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# Determinants the Health Status of Puducherry Rural: A Sociological Study

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***Abstract***

*Health is primary concern of all civilized nations across the globe. Nations strive to achieve health. Health is a major determinant of human development as it has socio-economic relations with the quality of life. The issue of enhancing the health status of people is tackled at two levels; one in terms of disease-prevention, and the other in terms of health enhancement. Disease prevention involves controlling, eradicating disease, and taking precautionary measures against the onset of the same. Generally, the health factors are determinants by the socio-economic, cultural and environmental factors. The present paper intends to study how the physical, social and cultural factors influence health status among the rural house hold respondents. In order to understand various health factors that determine the health status of the rural people, the present study is taken up in Kanni kovil village, Puducherry Union Territory. The researcher has selected Kanni kovil village, has 304 total households are located. The researcher has selected all the households (census method) for this study. However, he could succeed in getting information for 300 respondents only. The researcher has collected relevant date from all the 300 respondents by using a well structural-interview schedule.*

***Key Words:*** *Health, Occupation, rural, socio-economic, cultural, environmental*

## 1. Introduction

Health is primary concern of all civilized nations across the globe. Nations strive to achieve health. Health is a major determinant of human development as it has socio-economic relations with the quality of life. To-day one could see a dramatic development in medicine, science and technology and at the same time the health status of the majority of the people are at bay. The practice of health differs between countries and even within the given country, since the practices are intimately linked with the social, cultural, religious and economic factors with in a region (location) and culture. The health status of citizens affects the attainment of the rest of the goals directly, as well as indirectly. Improvements in health status of individuals do not ensure their personal well-being alone, but are significant for the economic stability of a nation as well. The better, the health status of the members of a society, the lower the burdens of national exchequer. The issue of enhancing the health status of people is tackled at two levels; one in terms of disease-prevention, and the other in terms of health enhancement. Disease prevention involves controlling, eradicating disease, and taking precautionary measures against the onset of the same. The effects of such measures can be seen in terms of overall improvements in health conditions of the citizens, besides most of the major killers of the past having either been eradicated or being at the verge of extinction. The other aspect of enhanced health status is health promotion. While campaigns for disease-prevention are being intensified, endeavors for promoting healthy lifestyles are also being made at mass level, and these attempts seem to have a significantly positive effect. Today, there is a greater awareness of the relationship between the way people live their lives, and the diseases that they are likely to

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develop. Besides other health professionals, sociologists have also become actively involved in the attempt to prevent disease and to promote health standards.

Hasan (1979) right point out that "The importance of social and cultural factors in health and disease and socio-cultural implications of modern medicine and public health programmes can be understood only when both medical men and social scientists collaborate with one another".

Perminder S. Sachdev (1990) estimated that a significant proportion of excess morbidity and mortality can be attributed to at least four behavioral factors: smoking, obesity, alcohol use and accidents. This paper examines the inter-cultural differences in these factors

B. Gail Frankel and Sandy Nuttall (1984) examined role of social support, structural-environmental and perceptual variables in explaining variation in illness behavior in a sample of 240 adults with impaired hearing. The specific behavior examined is physician visits over a 12-month period. We find that previous experience with illness and perceived health status are important variables with respect to illness behavior and that the relevance of these variables and social support vary considerably by level of psychological distress.

## 2.Statement of the problem

Generally, the health factors are determinants by the socio-economic, cultural and environmental factors. The researcher intends to study how the physical, social and cultural factors influence health status among the rural house hold respondents. In order to understand various health factors that determine the health status of the rural people, the present study is taken up in Kanni kovil village, Puducherry Union Territory, with the following objectives:

2.1 To study the socio-economic conditions of the respondents.
2.2 To find out the health factors that influences the health status of the respondents.

## 3. Method

The researcher has selected Kanni kovil village, has 304 total households are located. The researcher has selected all the households (census method) for this study. However, he could succeed in getting information for 300 respondents only. The researcher has collected relevant date from all the 300 respondents by using a well structural-interview schedule.

Table 1
Socio-Economic Status of the Respondents

| | Number of respondents | Percentage |
|---|---|---|
| Occupation | | |
| Wage labour | 60 | 20.00 |
| Marginal farmers | 55 | 18.33 |
| Small farmers | 50 | 16.67 |
| Medium farmers | 42 | 14.00 |
| Large farmers | 48 | 16.00 |
| Business group | 45 | 15.00 |
| Total | 300 | 100.00 |
| Caste group | | |

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| | | |
|---|---|---|
| Forward caste | 46 | 15.33 |
| Backward caste | 52 | 17.33 |
| Most backward caste | 106 | 35.33 |
| Schedule caste | 96 | 32.01 |
| Total | 300 | 100.00 |
| Age group | | |
| 20-30 | 81 | 27.00 |
| 30-40 | 76 | 25.33 |
| 40-50 | 52 | 17.33 |
| 50-60 | 46 | 15.33 |
| Above 60 | 45 | 15.01 |
| Total | 300 | 100.00 |
| Family size | | |
| Small | 98 | 34.67 |
| Medium | 135 | 48.00 |
| Large | 67 | 18.33 |
| Total | 300 | 100.00 |

| | Number of respondents | Percentage |
|---|---|---|
| Education | | |
| Primary | 102 | 34.00 |
| Secondary | 76 | 25.33 |
| Higher secondary | 52 | 17.33 |
| Under Graduate | 42 | 14.00 |
| Post Graduate | 28 | 9.33 |
| Total | 300 | 100.00 |
| Income (per month) | | |
| Upto 2000 | 115 | 38.33 |
| 2000 – 4000 | 86 | 28.67 |
| 4000 – 6000 | 41 | 13.67 |
| 6000 – 8000 | 32 | 10.67 |
| 8000 – 10,000 | 26 | 8.66 |
| Total | 300 | 100.00 |

A study of data in table 1 indicates the socio-economic characteristics of households. This study analyzes the households of the region. It could be noted that out of the total 300 households Kannikovil village 15.33 per cent of them belong to the forward caste, 17.33 per cent of them come under the backward caste group, 35.33 per cent of them belong to the most backward caste and the rest 32.01 per cent of them are schedule caste households. In this study,

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out of the total 300 rural households 34.00 per cent of them have primary level of education, 25.33 per cent of them possess secondary level of education and 17.33 per cent of them have education up to higher secondary level. Further, 14.00 per cent of the households have under graduate level of education and the rest 9.33 per cent of them have postgraduate level of education.

It could be observed that out of the total 300 rural households 38.33 per cent of them earn an income upto Rs. 2000 per month, 28.67 per cent of them earn an income in the range of Rs. 2000 – 4000 per month and 13.67 per cent of them earn an income in the range of Rs. 4000 – 6000. Further, 10.67 per cent of the households belong to the income group of Rs. 6000 – 8000 and the rest 8.66 per cent of them belong to the income group Rs. 8000–10,000.

It is observed from the table that out of the total 300 rural households region 27.00 per cent of them belong to the age group 20 – 30 years and 25.33 per cent of them come under the age group of 30 – 40 years. Further, in the further rural area 17.33 per cent of the households belong to the age group 40 – 50 years, 15.33 per cent of the respondents belong to the age group 50-60 years and the rest 15.01 per cent of them belong to the highest age group.

It is observed from the data that out of the total 300 rural households 20 per cent of them belong to the wage labour, 18.33 per cent of them belong to the marginal farm group, 16.67 per cent of them belong to the small farm group, 14.00 per cent of them belong to the medium farm group, 16.00 per cent of them belong to the large farm group and the rest 15 per cent of them belong to the business group.

## 4. Health Status

Health status is measured on the basis of chosen indicators relating to physical, social and mental well-being. It can be assessed with the help of 18 factors on a 5 point rating scale. These include feeling of tension, pain on neck, staying asleep, experience of depression, presence of negative feelings, backache, constipation, cold and flu, stiffness, fatigue, lack of flexibility in spine, incidence of allergies in skin, dizziness, light headedness, incidence of accidents, presence of negative feelings, interest in maintaining healthy lifestyle, emotional well-being.

Table 2
Village Respondents' Wise Health Status

| Name of village | High Level Average Score below 24 | Moderate Level Average 25-48 | Low Level Average Score Above 48 + | Total |
|---|---|---|---|---|
| Kanni Kovil | 87 | 165 | 48 | 300 |

Data presented in table 2 indicate the respondents' health status. It could be noted that out of the total 300 respondents 87 respondents have high level health status as per their secured average score in the range of below 24 on a 5 point rating scale. It could be noted that high level health status is marked with high level income, occupational and educational status of respondents in the study area. Out of the total 300 respondents 165 respondents have medium level health status as per their secured average score in the range of 25-48 on a 5 point rating scale. 48 + of the total respondents have low level health status as per their secured average score above48 on a 5 point rating scale.

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It could be seen clearly from the above discussion that possession of moderate level health status occupies the first position among the selected respondents in the study area, possession of low health status the second and possession of high health status the last

Table 3
Caste Wise Respondents' Health Status

| Caste | High Level Average Score below 24 | Moderate Level Average Score 25-48 | Low Level Average Score above 48 + | Total |
|---|---|---|---|---|
| Forward caste | 31 (67.39) | 7 (15.21) | 8 (17.39) | 46 |
| Backward caste | 27 (51.92) | 13 (25.00) | 12 (23.08) | 52 |
| Most Backward caste | 15 (14.15) | 56 (52.83) | 35 (33.02) | 106 |
| Schedule caste | 25 (26.04) | 26 (27.08) | 45 (46.88) | 96 |
| Total | 98 (26.42) | 102 (46.63) | 100 (26.95) | 300 |

Chi-square Test

| Chi-square Calculated Value | Degrees of Freedom | Chi-square Tabulated Value |
|---|---|---|
| 64.15 | 6 | 12.6 |

A study of data in table 3 indicates the caste wise respondents' health status. It could be noted that a two third of the forward caste respondents (67.39%) have high level health status and also a more than half of the most backward caste respondents have moderate level health status. Majority of the backward caste respondents (51.92%) also have high health status. Majority of the most backward caste respondents (52.83%) have moderate health status. Majority of the schedule caste respondents (46.88%) have low health status.

The Chi-square test is applied for further discussion. The computed Chi-square value 64.15 which is greater than its tabulated value at 5 per cent level significance. Hence there is a significant association between caste status of the respondents and their health status.

It could be seen clearly from the above discussion that majority of the forward caste respondents and backward caste respondents have high level health status. Majority of the backward caste respondents have moderate level health status and majority of the schedule caste respondents have low level health status.

Table 4
Occupation Wise Respondents' Health Status

| Occupation | High Level Average Score below 24 | Moderate Level Average Score | Low Level Average Score above 48 | Total |
|---|---|---|---|---|

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| | | 25-48 | | |
|---|---|---|---|---|
| Wage labour | 16 (26.67) | 9 (15.00) | 35 (58.33) | 60 |
| Marginal | 8 (14.55) | 20 (36.36) | 27 (49.09) | 55 |
| Small | 12 (24.00) | 26 (52.00) | 12 (24.00) | 50 |
| Medium | 10 (23.81) | 20 (47.62) | 12 (28.57) | 42 |
| Large | 22 (45.83) | 18 (37.50) | 8 (16.67) | 48 |
| Business | 30 (66.67) | 9 (20.00) | 6 (13.33) | 45 |
| Total | 98 (32.67) | 102 (34.00) | 100 (33.33) | 300 |

Chi-square Test

| Chi-square Calculated Value | Degrees of Freedom | Chi-square Tabulated Value |
|---|---|---|
| 81.19 | 10 | 18.3 |

Data presented in table 4 indicate the Occupation wise respondents' health status. It could be noted that majority of the business group respondents (66.67%) and large farm group respondents (45.83%) have high level health status. Majority of the medium farm group respondents (47.62%) and small farm group respondents (52.00%) have moderate health status. Majority of the wage labour respondents (58.33%) and marginal farm group respondents (49.09%) have low health status.

The Chi-square test is applied for further discussion. The computed Chi-square value 81.19 which is greater than its tabulated value at 5 per cent level significance. Hence there is a significant association between occupational status of the respondents and their health status.

It could be seen clearly from the above discussion that business group respondents and large farm group respondents occupy the first position with respect to possession of high health status. This is due to their educational status and income status. In general, wage labour group respondents and marginal group respondents have low health status consequent upon low level education and low-level income.

Table 5
Age Wise Respondents' Health Status

| Age | High Level Average Score below 24 | Moderate Level Average Score 25-48 | Low Level Average Score above48 | Total |
|---|---|---|---|---|
| 20-30 | 43 (53.09) | 31 (38.27) | 7 (8.64) | 81 |
| 30-40 | 29 (38.16) | 39 (51.32) | 8 (10.53) | 76 |
| 40-50 | 12 (23.08) | 13 (25.00) | 27 (51.92) | 52 |

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| | | | | |
|---|---|---|---|---|
| 50-60 | 8 (17.39) | 10 (21.74) | 28 (60.87) | 46 |
| Above 60 | 6 (13.33) | 9 (20.00) | 30 (66.67) | 45 |
| Total | 98 (32.67) | 102 (34.00) | 100 (33.33) | 300 |

Chi-square Test

| Chi-square Calculated Value | Degrees of Freedom | Chi-square Tabulated Value |
|---|---|---|
| 91.47 | 8 | 15.5 |

A study of data in table 5 indicates the age wise respondents' health status. A more than half of the respondents in the age group above 60 years (66.67%), respondents in the age group 50-60 years (60.87%) and respondents in the age group 40-50 years (51.92%) have low health status. A half of the respondents in the age group 30-40 years (51.32%) have moderate level health status. A more than half of the respondents in the age group 20-30 years (53.09%) have high level health status.

The Chi-square test is applied for further discussion. The computed Chi-square value 91.47 which is greater than its tabulated value at 5 per cent level significance. Hence there is a significant association between age structure of the respondents and their health status.

It could be seen clearly from the above discussion that respondents in the age group 20-30 years and 30-40 years have high health status. The educational attainment enables them to undertake better health care practices usually educated rural people have more household income and this status enables them to take required nutrition and medicine towards their health care practices. In general, old age respondents have low health status consequent upon lack of awareness about health care practices. Usually they belong to the poor rural households so they are not able to take required nutrition and health care practices.

## 5. Findings and conclusion

The findings of the study are given below:

The majority of the respondents belong to either most backward castes or scheduled castes. A good majority of the respondents have primary and secondary level education and most of the respondents have a monthly income below Rs.4000/- and are generally poor. Most of the respondents are below 40 years age group and majority of them belong to the wage laborers and marginal farmers.

From the findings of the study it is evident that the respondent's age, caste, income, education and occupation status determine the health status of the rural people. The majority of the forward caste and backward castes respondents (average score below 24) have high level health status and schedule caste respondents (average score above 48) have low health status. Most of the business group and large farmer group respondents (average score below 24) have high health status. This is due to their better educational and income status. However, majority of the respondents in the age group of below 4 years (average score below 24) have high health status. It 5 evident that, their educational attainment enables them to have better health care practices. In general, the educated rural people have more household income and they take adequate nutrious food and medicine to have complete health to them. The old age people have low health status, consequent upon lack of awareness about health care practices and they are not able to take required nutrition food and health care practices. Thus, this study highlights the

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various health factors which influence the physical, social and mental well-being of rural people.

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