 75.8 per cent of the respondent families are consuming milk and its products daily it is good health condition. Majority 64.2 per cent of the respondent families are consuming eggs weekly at once, which is very cheap to purchase and containing high percentage of minerals. Majority 41.7 per cent of the respondent's families are taking treatment by RMP doctor, another 25.8 per cent are taking treatment through the private doctor. It indicates that are very much interested to consult local RMP doctor or private doctor and not very much interested to go to government hospitals even though treatment is available free of cost in the government hospitals. The average time taken to get water for a single trip is 17.74 minutes. It shows that lot of time is wasted in getting water to the family. In the present study shows that 57.7 per cent of the deliveries in the home, which is a serious matter to be considered. In the modern society, technological development were improved, transportation facilities has increased and there is every scope for a mother to have safe delivery in the hospital, but this proportion is only 30.6 per cent. So, there is every need to educate the women and create proper awareness to have deliveries in the hospital which are safe.

Keywords: Public Health, Food and Nutrition, Health Habits, Drinking Water, Immunization

1. Introduction

In the present article an attempt is made to examine public health condition of the respondents in the Bapatla rural mandal of Guntur District in Andhra Pradesh. Health is essential to the satisfaction of basic human needs and to improve the quality of life. As per World Health Organization the highest standard of health is one of the fundamental rights of every human being. The vast majority of the world's population still has no access to decent health care. Rural populations in developing countries are particularly under privileged with respect to health care. In a country like India where the per-capita income is among the least in the world coupled with illiteracy, poverty, superstitions, diseases, etc. lead to low quality of life and high mortality.

The Government of India's concern since independence has been raising the quality of life and the health of its people. As per a World Health Organization (WHO) [1]. The Government of India's concern since independence has been raising the quality of life and the health of its people. As per a World Health Organization (WHO) [1]. Report, 80 per cent of the diseases are due to unhygienic conditions and unsafe drinking water. Health of the people has been recognized as a valuable national resource and the governments Endeavour has been to develop the health of the people to enable them to contribute to the enhancement of the nation's productivity [3]. It is estimated that in India every year about 1.5 million children under five years die of water related diseases. Keeping this in view several initiatives were taken by Govt. of India leading to supply of safe drinking water and provision of sanitation, since they are considered to be the most important contributing factors for improving the health of the people in the country. Provision of safe drinking water has therefore, been given very high priority in Indian Planning. Providing drinking water in

rural areas is the responsibility of the State Governments and the funds were provided for the purpose in their budgets from the First Five-Year Plan onwards. The National Health Policy, (1983) reiterates India's commitment to the largest of health for all by 2000 A.D. accordingly a vast network of institutions at primary secondary and Tertiary levels has been established [4]. In 2002, National Health Policy was formulated.

1.1 Objectives

Main objectives of the present article is

1. To examine the health, food and nutrition of the respondents in the study area.
2. To examine the main source of drinking water system and chronic Diseases in the study area.
3. To examine the place of delivery system, place of receiving treatment and family planning operation in the study area.
4. To examine the immunization of the children in the study area

1.2 Methodology

Sources of Data

The sources of data are broadly divided into two categories namely primary source and secondary source. Research studies can be conducted either through primary data.

Primary Data

The primary data can be collected through field survey either through interview schedule or a questionnaire. In the present study, an attempt is made to collect the primary data on Public Health through a structured questionnaire framed for the purpose.

Note: Present Study Based on the Primary Data

Selection of Sample and Stud Area

For the present study, Guntur district of A.P and Bapatla Mandal of Guntur District, was selected purposively. In Bapatla Mandal, there are 25 villages. Out of them three villages were purposively selected comprising 12 per cent of the total villages of the mandal. Three villages selected are, Narasayapalem, Kankatapalem, Jammulapalem. There are 3460 households in these 3 villages and again, 120 households (3.4 per cent) were selected for the study. The following table shows the population households, sample number of

households selected for the study. These villages represent high, moderate and low category of development respectively.

2. Food and Nutrition

Food is an essential for life. The quality and the quantity of food consumed by the individuals influence the health of the individuals. One of the main reasons for poor health in the developing countries is malnutrition. Good and nutritious food provides natural immunity for the body. It also generates energy required for the day to day functioning.

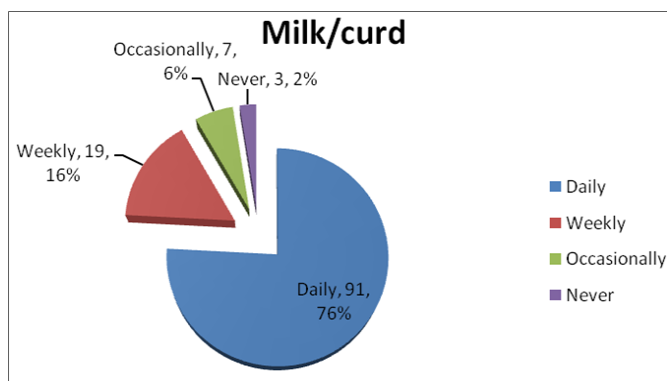
Table 1: Consumption of Food Items

S. No	Frequency	Number Milk/curd	Number beans/pulses	Greenleafy veg
1	Daily	91(75.8)	11(9.2)	5(4.2)
2	Weekly	19(15.8)	96(80.0)	112(93.3)
3	Occasionally	7(5.8)	10(8.3)	3(2.5)
4	Never	3(2.5)	3(2.5)	
5	Total	120(100.0)	120(100.0)	120(100.0)

Source: primary data

An analysis of the table 1 shows the consumption of food items by respondents' family. With regard to milk and curd, majority 91 (75.8 per cent) of the respondent families are consuming milk and its products daily. Only 3 (2.5 per cent) are never taking milk products.

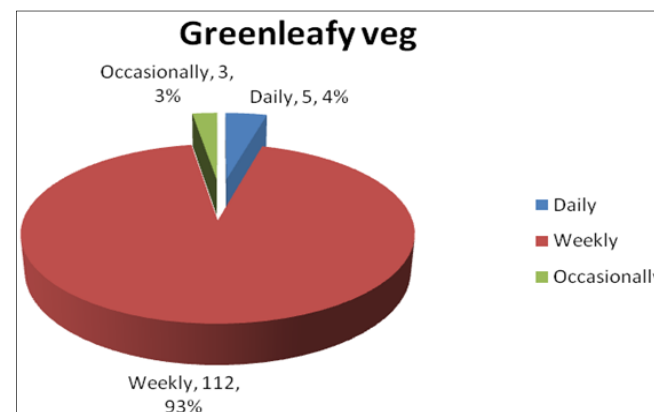
The consumption pattern of green leaf shows that out of 120 respondents, a big majority 112 (93.3 per cent) of the respondent family are consuming these weekly, may be because it is very cheap to purchase and it contains high percentage of mineral. There is every need to educate the respondents about the health habits, so that the consumption of milk, pulses and green vegetables will increase which is good to health.



Source: Table 1

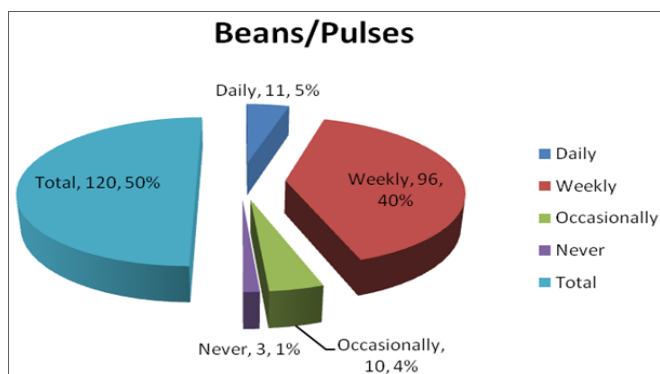
Fig 1: Consumption of the milk/curd

Similarly, out of 120 respondents, majority 96(80.0 per cent) are consuming beans weekly and another 11(9.2 per cent) are taking beans daily, 3 (2.5 per cent) are not at all consuming beans and pulses.



Source: Table 1

Fig 3: Consumption of the Green leaf



Source: Table 1

Fig 2: Consumption of the Bean/Pulses

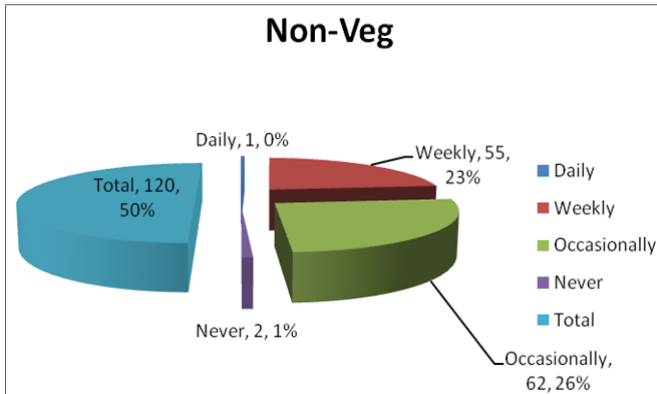
Table 2: Consumption of Food Items

S. No	Frequency	Number non-veg	Number fruits	Eggs
1	Daily	1(0.8)	20(16.7)	27(22.5)
2	Weekly	55(45.8)	30(25.0)	77(64.2)
3	Occasionally	62(51.7)	64(53.3)	15(12.5)
4	Never	2(1.7)	6(5.0)	1(0.8)
5	Total	120(100.0)	120(100.0)	120(100.0)

Source: primary data

An attempt is made to know whether the respondents are consuming the Non-vegetarian items like meat, fish, etc. Majority 62 (51.7 per cent) of the respondent families are consuming Non-vegetarian Occasionally, only 1(0.8 per cent)

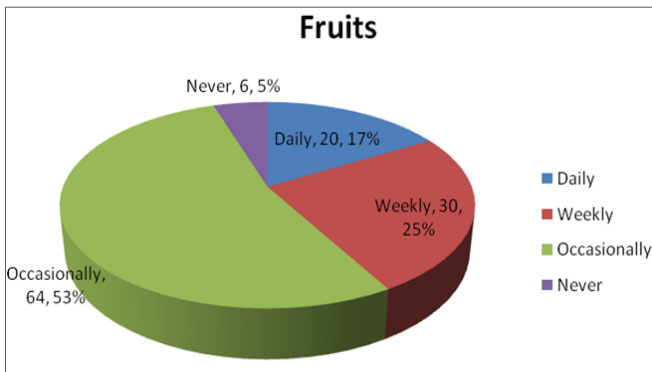
are taking non-vegetarian products daily. Another 55 (45.8 per cent) are consuming non-vegetarian products weekly at once.



Source: Table 2

Fig 4: Consuming Non-Vegetarian Products

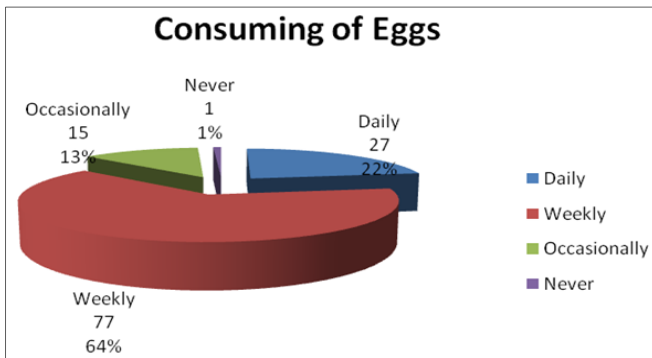
An attempt is made to know whether the respondents are consuming the fruits. Out of 120 respondents, majority 64(53.3 per cent) are consuming occasionally and another 30 (25.0 per cent) are taking fruits weekly and 5(2.5 per cent) are not at all consuming fruits.



Source: Table 2

Fig 5: Consuming fruits

Another attempt is made to know how frequently the respondents are consuming eggs. Out of 120 respondents, majority 77 (64.2 per cent) of the respondent families are consuming eggs weekly at once, which is very cheap to purchase and containing high percentage of minerals.



Source: Table 2

Fig 6: Consuming the Eggs

3. Health Habits

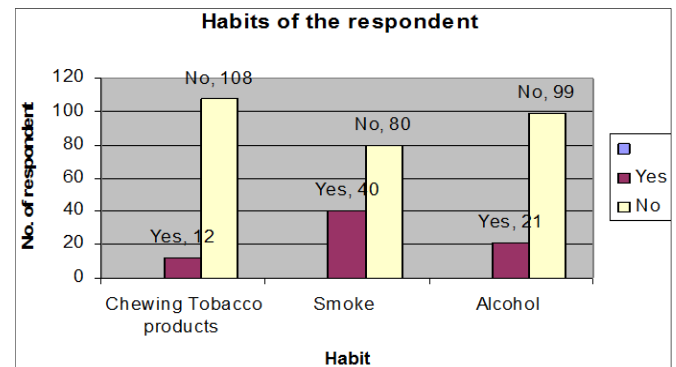
The health of the individual influenced by health habits of the individuals such as chewing tobacco products, smoking and taking alcohol. In the developing countries such as India, these habits are considered to be against culture and custom in the society. These habits affect the economic and health aspects of an individual. Many families in the developing countries are accustomed for these habits.

Table 3: Habits of the Respondents

S. No	Response	Chewing Tobacco products	Smoke	Alcohol
1	Yes	12(10.0)	40(33.3)	21(17.5)
2	No	108(90.0)	80(66.7)	99(82.5)
3	Total	120(100.0)	120(100.0)	120(100.0)

Source: primary data

An attempt is made to know the health habits of the respondents. It is generally observed that in the rural areas people are accustomed to chewing tobacco, smoking and taking alcohol. It is observed that out of 120 respondents, 108 (90.0 per cent) are not in the habit of chewing tobacco products. Further, out of 120 of the respondents majority 80(66.7 per cent) are not having habit of smoking. Also, out of 120 respondents 99 (82.5 per cent) are not taking alcohol. Thus, the study reveals that majority of the respondents are not having the bad health habits such as chewing tobacco, smoking and taking alcohol, etc.



Source: Table 3

Fig 7: Habits of the Respondent

The habits of the respondents has shown in the Fig No. 7

4. Reading Newspaper

India is developing a country with low literacy rate and a large number of people are illiterate and ignorant especially in the rural areas. They are not in the habit of newspaper. The newspaper reading will create awareness about the health. So, there is a positive co-relationship between reading newspaper and maintaining good health.

Table 4: Habit of Reading Newspaper

S. No	Response	Number	Percent
1	Yes	18	15.0
2	No	102	85.0
	Total	120	100.0

Source: primary data

An analysis of the table 4 shows the habit of the reading newspaper by the respondent. Out of 120 respondents, a big majority 102 (85.0 per cent) are having the habit of reading newspaper at least once in a week, and the remaining 18 (15.0 per cent) are not having this habit.

5. Type of Salt

Salt is an essential item in the preparation of food items. For healthy body, consumption of salt in the required proportion is

essential. Many diseases are associated with the potential of the salt in the food preparation. There are different types of salts generally used by the people. Refined and iodized salts are more pure and healthy as compared to coarse salt. Government is insisting the use of iodized salt for better health.

An analysis of the tables 5 shows the usage of different kinds of salts in the preparation of food items in the respondent household.

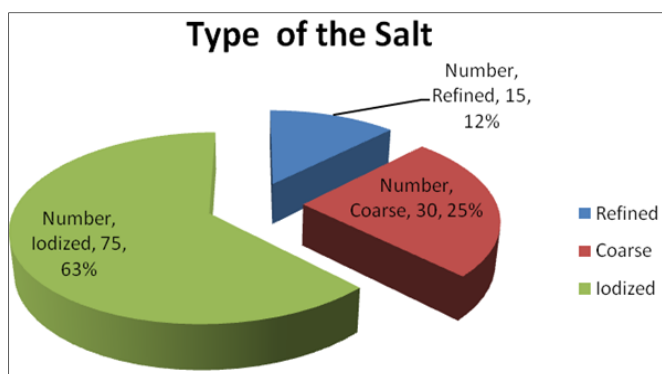
Table 5: Type of Salt Used for Cooking

S. No	Type of salt	Number	Percent	Valid Percent
1	Refined	15	12.5	12.5
2	Coarse	30	25.0	25.0
3	Iodized	75	62.5	62.5
4	Total	120	100.0	100.0

Source: primary data

Out of 120 respondents majority 75 (62.5 per cent) of the respondents are using iodized salt and another 15(12.5 per cent) of the respondent are using refined salt. 30 (25.0 per cent) of the respondents utilizing the coarse salt, which is not pure and not healthy.

local RMP doctor or private doctor and not very much interested to go to government hospitals even though treatment is available free of cost in the government hospitals.



Source: Table 5

Fig 8: Type of the salt

6. Type of Hospitals

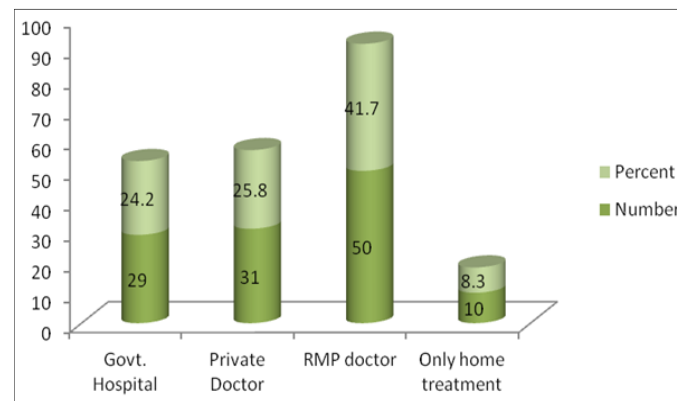
Government hospitals offer free medical care to poor people. However, because of delay in attendance, non-availability of medicines etc., even poor people prefer to go to the private hospitals.

Table 6: Place of Receiving Treatment

S. No	Place of Treatment	Number	Percent
1	Govt. Hospital	29	24.2
2	Private Doctor	31	25.8
3	RMP doctor	50	41.7
4	Only home treatment	10	8.3
5	Total	120	100.0

Source: primary data

An analysis of the table 6 shows where the respondent takes the treatment when he is sick. Out of 120 respondents, majority 50 (41.7 per cent) of the respondent's families are taking treatment by RMP doctor, another 31 (25.8 per cent) are taking treatment through the private doctor only. 29 (24.2 per cent) of the respondents are taking treatment from Government Hospital. It indicates that are very much interested to consult



Source: Table 6

Fig 9: Place of receiving treatment of the respondent

The place of treatment taken by the respondent is represented in the Fig No. 9

7. Drinking Water

Drinking water is one of the important factors closely associated with health of the individuals. Most of the diseases in the country are water borne diseases and hence there is every need to provide safe drinking water to all the people in the country. The Government of India after independence is trying its best to provide drinking water to all the people in the country. But still the problem is serious and majority of the people do not have access to safe, potable drinking water facility.

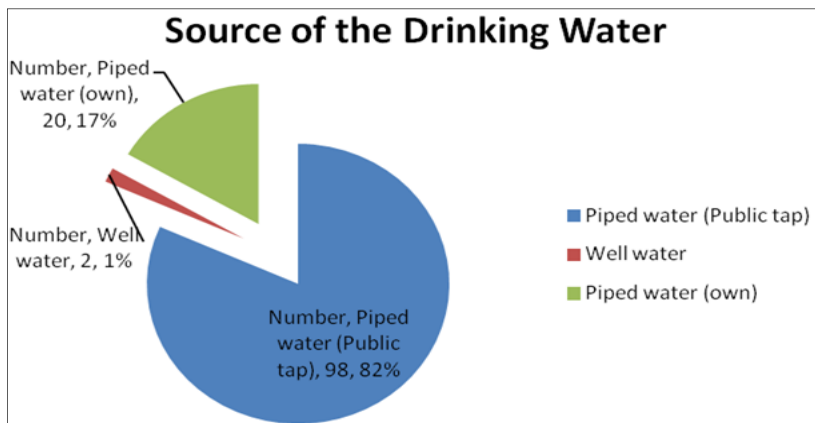
Table 7: Main Source of Drinking Water for Members of your Household

S. No	Source	Number	Percent
1	Piped water (Public tap)	98	81.7
2	Well water	2	1.7
3	Piped water (own)	20	16.7
4	Total	120	100.0

Source: primary data

An analysis of table 7 shows the main source of drinking water for the house. Out of 120, 98 (81.7 per cent) get water from

public tap. Further 20 (16.7 per cent) possess own pipe water for the purpose.



Source: Table 7

Fig 10: Main source of Drinking Water for Members of your Household

Table 8: Time taken to go and get water in one trip

S. No	Time (Mints)	Number	Percent
1	2	2	1.7
2	5	17	14.2
3	10	29	24.2
4	15	20	16.7
5	20	30	25.0
6	25	2	1.7
7	30	13	10.8
8	40	1	0.8
9	60	6	5.0
Total		120	100.0

Source: primary data

An attempt is made to know how much time has taken to go and get water for a single trip. Out of 120 respondent's majority 30 (25.0 per cent) spent 20 minutes time to get water in a single trip. Another 29 (24.2 per cent) of the respondents spent 10 minutes time. 6 (5.0 per cent) of the respondents spent about an hour to get water for a single trip. The average time taken to get water for a single trip is 17.74 minutes. It shows that lot of time is wasted in getting water to the family.

8. Purification of Water

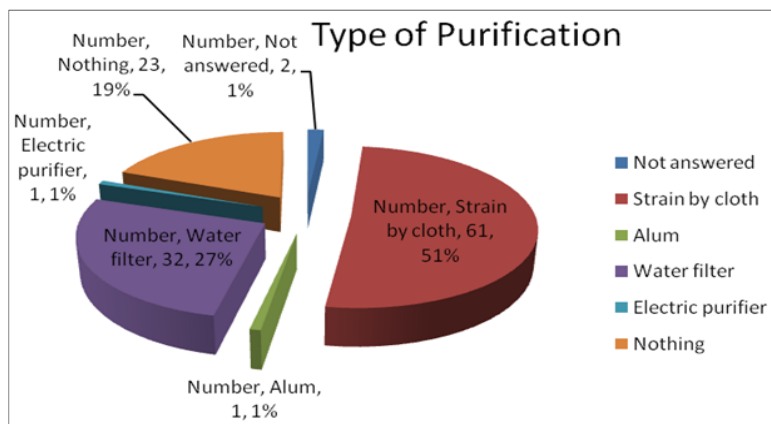
Water is more essential for life. Most of the diseases in the developing countries are water born and hence many governments are trying to provide to people through various themes the potable drinking water.

Table 9: Purification of the Water

S. No	Type of Purification	Number	Percent
1	Not answered	2	1.7
2	Strain by cloth	61	50.8
3	Alum	1	0.8
4	Water filter	32	26.7
5	Electric purifier	1	0.8
6	Nothing	23	19.2
7	Total	120	100.0

Source: primary data

An attempt is made to know type of purification used by the respondent to purify the drinking water. Out of 120 respondents 61 (50.8 per cent) of the respondents strain water by cloth which is a traditional method of purification of water. Another 32 (26.7 per cent) use water filter which is a modern equipment to purify the water. Surprisingly 23 (19.2 per cent) do not use anything to purify the water.



Source: Table 8

Fig 11: Type of the water purification

9. Place of Cleaning Cloths

There is high co-relationship cleaning of cloths and health of the individual. In the rural areas people wash cloths in the water tank or in the banks of canals. It is always hygienic to wash the cloths in the house itself in the area exclusively meant for the purpose.

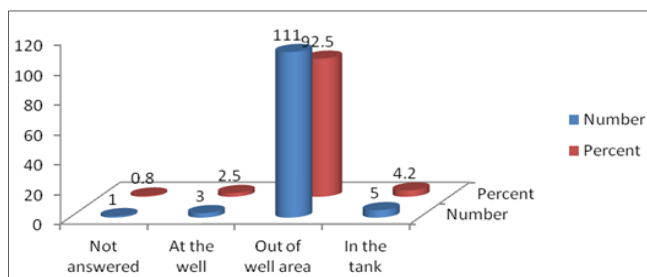
An attempt is made to know where the respondents clean their cloths. Out of 120 respondents a big majority 111 (92.5 per cent) clean their cloths nearby well area or out of the well area which is a hygienic practice to wash the cloths.

Table 10: Place of Cleaning Cloths

S. No	Place	Number	Percent
1	Not answered	1	0.8
2	At the well	3	2.5
3	Out of well area	111	92.5
4	In the tank	5	4.2
5	Total	120	100.0

Source: primary data

An attempt is made to know whether the respondents are in habit of taking bath every day. It is noticed that cent per cent of the respondents take bath every day. An attempt is made to know the type of material used for bathing purpose. Out of 120 respondents majority 115 (95.8 per cent) use soap which is a modern product used in the present day society.



Source: Table 9

Fig 12: Place of Cleaning Cloths

10. Diseases

One of the important components of health is the disease. The diseases are more common in the developing countries as compared to developed countries. Health development is associated with disease control. There are different diseases in the society, important among them being malaria, diarrhea, etc.

10.1 Malaria

Malaria is one of the common diseases in India. Many people died because of Malaria during the earlier times. Government of India made sincere efforts to control the diseases and it was partially successful.

Table 11: Incidence of Malaria

S. No	Response	Number	Percent
2	Yes	11	9.2
3	No	109	90.8
4	Total	120	100.0

Source: primary data

An attempt made to know whether any person in the

respondents family suffered with malaria during the last three months before the survey was conducted. The study reveals that out of 120 respondents, 109 (90.8 per cent) did not suffer from malaria. However, 11 (9.2 per cent) of the respondents suffered with malaria during 3 months before survey period which is a serious matter to be considered by health planners. The government of India had made good efforts to eradicate the malaria from Indian scenario. But even now, about 9.2 per cent of the people suffered with malaria in the study area, which is a serious matter. The eradication of the diseases is closely associated with clean environment. Every individual in the society should feel responsible and maintain clean environment around them, the disease can be easily eradicated.

10.2 Jaundice

Jaundice is one of the water born disease most commonly appears among the Indians. It is mostly associated with use of potable and safe drinking water. Every individual in the society uses potable drinking water; the disease can be eradicated easily. The Government of India has formulated several policies and implemented various programmes to provide safe drinking water for the population.

Table 12: Incidence of Jaundice

S. No	Response	Number	Percent
1	Yes	36	30.0
2	No	84	70.0
3	Total	120	100.0

Source: primary data

An attempt is made to know whether any family member in the respondent's family suffered with jaundice during last 12 months of the survey period. To our surprise, a big number of respondents i.e., 36 (30.0 per cent) suffered with jaundice. The government is trying its best to eradicate jaundice from the Indian scenario. In spite its best efforts to eradicate the disease 30.0 per cent of the respondents suffered with jaundice, which is serious issue to be considered. An attempt is also made to know the measure taken by the respondents to prevent the disease after occurrence. Majority of the respondent who suffered with jaundice used traditional method of hand burning with an iron circle to cure the disease, which is associated with side effect of tetanus. There is a need to eradicate this disease by supply of safe drinking water.

10.3 Chronic Sickness

Chronic illness is very common in India, most of the persons will complain of some pain or other and among them, some will show the symptoms of long disease which is severe in nature. The chronic disease make the person unproductive, since, is not able to work because of illness. To make the society progress, we need healthy individuals by eliminating chronic disease in the society.

Table 13: Presence of Chronically Sick Person in the Respondent's family

S. No	Response	Number	Percent
1	Yes	13	10.8
2	No	107	89.2
3	Total	120	100.0

Source: primary data

The study shows the chronic sickness in the respondent's family. Out of 120, a big majority 107 (89.2 per cent) reveal that there is no person who is chronically sick among the respondents family. Only, 13 (10.8 per cent) respondents revealed that there is a person in their family who is chronically sick. The study further shows that out of 13 respondents who are chronically sick, a big majority 11 (84.6 per cent) are sick because of Asthma, pneumonia, etc. Another 4 (30.8 per cent) is sick because of paralysis and associated general problems, and one is suffering with AIDS disease. The study reveals that about 11 per cent of the respondents households are suffering with some chronic diseases. By making them healthy through health care. So, that they can become productive members of the society.

Table 14: Deaths in the Family during Last One Year

S. No	Reason	Number	Percent
1	Not died	115	95.8
2	Heart problem	5	4.2
	Total	120	100.0

Source: primary data

An attempt is made to know whether any death occurred during the last one year in the respondents' family. An analysis of the table 6.7 shows the number of expired persons in the respondents' households since January, 2007. Out of 120 respondents a big majority 115 (95.8 per cent) revealed that there is no death in the family during last one year. Only 5(4.2 per cent) respondents revealed that there is the incidence of death in the family during last one year.

Table 15: When a child (less than one year age) attacked with diarrhea how you fed the child?

S. No	Breast fed	Number	Percent
1	Less to drink than usual	19	65.6
2	About the same amount	5	17.2
3	More than the usual	5	17.2
4	Total	29(24.2)	100.0
5	Not responded	91(75.8)	
6	Grand Total	120	

Source: primary data

An analysis of the table 15 shows, out of 120 respondents, majority 91 (75.8 per cent) did not responded to this question. Out of the respondents how answered this question majority 19(65.6 per cent) felt that they fed the child with less potential than usual breastfeed. 5 (17.2 per cent) felt that they give the breast fed as usual and another felt 5 (17.2 per cent) that they provide more than usual quantity of milk. In general the child is required more quantity of milk than usual. It shows the lack of awareness on Diarrhea.

11. Still Birth

Women's reproductive health is important component of general health. In developing countries such as India, the still births are more, because of lack of proper pre-natal care, malnutrition, adoption of traditional practices, etc. If, sufficient care is taken, still births can be minimized if not eliminated altogether.

An analysis of the table 16 shows the response of the respondent whether household having a still birth. Out of 120 respondents, majority 73 (60.8 per cent) of the respondents replied that there is no still birth in their households. Only 18 (15.0 per cent) are replied that there is still birth. 29(24.2 per cent) did not responded. In the present study large number of respondents households had still birth. By taking pre-natal care this can be prevented.

Table 16: Incidence of Still Birth

S. No	Response	Number	Percent
1	Yes	18	15.0
2	No	73	60.8
3	Not respond	29	24.2
4	Total	120	100.0

Source: primary data

Apart from governmental efforts the individual public efforts are very much needed to eliminate the high incidence of still births.

12. Abortion

Abortion is one of the means of controlling births. Abortion is two types, spontaneous and induced. In the modern day society, induced abortions are increasing since, many governments had liberalized their abortion laws. Scientists says that abortion is as safe as giving birth to a child. However, repeated abortions are dangerous. The spontaneous abortions can be minimized by better pre-natal care.

An attempt is made to know whether any female member of the household faced abortion. Among the 120 respondents, 30 (25.0 per cent) respondents were not interested to respond to this question. Out of 90 respondents, who answered this question, majority 84 (93.4 per cent) told that there is no abortion in their households and only 6(6.7 per cent) answered that they faced abortion in the household.

Table 17: Abortion Faced by the Respondents' Household

S. No	Respondent	Number	Percent
1	Yes	6	6.7
2	No	84	93.4
3	Total	90(75.0)	100.0
	Not responded	30(25.0)	
	Total	120(100.0)	

Source: primary data

It is surprising to know that out of 6 abortions that were observed in the present study most of them are spontaneous in nature and if we are able to improve health condition of the mother, these can be reduced.

13. Place of Delivery

The incidence of delivery is associated with some element of risk. The element of risk depends upon the place where delivery took place. In a traditional society, most of the deliveries use to take place at home which are unsafe and associated with some element of risk. Tetanus is one of the common diseases that will mostly found among the women after delivery. If the deliveries are conducted in the hospital.

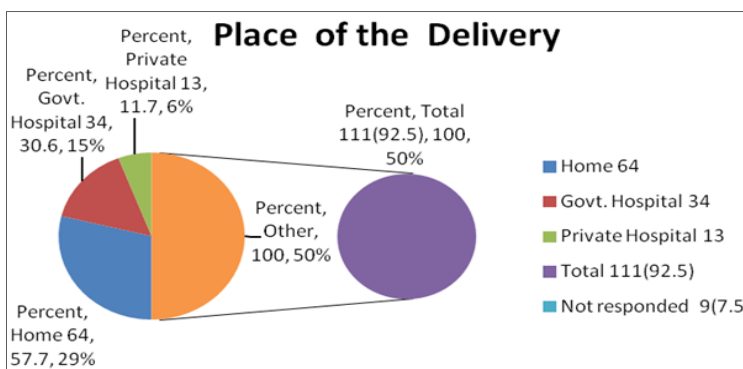
Table 18: Place of Delivery

S. No	Place of Delivery	Number	Percent
1	Home	64	57.7
2	Govt. Hospital	34	30.6
3	Private Hospital	13	11.7
4	Total	111(92.5)	100.0
	Not responded	9(7.5)	
	Total	120	100.0

Source: primary data

An attempt is made to know the place of delivery. An analysis of the table shows the place of the delivery of the respondent household. Out of 120 respondents, 9 (7.5 per cent) did not

responded to this question. Out of 111(92.5 per cent) who had answered this question, majority 64 (57.7 per cent) responded stating that deliveries among their families members took place at home and another 34 (30.6 per cent) replied as Govt. Hospital. Only 13 (11.7 per cent) had given birth to their children in Private hospital. In the present study shows that 57.7 per cent of the deliveries in the home, which is a serious matter to be considered. In the modern society, technological development were improved, transportation facilities has increased and there is every scope for a mother to have safe delivery in the hospital, but this proportion is only 30.6 per cent. So, there is every need to educate the women and create proper awareness to have deliveries in the hospital which are safe.



Source: Table 10

Fig 13: Place of Delivery

The place of delivery taken by the respondents' household is represented in the Fig No.13

14. Person Attended the Delivery

The deliveries are always associated with some element of risk. The risk element is more if the deliveries are attended by relative, friend, dai, etc. The deliveries are attended by the doctor, the risk element is minimum.

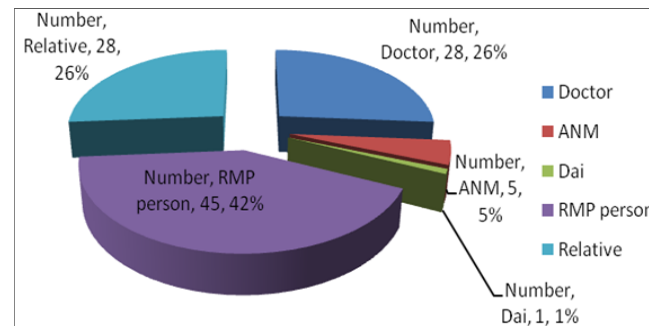
creating for better awareness to have safe deliveries.

Table 19: Person Attended the Delivery

S. No	Person	Number	Percent
1	Doctor	28	26.2
2	ANM	5	4.7
3	Dai	1	0.9
4	RMP person	45	42.1
5	Relative	28	26.1
6	Total	107(89.2)	100.0
7	Not respondent	13(10.8)	
	Total	120(100.0)	

Source: primary data

An analysis of the table 19 shows the person who attended the delivery. Out of 120 respondent households, 13(10.8 per cent) respondent households did not respond to this question. Out of 107 (89.2 per cent) are answered to this questions, 45 (42.1 per cent) felt that the RMP doctor attended for delivery and remaining 28(26.1 per cent) revealed that there relative attended the delivery. Only, 1 (0.9 per cent) consulted the Dai. In the present study, about 27 per cent deliveries were attended by a relative or a dai. Only 26 per cent of the deliveries were are attended by the doctor, which are safe. There is a need for



Source: Table 11

Fig 14: Person Attended the Delivery

The person, who attempt the deliveries of respondents' household is represented in the Fig No. 14.

15. Prenatal Care

Prenatal care is much essential to have safe delivery and better child care. Government of India had implemented many schemes to provide prenatal care to the mother. But, the situation has not improved much. A large proportion of women in India, do not take prenatal care even today.

Table 20: Prenatal Care taken by Respondent Households

S. No	Response	Number	Percent
1	Yes	37	30.8
2	No	83	69.2
	Total	120	100.0

Source: primary data

An analysis of the table 20 shows the pre-natal care taken by the respondent’s households. Out of 120 respondents, majority 83(69.3 per cent) had replied that they did not take pre-natal care. Only 37 (30.8 per cent) had taken the pre-natal care. Since, about 70 per cent of the respondents households did not taken pre-natal care which is essential for safe motherhood and healthy baby. There is every need to educate the mothers in the study area. So, they can take prenatal care in near future.

16. Postnatal Care

Postnatal care is as important as pre-natal care. Most of the mothers are not taking sufficient care for themselves as well as for their child after delivery. Government has initiated several measures to provide post natal care, so that the child infant child mortality can be reduced to a minimum level.

Table 21: Post-natal care taken by Respondents’ Households

S. No	Response	Number	Percent
1	Yes	37	30.8
2	No	83	69.2
	Total	120	100.0

Source: primary data

An analysis of the table 21 shows the post-natal care taken by the respondent’s households. Out of 120 respondents, majority 83(69.3 per cent) had replied that they did not take post-natal care at all. Only 37 (30.8 per cent) had taken the post-natal care. In the present the large number 69 per cent did not availed post natal care. It indicates lack of awareness among the mothers with regard to post natal care. There is every need to create proper awareness about postnatal care, so that infant and child mortality can be reduced to the minimum.

17. Breast Fed

Breast fed will improve the health of child as well as a mother. Children, who are breast fed at long time, are more-healthy as compared to children who are bottle fed. Now a day in the modern society, most of the women are not coming forward to breast fed their child with a hope of losing glamour.

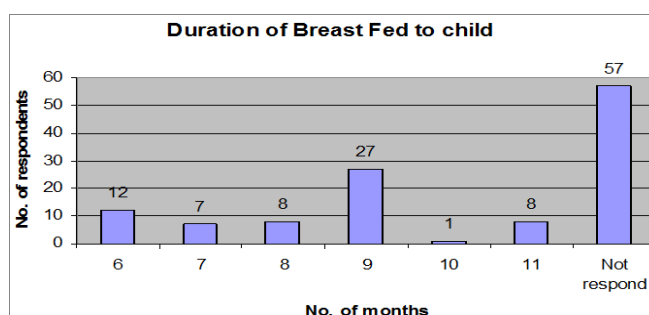
An analysis of the table 22 shows the period of the breast fed given to the children. Out of 120 respondents, 57 respondents did not responded to this question. Out of 63, who responded to this question, majority 27 (42.9 per cent) of the respondent households had given breast fed to their children for 9 months. Another 12 (19.0 per cent) of the respondents households had given breast fed to their children for 6 months.

Table 22: Time duration of Brest fed to Child by Respondent Household

S. No	Time in months	Number	Valid Percent	Cum. percent
1	6	12	19.0	19.0
2	7	7	11.1	30.1
3	8	8	12.7	42.8
4	9	27	42.9	85.7
5	10	1	1.6	87.3
6	11	8	12.7	100.0
7	Total	63(52.5)		
	Not respond	57(47.5)		
8	Total	120		

Source: primary data

Only 1 respondent household gave the breast fed to the child for 10 months. The average period of breast fed given to the child is 8.35 months with a minimum of 6 months and a maximum of 11 months. The study reveals that none of the women in the present breast fed their child, more than one year. Large majority one-third of the women breast fed their child only less than 6 months. This will have severe implications on the health of child. There is every need to create better awareness among the women so that, the number of women who breastfed their child for long time say more than one year. This will help to improve the health of the child in a future.



Source: Table 12

Fig 16: Time duration of Brest fed to Child by Respondent Household

The period of breast fed given to the child by respondents’ household is represented in the Fig No. 16

18. Family Planning

The population of the country is increasing very fast, which has severe implications on the health of the society. There is a great imbalance production and reproduction. The Government is trying its best to provide family planning services for the people and motivate them towards small family norm which will help

Table 23: Use of Family Planning Methods in the Fast

S. No	Response	Number	Percent
1	Yes	41	34.1
2	No	79	65.9
3	Total	120	100.0

Source: primary data

An attempt is made to know whether the respondent households are following family planning methods or not. Out of 120 respondents, majority 79 (65.9 per cent) of the respondents did not practice the family planning methods and remaining 41 (34.1 per cent) did not practice family planning methods. In the present study, about 66 per cent of the respondent households did not use any family planning methods. Now days, many people are coming forward to adopt small family. There is every need to create awareness about the growing population in the country and motivate the people to use family planning to control the family size.

Table 24: Family Planning Operation

S. No	Response	Number	Percent
1	Yes	35	29.2
2	No	85	70.8
3	Total	120	100.0

Source: primary data

An attempt is made to know whether the respondent had undergone planning operation. Out of 120 respondents, majority 85(70.8 per cent) respondents have not undergone family planning operation and the remaining 35(29.2 per cent) had undergone the family planning operation.

19. Immunization

Immunization is very essential for healthy life. It provides resistance to body from diseases. There are many vaccines that are available in the present day society to provide immunization to child.

Table 25: Immunization of the Children

S. No	Type of Vaccine	Number	Percent
1	BCG	1	1.2
2	DPT	1	1.2
3	All	85	97.6
4	Total	87 (72.5)	100.0
	Not responded	33(27.5)	
	Total	120(100.0)	

Source: primary data

An analysis of the table 25 shows the immunization particulars of the respondents' children. Out of 120 respondents, 33 (27.5 per cent) respondents did not responded to this question. Among the respondents, who answered this question majority 85 (97.6 per cent) had given all the vaccines to their children. Only 1(1.2 per cent) respondent had given B.C.G and DPT vaccine to their children respectively. The study reveals that a big majority of the respondents provided immunization to their children, which is a healthy symptom for healthy life.

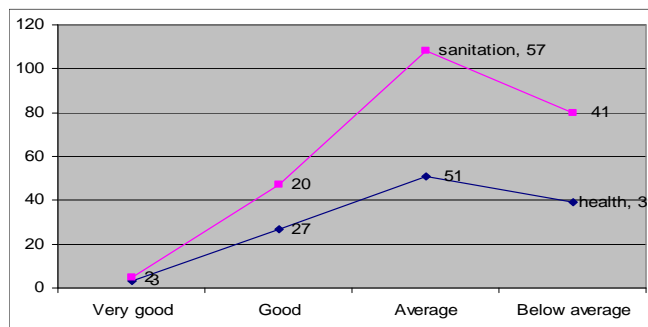
20. General Health Condition of the Village

Table 26: Opinion of the Respondent about General Health Condition of the Village

S. No	Response	Health	Sanitation
1	Very good	3(2.5)	2(1.6)
2	Good	27(22.5)	20(16.7)
3	Average	51(42.5)	57(47.6)
4	Below average	39(32.5)	41(34.1)
5	Total	120(100.0)	120(100.0)

Source: Computed

An analysis of the table 26 shows the opinion of the respondents about the general condition of the village. Out of 120 respondents majority 51 (42.5 per cent) felt that the general health for the village is average. Another 39 (32.5 per cent) felt it is below average. Only 3 (2.5 per cent) felt as very good. Another 27 (22.5 per cent) felt as good. With regard to sanitation majority 57 (47.6 per cent) felt that the sanitation is average in the village. Another 41 (34.1 per cent) felt that the sanitation is below average. 20 (16.7 per cent) felt it is good. Hence there is every need to improve health and sanitation in these villages.



Source: primary data

Fig 17: Opinion of the Respondent about General Health Condition of the Village

The opinion of the respondents about general health condition of the village is represented in the Fig No. 17.

21. Conclusion

I can say that health is wealth, Health is essential to the satisfaction of basic human needs and to improve the quality of life. Healthy person have more capability of productivity any sector. The old proverb that health is wealth is very true in all respects. Thus, health is an important constituent of well-being and foundation for prosperity and development of a country. This has been rightly observed by the planners in the country especially in the recent times. In this research, out of 120 respondents majority 51 (42.5 per cent) felt that the general health for the village is average. Another 39 (32.5 per cent) felt it is below average. Only 3 (2.5 per cent) felt as very good. Another 27 (22.5 per cent) felt as good. About 66 per cent of the respondent households did not use any family planning methods. Now days, many people are coming forward to adopt small family. There is every need to create awareness about the growing population in the country and motivate the people to use family planning to control the family size. Out of 120 respondents, majority 83(69.3 per cent) had replied that they did not take post-natal care at all. About 70 per cent of the respondents' households did not taken pre-natal care which is essential for safe motherhood and healthy baby. There is every need to educate the mothers in the study area. So, they can take prenatal care in near future. Only 37 (30.8 per cent) had taken the post-natal care. In the present the large number 69 per cent did not availed post natal care. It indicates lack of awareness among the mothers with regard to post natal care. There is every need to create proper awareness about postnatal care, so that infant and child mortality can be reduced to the minimum. The expectation of life which was only around 40 at the time of independence India reached a level of 68 (Human Develop Index report 2016) at present.

22. Reference

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