Socio-Economic and Health Profile of the Community With A Focus on Population Education

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ABSTRACT The growth of population has become one of the most fundamental of the human problem in India and the world. Age at marriage effects population growth through its direct effect on family size. To create awareness and to help in rational decision-making population education has to b e extended to all group without any exception. Nutritional status of the population has to be improved through imparting of nutrition education explaining the dietary value of the locally available cheap food stuffs and also eradication of among notion about certain of the food items which are of much importance to maintain sound health. Satisfied adopters through proper channel and make them to go in a right path.

KEYWORDS : Nutritional Status, Age at marriage, Health Profile, Teaching and Non-teaching staff.

INTRODUCTION

The significance of population explosion as a social problem is of tremendous global importance. The recent serious efforts made by social scientists to analyze the problem and trance its sources and also its economic, cultural and other implications have yielded a great trend of knowledge which has served as an important in taking this problem. The macro study aims at the broad view of the population characteristics such as socio-economic, demographic, cultural and other aspects and their correlation with vital events. About 75 percent of India's population is living in rural areas. High population growth in India is creating imbalance in the socio-economic life of the people.   The present study is one such an attempt which investigation the influence of socio-economic, demographic and cultural, factor such as education, occupation, income age at marriage, duration of marriage, religion, type of family etc. On fertility and family planning behaviour. Besides, the study examining the knowledge of the respondents about population education.

OBJECTIVES

1. To get practical experience on important aspects of conducting the population research.
2. To operationalise and use major population concepts in a research situation.
3. To acquire knowledge and skills for designing survey, data collection, analysis and report writing.

METHODOLOGY

Methodology deals with the process of obtain information through empirical observation of logically propositions for testing the causal relationship among the variables. It is a guiding principle or blue print for conducting social research. It makes the study more scientific and realistic.

Area of the study

The area of research is S.V.University campus. This university is located in the Tirupati urban area Chittoor district of Andhra Pradesh. The university is having health centre which enters to health needs of its employees and students.

Sample frame and size

Sample unit was eligible couple (20-44 years of age) with one or more living eligible children. For the present study cluster sampling was used as the methods of selecting respondents. In the university campus 129 couples were interviewed for the present study consisting of both teaching, non-teaching employees and students.

Analysis

Most of the information was presented in terms of percentages and averages. The tables were numbered and kept in sequential order.

Cross tabulation among different variables was done based on the data collected.

SOCIO-ECONOMIC CHARACTERISTICS

Socio-economic factors influence the behaviour of the people living in a community. In other words, quality of life depends upon the prevailing socio-economic conditions of the community. Based on the socio-economic and characteristics, the world has been divided into developed and developing countries. A man is a social being, he cannot live in isolated world without following certain conditions which the society imposes on them.

Distribution of respondents according to their religions

Religion	Number of Respondents	Percentage (%)
Hindus	116	89.9
Muslims	10	7.8
Christians	03	2.3
Total	129	100.0

In the sample population Hindus constituted 89.9 percent and Muslims 7.8 percent while Christians were 2.3 percent only. The sample population consisted of Hindus, Muslims and Christians. However, it was predominantly Hindus and secondly Muslims thirdly Christians.

Distribution of respondents to their Occupation

Occupation	Number of Respondents	Percentage (%)
Teaching	59	45.7
Non-teaching	70	54.3
Total	129	100.0

The occupation distribution of the respondents also indicates their socio-economic status. The male were mainly involved in the economic for comparison purpose, the respondents were categorized into two groups (1) Teaching and (2) Non- teaching. All the respondents were depending upon the salary for maintenance of the family. The non-teaching respondents consisted of Attenders, Record Assistants, Clerks, Jr. Assistants, Sr. Assistants, Superintendents, Supervisors, Librarians, etc. In the sample population 45.7 percent were teaching staff while the rest them 54 percent were Non-teaching staff.

Distribution of respondents according to their annual household Income

Annual Income	Number of Respondents	Percentage (%)
20,000	21	16.28
20001 – 30,000	51	39.53
30,001 – 40,000	40	31.01
50,000 and above	17	13.18
Total	129	100.0

The annual income of the respondents was divided into four groups, such as low (Rs.20,000/-) middle (Rs.20001-Rs.30,000/-) upper middle (Rs.3000-Rs.40,000/-) and upper (Rs.50,000/-) income groups. A high proportion of the respondents (39.53 per cent) were in the income groups of Rs.20001-Rs.30000 while 31percent were earning annually Rs.30001-Rs.40000. The earning of 16.28 percent of the respondents was below Rs.20000 per annum. About 13 percent of the respondents were earning over Rs.40000. Thus, the economic status of the sample population was much better than the general population.

DEMOGRAPHIC PROFILE OF THE COMMUNITY

Demographic variables considered for the study were Age and age at marriage. The relationship between age at marriage and other demographic and socioeconomic variables was also discussed.

Age at Marriage

The study of marital composition of the population is useful f or many reasons. Marriage is the first step in the formation of a family. It is common practice in India to perform the marriages soon after the attainment of menarche. Females tend to marry at early ages because of the sanctions of the Hindu religion.

Age at Marriage	Female respondents	Percentage (%)
14	03	2.3
15-20	44	34.1
20 and above	82	63.6
Total	129	100.0

From the above table it can be observed that 63.6 percent of the females married above 20 years of Age. Only 2.3 percent of the females married at or below 14 years of age while the remaining 34 percent of the females married between 15 and 20 years of age.

In this community the age of marriage of females is higher because of their higher educational level. The average female age at marriage in the sample population is much higher than the legally prescribed minimum age for the marriage of girls.

COMMUNITY HEALTH AND NUTRITION

Health is a stage of complete physical and social well being and not merely the absence of disease or infirmity. The health problems in India are due to mainly (1) Nutritional deficiency (2) Poor sanitation, (3) shortage of health facilities and (4) Parasitic diseases. Services such as, child health services, child guidance, occupational health services, school health services, etc., are necessary for the improvement of the community health.

Nutrition

Nutrition is essential for growth and development of the body and also for the maintenance of sound health throughout life. In the developing countries nutritional deficiency discusses are widely prevalent. Malnutrition and under nutrition are the primary cause for infant and child mortality. Balanced diet is necessary for prevention of these types of diseases.

Percentage distribution of respondents by periodicity of food consumption

Food item	Daily		Weekly		Rarely		Total	
	Number	%	Number	%	Number	%	Number	%
Milk and Milk production	121	93.8	5	3.88	3	2.32	129	100.0
Meat and Fish	32	24.8	85	65.9	12	9.30	129	100.0
Egg	37	28.7	64	49.6	28	21.70	129	100.0
Green leafy vegetables	64	49.6	55	42.6	10	7.8	129	100.0
Other vegetables	110	85.3	10	7.8	9	6.9	129	100.0
Pulses	94	73.4	22	17.2	12	9.4	128	100.0
Fruits	82	65.6	26	20.8	17	13.6	125	100.0

About 94 percent of the respondents were using milk and milk products daily, 4 percent weekly while only 2 percent of them were using rarely. Nearly 25 percent of the respondents were taking meat and fish daily while 66 percent of them were in t he habit of taking meat and fish once in a week. About 9 percent used to take meat and fish rarely. Only 29 percent of the respondents were eating eggs daily. Whereas, 50 percent of them were using eggs once in a week and 22 percent rarely. 50 percent of the respondents were using green leafy vegetables daily while 43 percent were using once in a weak. About 8 percent were using eggs rarely. 85 percent of the respondents were using other vegetables daily and 8 percent were consuming once in a week.

It is clearly from the above table that the consumption of certain of the food items such as meet, egg and green leafy vegetables is relatively low in the sample population due to customs food habits and also low income of some of the respondents. Hence, there is a need to improve the nutrition level through educational programme.

Distribution of the respondents according to the first contact for treatment

Source of first treatment	Female respondents	Percentage (%)
Allopathic	105	81.39
Self-medication	16	12.40
Homeopathic	08	6.21
Total	129	100.0

The above table indicates that majority of the respondents 81.39 percent were in the habit of consulting allopathic doctor I case of illness. This is done to free health services provided by the university health centre located in the campus itself. Homeopathic doctor was the source of first treatment for about 6 percent of the respondents. About 12 percent of the respondents were observing self-medication if they fall ill.

SUMMARY AND IMPLICATION

There are selected for our study is S.V.University campus in Tirupati town, Chittoor district of Andhra Pradesh. The university is having health center which eaters to health needs of its employees and students. Socio-economic variables such as education, income, occupation, etc., are expected to influence a number of developmental and behavioral attributes. Literacy rate among respondents is very high. About 63.57 percent are postgraduate and 13.95 percent are undergraduates. The respondents are classified into teaching and non-teaching staff.

The annual earning of the population indicates their economic status. About 16.28 percent of the respondents are getting less than Rs.20000/- per annum while 39.53 percent are earning Rs.20001/- to Rs.30000/- per annum. 31.0percent are in the income group of Rs.30001-Rs.40000/- per annum. Whereas, the remaining 13.18 percent belong to the high income group Rs.50000/-. The health condition of the population in this area is very high because of good environmental sanitation, there is proper system for collection and disposal of refuse in the study area. Majority of the respondents are utilizing health services from S.V.University Health Centre. Mostly of the respondents are aware of the importance of personal hygiene, the dangers of open air defecation and the advantage of latrines.

IMPLICATIONS

The growth of population has become one of the most fundamental of the human problem in India and the world. Age at marriage effects population growth through its direct effect on family size. To

create awareness and to help in rational decision-making population education has to b e extended to all group without any exception. Nutritional status of the population has to be improved through imparting of nutrition education explaining the dietary value of the locally available cheap food stuffs and also eradication of among notion about certain of the food items which are of much importance to maintain sound health. Satisfied adopters through proper channel and make them to go in a right path.

REFERENCES 1. Hans Raj: Population Studies, Surjeet publication, Delhi,1982. | 2. I.E.Park and K.Park: Text book of preventive and social medicine, M/S Banarsidas Bhanot publishers,1983. | 3. S.N.Agarwala: Age at marriage in India, "Indian population problems" New Delhi. Tata McGraw-Hill publishing Co.,Ltd.,1934. | 4. Kamala Gopal Rao: Studies in family planning in India, Abhinav Publication, New Delhi,1974. | 5. K.Srinivasan and S.Mukerji: Dynamics of population and family welfare, 1981. Himalaya Publishing house,1981. | 6. UNESCO: Orientation to population education, Regional office for education in Asia, Bangkok,1975 |