Health: A Complete Wealth of the Population

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Abstract

The Constitution of India makes health in India the responsibility of state governments, rather than the central federal government. It makes every state responsible for "raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The Twelfth Five Year plan covering 2012-2017 [35] was formulated based on the recommendation of a High Level Experts Group (HLEG) and other stakeholder consultations. The long term objective of this strategy is to establish a system of Universal Health Coverage (UHC) in the country.

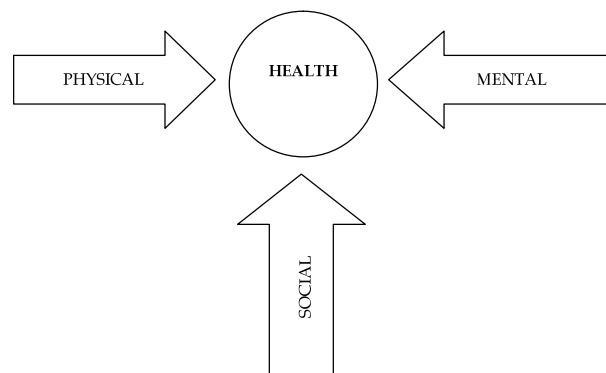**Keywords:** General Health Status; Population in Urban Community.

Introduction

Health is determined not only by medical care but also by determinants outside the medical sector. Public health approach is to deal with all these determinants of health which requires multi sectoral collaboration and inter-disciplinary coordination. Although there have been major improvements in public health since 1950s, India is passing through demographic and environmental transition which is adding to burden of diseases. There is triple burden of diseases, viz. communicable, non-communicable and emerging infectious diseases. This high burden of disease, disability and death can only be addressed through an effective public health system. However, the growth of public health in India has been very slow due to low public expenditure on health, very few public health institutes in India and inadequate national standards for public health education [4].

Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

-W.H.O

Health of the population significantly affects both social development and economic progress. Given the relevance of health for human well being and social welfare, it is important to ensure equitable access to health care services by

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identifying priority areas and ensuring improvements in quality of healthcare services. However, the Implementation of such measures requires a regular availability of district specific information on the varied dimensions of health, healthcare access and service delivery. In the absence of vital data for the district level is likely to affect effective planning and action, particularly among districts requiring special attention.

Materials and Methods

The tool consists of the:

Section I: Consent form

Section II: The tool will comprise of self reporting questionnaire which will comprise of demographic data of the people (Age, gender, education, occupation, Income)

Section III: Modified checklist

Results

The data was analysed as per the objectives of the study.

1. To assess the general health status of population.
2. To associate study findings with selected demographic variables.

Section 1

Distribution of subjects in relation to demographic data

Table 1: Distribution of subjects according to Age   (N=150)

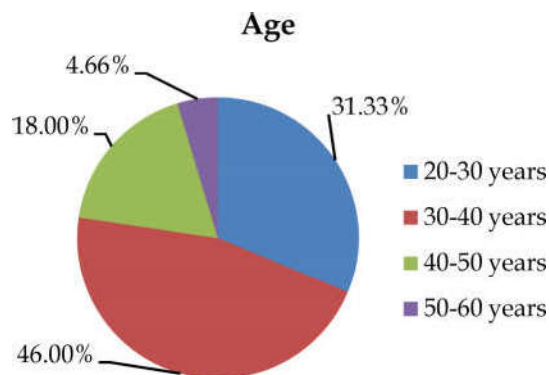| Sr. No.	Demographic Variable	Frequency {f}	Percentage %
	Age		
1	12-14 Year	47	31.33
2	15-17 Year	69	46.00
3	18-20 Year	27	18.00
4	21 and above	07	4.66
	Total	**150**	**100%**

Fig. 1: Distribution of the subjects according to age

The Figure 3 shows the distribution of demographic data of subjects according to Age. Majority of 46% of the subjects belongs to 12-14 years, 31.33% of subjects belong to 15-17 years, 18% of subjects belong to 18-20 years and 4.66% of the subjects belong to 21 and above years.

The Figure 2 shows the distribution of demographic data of subjects according to gender. Majority of 72.66% of subjects belong to males, 27.33% of subjects belong to females.
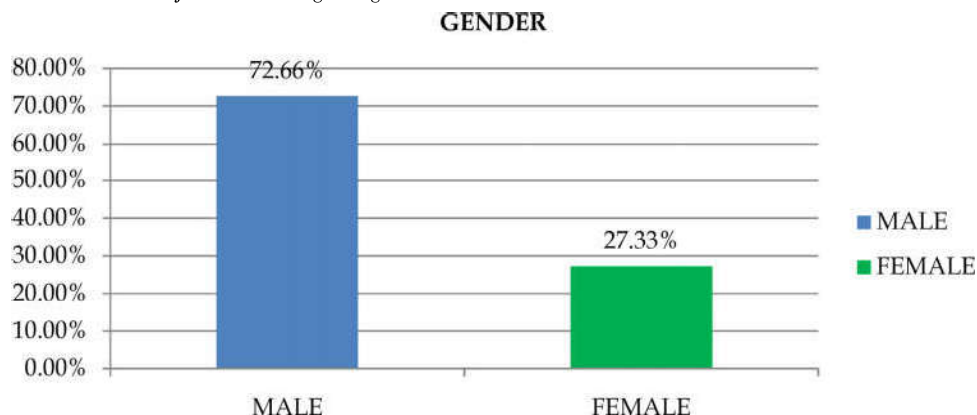

Fig. 2: Distribution of the subjects according to gender

Table 2: Distribution of the subjects according to Gender   (N=150)

Sr. No.	Demographic Variable	Frequency {f}	
	Gender		
1	Male	109	72.66
2	Female	41	27.33
	Total	**150**	**100**

Table 3: Distribution of the subjects according to Educational Qualification   (N=150)

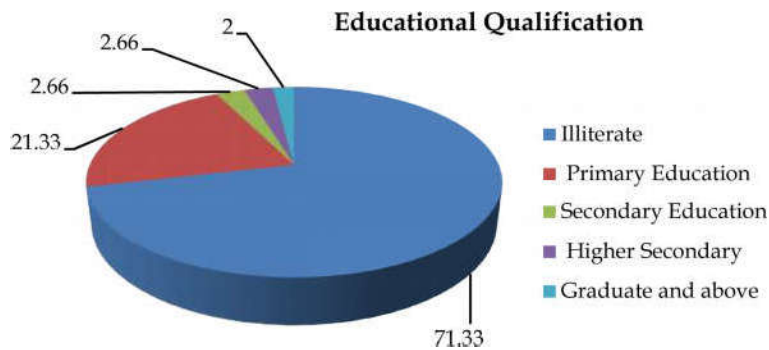| Sr. No.	Demographic Variable	Frequency {f}	Percentage %
	Educational Qualification		
1	Illiterate	107	71.33
2	Primary Education	32	21.33
3	Secondary Education	04	2.66
4	Higher Secondary	04	2.66
5	Graduate and above	03	2
	Total	**150**	**100**

Fig. 3: Distribution of the subjects according to Educational Qualification.

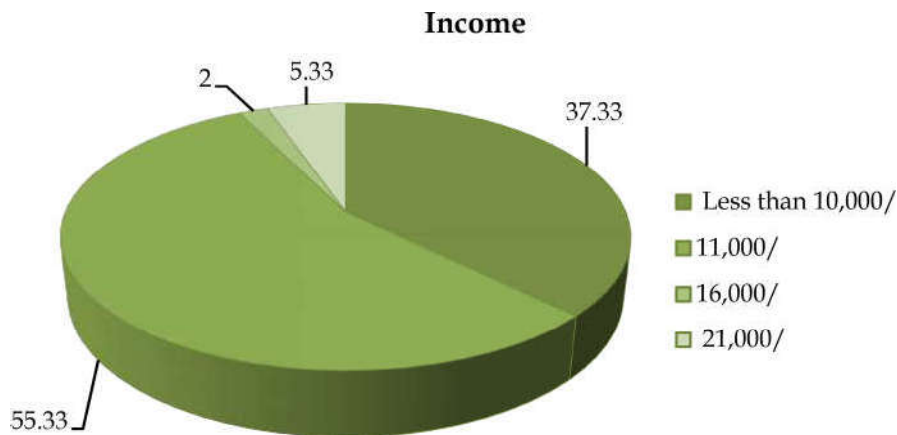

Fig. 4: Distribution of the subjects according to Income   (N=150)

Figure 3 shows the distribution of demographic data of subjects according to Educational Qualifications. Majority of 71.33% of subjects belong to Illiterate, 21.33% of subjects belong to Primary Education, 2.66% of subjects belong to Secondary Education, 2.66% belongs to higher secondary, and 2% belongs to graduate and above.

Figure 4 shows the distribution of demographic data of subjects according to Income. Majority of

37.33% of subjects belong to Less than 10000, 55.33% of subjects belong to 11000, 2% belongs to 16000, and 5.33 belongs to 21000.

Figure 5 shows the distribution of demographic data of subjects according to Occupation. Majority of 40% of subjects belong to Service, 14% of subjects belong to Business, 16% of subjects belong to Labour and 31.33% of subjects belong to unemployed.
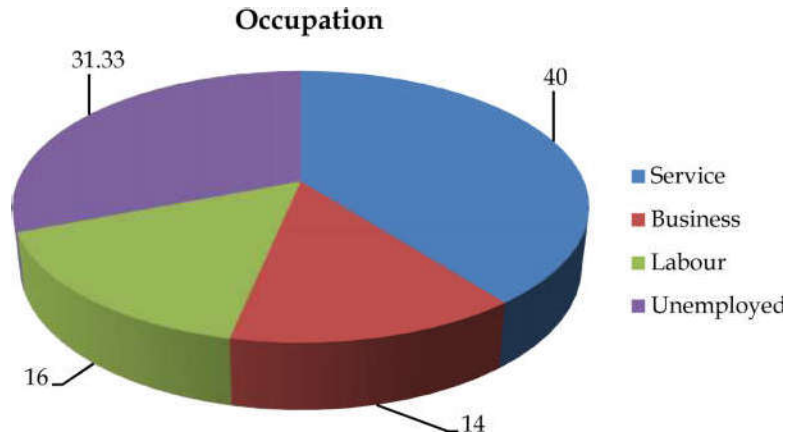
Fig. 5: Distribution of the subjects according to Occupation

Table 4: Distribution of the subjects according to Income   (N=150)

Sr. No	Demographic Variable	Frequency {f}	Percentage %
	Income		
1	Less than 10,000/	56	37.33
2	11,000/	83	55.33
3	16,000/	03	2
4	21,000/	08	5.33
5	**Total**	**150**	**100**

Table 5: Distribution of the subjects according to Occupation   (N=150)

Sr. No.	Demographic Variable	Frequency {f}	Percentage %
	Occupation		
1	Service	60	40
2	Business	21	14
3	Labour	24	16
4	Unemployed	47	31.33
	Total	**150**	**100**

Section 3

Table 6: By overall, analysis frequency and percentage distribution of the samples according to modified checklist to assess the general health status among study samples

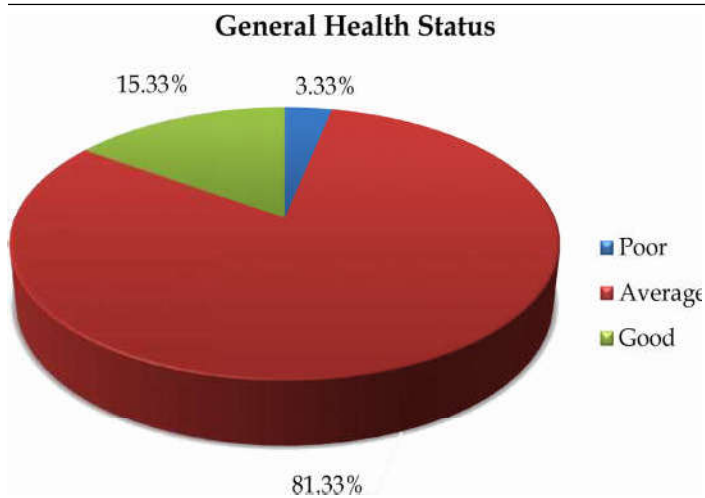| Sr. No	Grading	Score	Frequency {f}	Percentage %
1	Poor	0-3	05	3.33%
2	Average	4-7	122	81.33%
3	Good	8-12	23	15.33%
	Total		**150**	**100**

Fig. 6: Distribution of the subjects according to General Health Status

Table 7: Significance association of General Health Status among population and Demographic variables   (N=150)

Sr. No.	Selected Variables	Calculated Value (X^2)	Degree of freedom	P Value 0.05	Significant
1	Age	0.81	6	12.59	NS
2	Gender	0.065	4	9.49	NS
3	Educational qualification	0.90	8	15.51	NS
4	Income	0.29	6	12.59	NS
5	Occupation	0.05	6	12.59	NS

Figure 6 shows the distribution of subjects according to General Health Status. Majority of 81.33% of subjects belong to Average, 15.33% of subjects belong good and 3.33% of subjects belong to Poor Health status.

Table denotes that calculated X^2 value of age, gender, Educational qualification, income, occupation is lesser than tabulated P value (0.05). Thus there is no significant association of General Health status among Population residing in kondwa with regards to above demographic variables.

Discussion

This study will be useful for the population residing in selected area of kondwa, the study finding suggest that there is no any significant association with general health status and selected demographic variables.

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