

## HEALTH STATUS OF PADDY CULTIVATOR'S CHILD: INITIAL FOCUS ON CUDDALORE DISTRICT

C. Ramesh and R. Dhamotharan

Department of Economics,  
Annamalai University, Chidambaram, Tamil Nadu, India

### **Abstract**

*Health is an important fundamental of wellbeing. The improvement in health is an important for economic growth to any country. In India major factors are responsible for worsening the health condition. The 30 per cent of infants are born under the average weight of 2.5 Kg in the country. Health is influenced by various factors such as income of the household, education, food, housing, basic sanitation, social practices, measures to control environmental hazards and communicable diseases. Indian just does not have enough food to eat which is a basic prerequisite for staying healthy. Our per capita consumption of cereals and pulses has dropped between 1991 and 2003 from 510 gram per day to 440 gram per day. Because of even now also the economic conditions of farmers were questioned especially in Tamilnadu among paddy cultivators. By increasing anemia, this reduction makes its reflection on children and women for recent years. The multistage random sampling method used to get 60 respondents from the study area and get data with the help of pre-tested interview schedule. The study reveals that the majority of the respondents (51.67 per cent) were affected by the viral fever due to environment pollution and 18 respondents (30.00 per cent) were affected by anemia because of malnutrition food habit. Generally the care and awareness among mothers will be considered as an important thing to protect or improve the health status of child.*

**Keywords:** sanitation, environmental hazards, communicable diseases, paddy cultivators, anemia, health status

### **Introduction**

Health is an important fundamental of wellbeing. The improvement in health is an important for economic growth to any country. The health improvement contributes to economic growth in following ways: It reduces production losses caused by worker illness, it permits the use of natural resources that had been totally or nearly inaccessible because of disease, it increases the enrolment of children in schools and makes them better able to learn, and it frees for alternative uses resources that would otherwise have to be spent on treating illness.

Since, health became as a global issue at the international conference on Primary Healthcare at Alma Ata in 1978, the countries were asked to take urgent action to ensure the availability of essential primary healthcare. In September 2000, world leaders from 189

countries, attended the United Nations Millennium Summit and vowed to work together to achieve sustainable development and reduce poverty by 2015 or earlier. Eight goals were laid down out of which three goals were directly health related. These include reducing child mortality, improving maternal health, and combating HIV/AIDS and other diseases. Although some progress has been made in India in achieving these goals, however substantial efforts are still required to meet these goals.

Besides inadequate health facilities and poor delivery system many other factors like illiteracy, poverty, lack of access to sanitation water, and so on are also responsible for poor health conditions in India. Even more than fifty-five years after independence about 35 percent of the population still remains illiterate in India. Illiteracy reduces the capacity of people to work productively while education helps them to understand the importance of health.

In India major factors have responsible for worsening the health condition like poverty especially in rural areas. Majority of population live in rural areas while the provision of health care services is twisted towards urban areas. The need for health care provision increased and it is becoming as a daunting challenge for the modern welfare government.

The several specific “health indicator” added to existing factors and looked the links between them and economic growth and development by the recent researches. The economic performance and health indicators have the direct and positive relationship. Investing on health is considering as a tool on macroeconomic policy as it enhances the economic growth rate.

The infants are born under the low birth (less than 2.5 kg) in the country about 30 per cent. The Infant Mortality Rate (IMR) and the under 5 Mortality Rate are valuable indicators of the socio-economic development and nutritional status of them. The Maternal Mortality Rate in the country is estimated 1000 live births as compared to 0.24 for industrialized countries. About one-sixth of deaths are due to anemia.

Multicentric studies conducted by the Indian Council of Medical Research (ICMR) showed that anaemia is not confined to pregnant women alone but affects other segments of the population as well. Prevalence of anaemia was higher in rural than in urban areas.

Health is influenced by income of the household, education, food, housing, basic sanitation, social practices, measures to control environmental hazards and communicable diseases. The human development outcomes like health, education depend on household characteristics, such as whether the mother is educated and etc.

### **Statement of the Problem**

The WHO highlights three specific dimensions of health the physical, the mental and the social. Health is multifactorial as well. There are numerous factors that influence health like hereditary factors, environmental factors, life style, adequate housing basic

sanitation and socio-economic conditions including income, education, availability and quality of health infrastructure and per capita health expenditure. The World Health Organization (WHO) estimates that 80 per cent of all incidence of sickness in developing countries can be traced to water and sanitation related causes. The Prevention of nations of such an origin is one of the most important objectives of health and sanitation programs in India.

Indian just does not have a basic prerequisite for staying healthy that is enough food to eat. For past decades our per capita consumption of cereals and pulses has dropped between 1991 and 2011 from 510.1 gram per day to 438.6 gram per day. Because of even now also the economic conditions of farmers were questioned in Tamilnadu especially for Marginal farmers in paddy cultivation. Marginal farmers are a farmer who cultivating agricultural land up to 1 hectare or 2.5 acres. By following that most of the studies focusing on farmers in different aspects such as socio and economic conditions, Production, productivity, marketing, diversification, area coverage under cultivation how the government procure them and how they are safe.

This reduction in per capita consumption of cereals reflected in the increase in anemia among children and women for recent years. The infants were born under the low birth about 30 per cent that is less than 2.5 kg. The Maternal Mortality Rate in the country is estimated 1000 live births as compared to 0.24 for industrialized countries. About one-sixth of deaths are due to anemia. Hemoglobin surveys among pregnant women revealed that as many as 87.5 per cent were anemic (Hb < 11 g per cent). About 13 per cent were severely anemic (Hb < 7 g per cent) and 33.6 per cent were moderately anemic (Hb 7 to 9 g per cent). Multicentric studies conducted by the Indian Council of Medical Research (ICMR) showed that anemia is not confined to pregnant women alone but affects other segments of the population as well. Prevalence of anemia was higher in rural than in urban areas. At this juncture the present study likes to make an initial focus on child health of paddy cultivators in cuddalore district with the objectives of to find out the factors influencing child health in the study area and to study about the child health status in the study area

#### **Methodology and Concepts**

The present study is descriptive study in nature. It has analyses both qualitative data and quantitative data in order to fulfill the objectives of the study. The purpose and the need for the study are explained to gain the confidence of the respondents so as to make them furnish the required information. Personal interviews and unbiased observations are the most suitable methods to establish a good rapport with the respondents to collect necessary data. For this, a pre-tested interview schedule has been used. The multistage random sampling method used to get 60 respondents from the study area. The cuddalore district consists of 13 blocks out of that Keerapalayam block selected on the basis of

production of paddy. In that block the two panchayat villages selected on the basis of production.

### **Concepts**

#### **Health**

Health is considered to be the real wealth of a person. Healthy individuals can contribute in the following aspects such as for the progress of his family, wellbeing of the society and safeguard the interests of the nation. Health is the prime necessity for every individual life. Health is a vital asset and at the national level, a prerequisite for all developments. Health is defined in the World Health Organization (WHO) constitution as, “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity”

#### **Woman**

A girl dreamed of the day when she would be a woman.

#### **Birth of Child**

The woman alone had a capability for child bearing and child rearing. From the very beginning till and after the birth of child, she has to be very careful, healthy and hygienic. She occupies a more prominent position in upbringing the child than the other members of the family because from the very moment of its conception, the infant is in emotional and mental interaction with its mother.

#### **Breast Feeding**

A mother must give the breast feeding to the baby. When it comes to nutrition, the best first food for the baby is breast feed. Breast feed is perfectly suited to nourish infants have lower rates of hospital treatment, ear infections, diarrhea, rashes, allergies and other medical problems than bottle-feed babies. Breast-feeding should begin within an hour after delivery.

#### **Child**

It denotes as young person. There is no definitive definition of a child: the term has been used for persons under the age of 14, under the age of 16, and sometimes under the age of 18 (an Infant). Each case depends on its context and the wording of the statute governing it.

### **Major Findings of the Study**

#### **Age of the mothers**

It reveals that majority (41.67 per cent) of the farmers' wife are belongs to the age between 25 years and 35 years and 14 (23.33 per cent) of them were in the age of below 25 years.

**Educational Status of the Mother**

It is inferred that majority 53.33 per cent of the respondents were completed their school level education and 21.67 per cent of them were completed their graduation. The illiterates are found in the study area at very lower proportion. The reason is during the teen age of mothers mostly they finished their academic carrier by completing school level education.

**Age at Marriage**

It is obvious that majority 32 (53.33 per cent) were married at the age of 20-25. It is mainly due o the government measures taken towards early marriage system.

**Age at First Delivery**

The study found that majority 35(58.33 per cent) of them were fall under the age group of 20-25 for their first delivery followed by 13(21.67 per cent) of them fall under the age of 25-30. It reveals that most of the respondents were delivered their first child within the one year period of time.

**Age of the Child**

out of 60 respondents 32 (53.33 per cent) of them were in the age group of 5-10. 16 (26.67 per cent) of them belong to the age group of less than 5.

**Baby Weight at Birth**

It interesting to note that majority 16 (26.67 per cent) respondents are register that their baby weight is 2.75 to 3.00 kg and 14(23.33) weight at birth was 2.5 to 2.75 kg on an average weight at birth in the study area.

**Period of Breast Feeding**

The study highlights that nearly 29 respondents (48.33 per cent) of them were feed their child between 8 - 10 months, 25 respondents (41.67 per cent) were feed their child above 10 months. This is because of general awareness among mothers on breast feeding.

**Childcare Food Expenses per Month**

It is inferred that majority 38 of them (63.33 per cent) were belong to Rs. 1,000-Rs. 2,000 followed by 11 (18.33 per cent) were belong to the range of Rs. 2,000-Rs. 3,000.

**Medical Expenses of Child per Month**

Majority 29 respondents (48.33 per cent) are spend Rs. 200 - Rs. 400 for medical expenses, 14 respondents 23.33 (per cent) are spend Rs. 400 - Rs. 600 and 11 respondents are spend more than Rs.600.

**Major Child Health Problems**

It reveals that the majority 31 respondents (51.67 per cent) were affected by the viral fever due to environment pollution and 18 respondents (30.00 per cent) were affected by anemia because of malnutrition food habit.

### Conclusion

Generally the child health status was determine by several factors such as the income of the parent, education of the parents, environment, earlier marriage, age of delivery, communicable disease, sanitation and their food habit and so on. So in this regards the care and awareness among mothers will be considered as an important thing to protect or improve the child health.

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