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Research Paper

Assessment of the Socio Economic and the Health Status of Kallarekoppalu Village of Goruru, Hassan District, Karnataka State

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ABSTRACT

According to World Health Organization data, more than half of the world's population resides in rural areas, which presents difficulties for medical practitioners in maintain and enhancing health. Health surveys offer detailed data regarding health trends, lifestyle choices, and health service utilization as perceived by the patients. The Kallarekoppalu hamlet in Hassan taluk, Karnataka state, underwent a study to learn more health challenges and variables influencing health. **Objective:** To determine the economic, socio-demographic and health status variables in order to assess the sample population pertaining to health and the economy. **Methodology:** Data were gathered by a door-to-door survey utilizing questionnaires intended for a cross-sectional study. And involve every member of the home in the designated village of the Hassan district. **Result:** This will support the development of health promotion plans by aspiring medical professionals.

Keywords: *Trends, Perceived, Socio Demographic, Prevalence, Professionals*

Health is the most important socio-economic component in any individual's existence. As evidenced by the saying "Health is wealth," it is significant. In addition to being necessary for leading a happy life, being in excellent health is also a prerequisite for all laudable activities within the community (Adler et al.,). The whole developmental cycle depends on an individual's intellectual ability, curiosity, and capacity for constructive thought. However, their health also a role in these attributes. Health care is therefore seen by the government as "sine-qua-non" in order to provide this vital requirement for the population's well-being (WHO,2019). India, the second most profoundly populated nation in the world, is gaining attention from around the universe for its shifting patterns of health issues, needs, policies, and systems (Margaret E K, et al., 2019 World Bank, 2020). Despite this, a lot of government initiatives and programmes are in place, with a primary focus on underdeveloped and rural areas. However, those communities still have health challenges that require attention. (Jai PrakashNarain, 2016). Improving the health of the vulnerable population presents challenges for the health sector due to socio-economic

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status, beliefs, customs, and environmental factors. The health issues that should be resolved in accordance with perceived needs. A health indicator survey aids in understanding the current situation and planning upcoming campaigns health indicators (Darcy Jones M, 2020). According to the WHO definition, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. A health indicator is a measurement that depicts the situation as it is right now. The health indicator acts as a catalyst for health decision-making that minimizes disparities in addition to making observation and documentation easier (Rohisha I. K. et al., 2020).

The study was conducted at Kallarekoppalu village of Hassan district. Their health, economic, and agricultural status is below average. Majorities of here are farming groups and depend on allied agricultural activities. Their hardworking nature is reflected in their below-average health status, drawing attention to this.

Objectives

- The study examines the demographic characteristics of the village households in the study area.
- To assess the socioeconomic status and look into the frequency of health issues among the population the study entity.

MATERIALS AND METHODS

Study area

Kallarekoppalu, which belongs to Gorur hobli located in Hassan taluk of Hassan district of Karnataka, India. The total land area is 625.44. The administration of Kallarekoppalu village is overseen by a sarpanch. About 15 km away, Hassan is the closest town to this village with significant economic activity. The villages that are close to Kattaya are Kadalu (7 KM), Ankapura (7 KM), Hanumanthapura (7 KM), Gorur (8 KM), and Karle (9 KM). Kattaya cluster is encircled by the taluks of Alur to the west, Arkalgud to the south, Holenarsipur to the east and Sakaleshpur to the west. They employed to pose enquiries regarding private data was hired to ask questions about personal information.

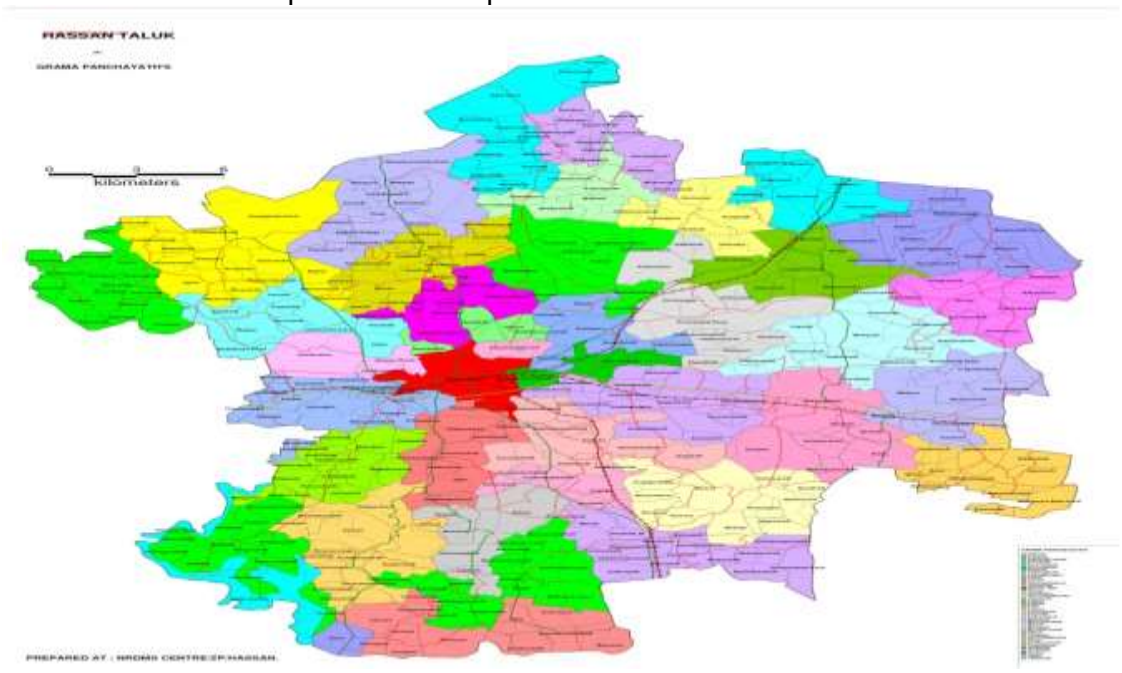

Figure.1. Hassan taluk gramapanchayath map

Study Design and approach

This quantitative study used a descriptive survey design to gather data from families. In order to obtain personal data, a structured questionnaire was employed about personal information and physical status of informants, socio-demographic traits, socio economic characteristics, environmental conditions, vital statistics, and health status, disease prevalence, disabilities and health risk factors.

Data Collection

Data was obtained through house-to-house visits using the face to face interview conducted. The family patriarch provided information about the family's housing standards, waste management practices, religion, and significant life events. Age, occupation, and marital position were also composed through home-to-home surveys. The data was analyzed and interpreted through tables and diagrams, providing insights into the family's socio-demographic traits, environmental conditions, vital statistics, and health status.

It is the study of a population taking into consideration factors including size, growth, and the social and economic makeup of the population.

Data Process and Statistical Analyses

The study compares the National Health Survey results in rural areas with other surveys, analyzing data using a prescribed software check and EXCEL database, with a chi-square test and $p \leq 0.05$ as statistically significant.

Ethical Statement: The study, conducted in Kallarekoppalu village, was approved by the Ethics Committee after all participants provided their informed consent before participating.

RESULT AND DISCUSSION

The survey's findings are prepared under the following headings.

The demographic characteristics

The word demography is derived from the Greek word "demo," which signifies "people." It is the study of the population, accounting for variables such as size, growth, and economic and social composition (Manjunatha N.K. et al., 2023). In this study, the demographic traits like age, gender and religion were analyzed using percentage distribution mentioned in figure 1 and 2.

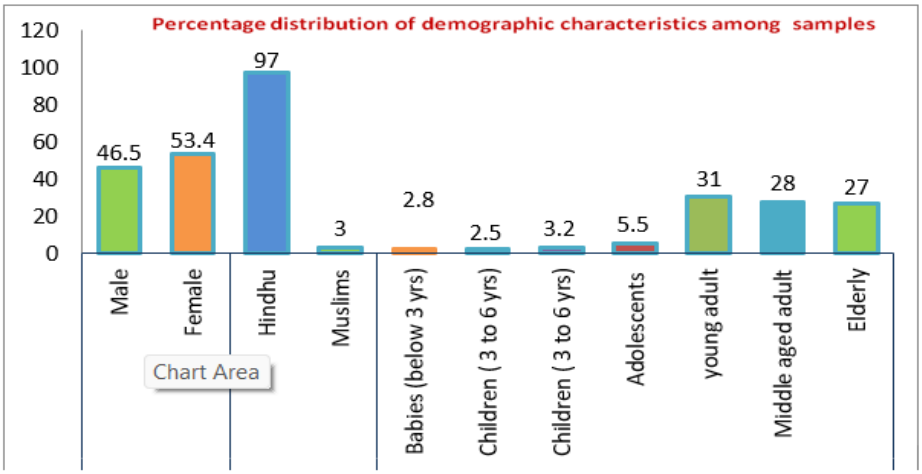

Figure. 2: Percentage distribution of demographic characteristics among samples

The study revealed a total of 558 people in the village, with 260 men (46.5%) and 298 women (53.4%). Hindus constituted the majority, accounting for 96.7% of the population. There were no Christians, and only 3.19% were Muslims. The population was divided into different age groups, with infants under three years old, adolescents aged three to six, young adults, and children under five. Middle-aged and elderly adults constituted 28% and 27% of the population, respectively. Young adults made up 55%, while children under five made up just 2%. The middle-aged population was nearly identical to the elderly, with 87% of senior adults lacking literacy as shown in the figure 2. The survey revealed low educational standards among the population.

The socio economic characteristics among samples of village

In India, social security pensions have provided about 2.6 crore old, crippled, and widowed people with a stable income. The ways in which the pension is used show how important it is to the beneficiaries' lives (S.Chopra andJ. Pudussery, 2014). The socio economic characteristics was analyzed among 182 families like housing, type of family, water source, waste disposal method, occupation and pension. And also, reproductive health was analyzed among 558 population samples using percentage distribution and shown in figure 2 and figure 3.

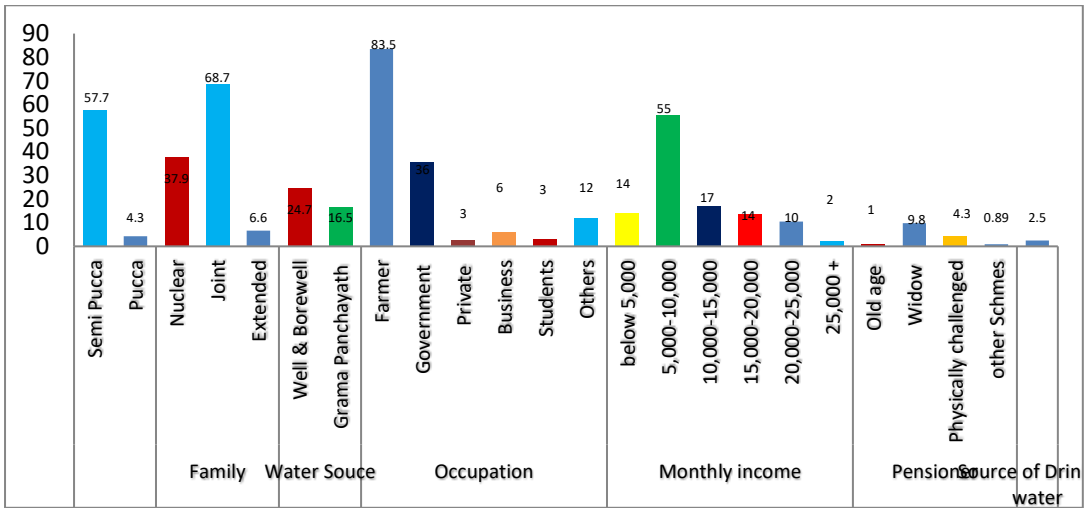

Figure.3: The village samples socio economic characteristics

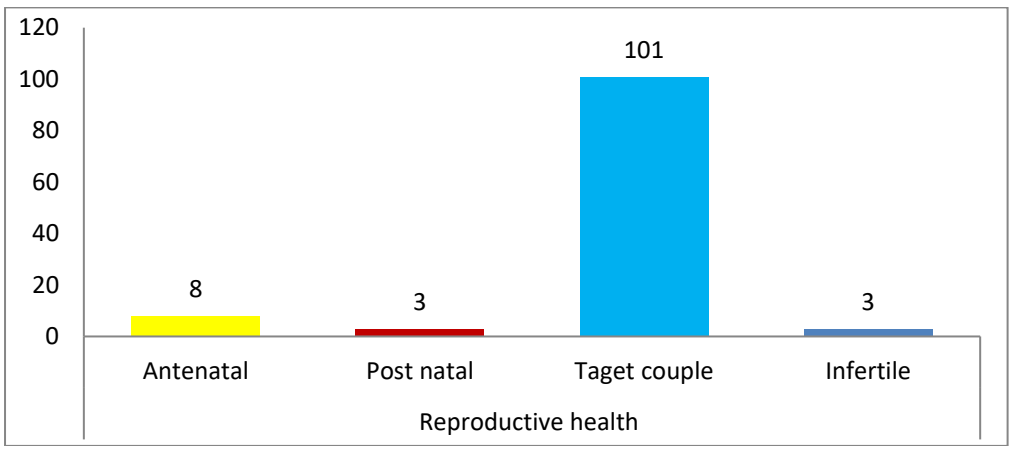

Figure.4: Couples reproductive health

The study shown a total of 182 families in the village, with 57% of families reside in kaccha houses, whereas 39% live in pakka houses, based on the study stated here that most of the respondents are self-employed, and most come from middle-class backgrounds. The majority of water sources (83.5%) came from gramapanchayath, with bore wells and wells making up 16.5%. Farmers made up about 36% of the sample, followed by government employees (3%), private sector employees (6%), company owners (3%), and stay-at-home mums (14%) with their dependents. There were about 12% of pupils from Rs. 5000 to Rs. 25000 and more is the range of per capita income. According to Kaustav Das nd et al. (2020), income deemed low up to Rs. 5,000, medium between Rs. 5000 and Rs. 25000, and high above Rs. 25000. As per the survey, 55% of the population earns less than Rs. 5000 per month, and most of the sample population falls below the poverty line. The medical expenses were not within their means. The sample had a very small number of pensioners. Only 98 members, or 9.8% of the total, were receiving pensions related to old age, widowhood, physical disabilities, and other categories out of 558. Widows received four percent. Only 98 (17.5%) of the 558 participants received a pension. A study on pensions revealed that pensions, despite being small, provide dignity and confidence to older individuals and enhance their quality of life for those with families. Monitoring groups are crucial for assisting with application processes, raising awareness, advocating for rights, and supporting administration. It provides a source of income for the widow, the aged, and the disabled, supporting their basic necessities as well as their medical costs.

Figure 3 depicts the presence of 101 target couples-eight prenatal and three postnatal in the selected town. Infertile couples comprise three of the samples. The figure illustrates the 101 target couples in the selected municipality, consisting of 8 pregnant and 3 postnatal couples. Infertile couples comprise three of the samples. It implies that health care need must be prioritizing the reproductive age group and family welfare services, with a particular emphasis on children under five's health. Activities should also be targeted at the elderly community, enhancing the living standards and health norms of the rural population. This approach will enhance the overall quality of life for the rural population.

Health issue incidence in the study unit's sample population

India's rural areas face challenges in accessing medical treatment due to limited public spending, lack of education, and high poverty rates. Approximately 90% of the population lacks insurance, and costs are met out of pocket or through loans. Rural populations experience higher infant, malnutrition, maternal, and vaccination rates. As a result, the percentage distribution was used to calculate the prevalence of health issues among the samples, as illustrated in table.1.

Table.1: Health issue incidence of the villagers

SL. No	Current Health Problems	In numbers
1	Hypertension	32
2	Diabetes	27
3	Obesity	6
4	Malnourishment	2
5	Ophthalmological problems	65
6	ENT problems	24
7	Orthopedic problems	73
8	Skin and venereal problems	18

SL. No	Current Health Problems	In numbers
9	Dental problems	19
10	Gynecological problems	14
11	Chest and pulmonary problems	19
12	Physically differently abled	4
13	Mental health problems	2
14	Other minor problems	26

Table 1, which describes the health issues in Kallarekoppalu village, indicates that the majority of respondents 73 (13.8%) has orthopedic issues. Just 1.07% of patients are reported as obese, however 5.47% are reported as having hypertension, 4.8% as having diabetes, and 2.3% of cases are found to have both hypertension and diabetes with an equal problem rate for both sexes. The survey reported ophthalmological problems at a rate slightly higher than female respondents, and 3.4% of respondents overall reported dental problems and 3.4% reported chest problems. Additionally, 3.2% of male respondents reported skin and venereal problems. Merely 0.3% of the issues were related to malnutrition, which is common in children under the age of 13. 0.35% mental issues were reported. This study found that among the villagers, orthopedic issues, eye issues, hypertension, diabetes, and chest pain were common. Their issues stem from a lack of access to healthcare, a lack of health-related knowledge, and a low economic standing that puts them below the poverty line. As a result, they cannot afford quality medical care. While some people reacted well to our recommendations, others did not use our health services.

Utilization of health facilities

The several government initiatives aimed at improving public healthcare services, private-sector has been a dominant player in most of the Indian states.

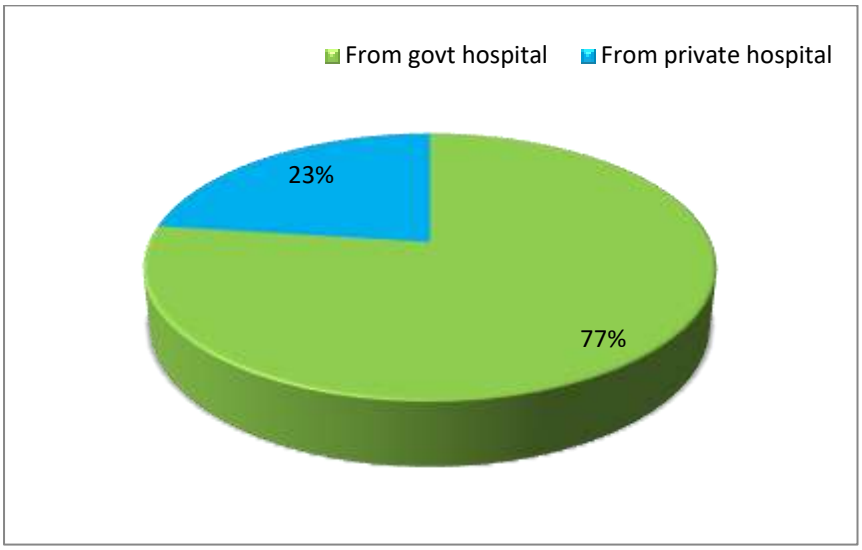

Figure.4: Utilization of health services from government and private sector

Figure.4 shows that utilization of health facilities by the villagers. Out of 558 population 77% people utilizing government health services and 23 % people utilizing private health services. The study showed that the majority of the population utilization of government facilities. A comparable survey conducted in the Gambia's rural areas found that 88% of participants got services from public facilities (Dipendra Kumar Yadav,2010).

CONCLUSION

The study' that primary concluded that care is essential for rural areas, but that the quality of such care is hampered by factors including income, literacy rates, and socioeconomic and demographic characteristics. The quality of therapy might be adversely affected by a shortage of doctors and inadequate local healthcare systems. Research should concentrate on long-lasting initiatives and creative strategies that target societal variables and individual health-related behaviours in order to enhance rural health. The farther we are from a health care centre, the fewer and lower quality health treatments are available in peripheral places. The beneficiaries who reside in rural areas have had satisfactory experiences with the health services. The medical centre was well-utilized, but there are still questions about the caliber of the treatment.

Recommendations

More health camps in the villages have to be conducted and need more funding and heath care facilities for the villagers.

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Conflict of Interest

The author(s) declared no conflict of interest.

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