5. Health and life style of rural and urban population: An Anthropological study

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Food has been a vital material of the life since inception of all organisms. By taking food we ensure growth of our children and youth, and maintain our good health. But some foods are good and helpful for maintaining health, while some are harmful. A large part of it is scientifically beneficial for body and fulfills needs of our life style. Thus, it can be stated that food is that which nourishes our body. It may also be defined as anything which is eaten or drunk, that meets the needs for energy building. In short, the food is the raw material from which our bodies are made. Intake of its any kinds amounts to health, which may be evident in our appearance, efficiency and emotional well-being.

My objective of this study is that to check the health status of urban and rural health. This approach is used for rural and urban population of Allahabad district. Research design is descriptive type and data collection techniques are applied interview schedule, participant observation, sampling etc. Finally conclusion is found out in my study that variation of diet is present and health of urban people is good.

Introduction

Food and health practices of any community are profoundly influenced by the interplay of a complex of social, economic and political factors. It is a fact that the diet patter of a considerable segment of our population are qualitatively as well as quantitatively deficient and this is because the country's staple foods determines the type and severity of malnutrition. In most of the developing countries 60 to 80% of food energy is supplied through 2, 3, or 4 staple foods. (Pattnaik, 2004).

The customs, superstitions, religious beliefs, taboos etc. are most prevalent among the rural population views that prevalent among the rural population and it is very difficult to separate them out. Simpson (1963) views that poverty, ignorance, traditional beliefs and customs are the main causes of under nutrition and malnutrition in the rural population. The villagers are deep

rooted in their traditions, beliefs and customs. They do not want to change their habits from their customary ways. Social and religious taboos thereby further accentuate the problem of malnutrition deficiency disease (FAO, 1963). So, not only the economic factors but all these factors govern the choice of food, method of storing, working and sharing among he family members. (Pattnaik, 2004)

These are cultural attitudes, values, practices and beliefs regarding intake of food in different communities. Devadas (1968) reported that in some south Indian villages, no special food was given to pregnant women, but the quantity of rice and milk mere restricted from fear of the foetus becoming big and making the delivery difficult. The lactating mother was given extra milk, ghee, and garlic rasam and jaggery water for increasing breast milk. (Pattnaik, 2004)

Food combinations also affect the nutritional status of the community people. A large percentage of our population cannot afford to eat food in proper combination. They only subsist on cereals taken with some leafy vegetables, onion or even with salt, they are traditionally vulnerable sections. (Pattnaik, 2004)

The nutritional status and health of all people are affected by the food they eat. Both the amount and kind of food are important. If they is not enough food, people obviously are hungry, but abundance of of food does not in itself guarantee that they will be well nourished. Even when food supplies are plentiful, individuals may eat more food than they need, or they may make poor choices. (Garg, 2006)

In countries where nutrition improvement has lagged behind economic growth, social discrimination against women is common. In Pakistan, for example, wide spread discrimination against girls and women is behind high level of illiteracy among women and girls, a very high fertility rate and lower female life expectancy.

Aims & Objective

- To check the nutritional status of urban and rural people..
- To know the relationship between rural and urban health.

Hypothesis

- Food or eating habits are better in urban population due to awareness of health.
- Eating habits depends upon the educational status of people.

Methodology

This study is a form of descriptive research. There are several methods which are often used in data collection like sampling, observation, interview-schedule etc. It is comparative analysis method and study area is divided into 2 communities like rural (Yadavpur, Kodra, Manoharpur) and urban (Preetam Nagar) class of Allahabad District, which is based on random sampling. Field selection criteria are based on my work and taken 100 households in each area of total population. 100 households are selected in rural area so I have to take 3 villages for 100 households. It is a quantitative analysis that means this is my observation based approach while going to survey of my field.

About the Area:

Study is based on three villages namely Yadavpur, Kodra, Manoharpur. There are Economic and Social variations in the standard and the status of the various household in the village. As far as caste is concerned, there are multi-castes of people present. Yadav castes have their majority in the whole village. In these villages, there are 100 households and the population is about 426. Among them 222 are Males and 190 are Females. Literacy rate in rural area are less than urban class.

Land is not good for agriculture. So they purchase the food grains also. They could not take the proper food due to less earning. It also affects the Nutrition or diet of rural area people.

Preetam Nagar (Urban class) is also multi-caste people area and that people have different economic status and education level. All civic facilities like water, sewarage, hospital, school etc. are available. There are selected 100 households and which have population of 585 people. Among them 300 are Males and 285 Females.

TABLE 1.A comparative table of urban and rural class female population By Age - sex ratio

		Urban Area		Rural Area		
S.N.	**Age-group**	**F**	**percent**	**F**	**percent**	
1.	0-5	30	10.526	13	6.8421	Urban area
2.	6-10	35	12.280	10	5.26315	
3.	11-15	44	15.438	14	7.368	Age sex
4.	16-20	42	14.736	19	10.0	
5.	21-25	30	10.526	21	11.052	
6.	26-30	26	9.122	25	13.157	ratio= $\frac{F}{M}\times 1000$
7.	31-35	16	5.614	7	3.684	
8.	36-40	23	8.070	27	14.210	
9.	41-45	18	6.315	21	11.052	
10.	46-50	11	3.859	18	9.473	$-\frac{285}{300}\times 1000$
11.	51-55	5	1.754	12	6.315	
12.	56-60	2	0.701	1	0.526	$=950$
13.	61-65	3	1.0526	2	1.052	
14.	66-above	0	Nil	–	Nil	
	Total	**T=285**		**T=190**		Rural Area
						Age sex
						ratio= $\frac{F}{M}\times 1000$
						$-\frac{190}{222}\times 1000$
						$=855.855$

* Table 1 shows that sex ratio of Urban Class is greater (950) than Rural population (855.855).Total Male Population in rural area = 222, Total Male Population in Urban class = 300

TABLE.2 Frequency distribution of Educational Status (Rural)

S. N	Age group	Illitrate	Anganwadi	Primary	H.S.	Inter	U.G.	Post Graduate	Tech.
1.	0-5		2	3	2				
2.	6-10	10		9	5				
3.	11-15	12		4	21				
4.	16-20	9		2	6	8	2		
5.	21-25	8			1	6	3		
6.	26-30	10		3			2		
7.	31-35	9		2	1	1			
8.	36-40	14		1	1	1	1		
9.	41-45	6		2	3	1	1		
10.	46-50	6		1	1			NIL	NIL
11.	51-55	5			1				
12.	56-60	1							
13.	61-65	2							
14.	66-70	1							
15.	70 – above								
	Total	**93**	**2**	**27**	**42**	**17**	**9**		

Table 2 shows

* Maximum no. of Illiterate women (14) Frequency belongs to (36-40) age group.
* Post Graduate & Technical group females are NIL.
* Total Illiterate Females = 48.947 percent
* Total Anganwadi Females = 1.052 percent
* Total Primary level Females = 14.210 percent
* Total High School level Females = 22.105 percent
* Total Inter level Females = 8.947 percent
* Total Under Graduation level Females = 4.736 percent

TABLE.3 Frequency distribution of Educational Status (Urban)

S. N	Age group	Illiterate	Anganwadi	Primary	H.S.	Inter	U.G.	Post Graduate	Tech.
1.	0-5		4	8					
2.	6-10			11	5				
3.	11-15	5		4	11				
4.	16-20	8		5	10	13	5		1
5.	21-25	7		2	10	8	9	10	3
6.	26-30	3		2	12	1	7	13	3
7.	31-35	2			10	1	3	2	3
8.	36-40	4				6	16	2	3
9.	41-45	1				5	12	1	
10.	46-50	2				2	6	5	

11.	51-55	2				4	6	2	
12.	56-60	1					1		
13.	61-65						2		
14.	66-70	1							
15.	70 – above								
	Total	**36**	**4**	**32**	**58**	**67**	**40**	**35**	**13**

Table 3 shows
* Maximum no. of Illitrate women (8) Frequency belongs to (16-20) age group.
* Total Illiterate Females = 12.631 percent
* Total Anganwadi Females = 1.403 percent
* Total Primary level Females = 11.228 percent
* Total High School level Females = 20.350 percent
* Total Inter level Females = 23.508 percent
* Total Under Graduate level Females = 14.035 percent
* Total Post Graduate level Females = 12.280 percent
* Total Technical Group Females = 4.561 percent

$$\text{In Rural area Female Literacy Rate} = \frac{No.\ of\ Literates\ in\ a\ population}{Total\ Population} \times 100$$

$$= \frac{97}{190} \times 100 = 51.052\%$$

$$\text{In Urban area Female Literacy Rate} = \frac{249}{285} \times 100 = 87.368\%$$

So, comparatively it shows that Urban area Literacy rate is greater than Rural area people.

TABLE.4 Disease chart of women:

	Name of Disease	Urban women (out of 50 respondents)	%	Rural women (out of 50 respondents)	%
•	Viral Infection	18	36	19	38
•	Water borne disease	16	32	21	42
•	Malnutrition	31	62	34	68
•	Stomach Problem	28	56	32	64

•	Food Poising	14	28	16	32
•	Food borne disease	13	26	18	36
•	Stale Food	32	64	40	80
•	Evil eye	25	50	30	60
•	Boil water	35	70	10	20
•	Junk food	42	84	8	16
•	Outside food (party food)	38	67	11	22

Table 4 shows that viral infection is a common problem in our community but it affects 38 percent in rural women in comparison to urban women (36 percent). Water borne disease are mostly found in rural area. 42 percent women suffer water borne disease whereas 32 percent are found urban women due to awareness of Health & Hygiene. They take boil form of drinking water. Highly malnutrition women are found in the rural area like 68 percent whereas in urban this ratio is 62 percent. Most of all women suffer with stomach problems normally and ratio is that 64 percent rural women suffer stomach problem and only 56 percent in urban women. Food poisoning is found in children also but in 32 percent rural women suffers this problem in comparison to urban women (28 percent). On the other hand food borne disease is found in every country. In case of Allahabad District population of my rural (36 percent) area are more affected in comparison to urban women (26 percent). Stale foods are taken by 80 percent in rural women and 64 percent in urban women.

Conclusion

- Diet pattern are different to each other in rural and urban population.
- Educational status is more responsible of the poor health status of rural women.
- Health of urban people is better in compare to rural people.

Suggestion

- Educational plans and programme should be implementing in that area.
- Health awareness programmes should be also planned the government.

Reference

- Pattnaik, Dr. Anjali (2004), Nutrition Education, APH Publishing Corporation, New Delhi.
- Sharma, niraja (2006), Child Nutrition, Murari Lal and sons, New Delhi.
- Garg, Madhu (2006), Diet, Nutrition and Health, ABD Publishers, Jaipur, India.
- Aahuja, Ram (2008), Social Research, Rawat Publishers, New Delhi.