

Chapter VI

Health Status of Patni community

In last chapter I discussed relationship between culture and health of Patni.

In present chapter I deal with health status of Patni community.

World Health Organisation (WHO) in 1948 defines health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’ In 1986 WHO again states that health is ‘a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities.’ This definition of health links health to concepts of capabilities and positive freedom. Positive freedom means wholeness of freedom (Sen1999). Etymology of word health too means wholeness, a being whole, sound or well. Health status refers to current state of one’s own health which includes status of one’s wellness, fitness and underlying disease or injuries¹.

Health status in physical sense is linked with influencing factors like height and weight, nutrition, agility and flexibility or ability to move, sanitation and one’s

¹ Suite 101.com/ article/ health and health status

Body Mass Index (BMI) is also used to understand health status of individuals².

Health status of a community is measured by different indicators of health. There are various indicators of health out of which mortality; morbidity, disability, nutritional status and access to health care system are considered as indispensable to measure health of a community³.

Mortality is measured by crude death rate, expectation of life, infant mortality rate, child mortality rate, maternal mortality rate, disease specific mortality and proportional mortality rate. Crude death rate is defined as number of deaths per thousand populations per year in a given community. Life expectancy at birth is average number of years that will be lived by those born alive into a population if current age-specific mortality rates persist. Infant mortality rate is ratio of deaths under one year of age in a given year to total number of live births in same year. Child mortality rate is number of deaths at ages 1-4 years in a given year per one thousand children of same age group and maternal mortality (MMR) rate is death of women in reproductive age per thousand of population (women under reproductive age) per year in a community⁴.

²Bijay Kumar Behera, Gender, Health Status and Primitive Tribes, B and B Publishers, Bhubaneswar, 2009, Pp 11

³Ibid Pp 10-13

⁴G.Kamamma, Health and Nutritional Status in India, APH Publishing Corporation, New Delhi, 1996, Pp 26-96

Mortality alone is not sufficient to measure health status of a community. It does not reveal burden of illness of a community. Illness or morbidity is used to corroborate mortality data to measure health of a community. Morbidity rate is measured by incidence and prevalence, notification rate, attendance rate at outpatient departments or health centers, admission, readmission and discharge rate, duration of stay in hospital and spell of sickness or absence of work⁵.

Nutritional status is another indicator of health. Health gets affected due to malnutrition despite of absence of disease and illness. Nutrition means ingestion, digestion and metabolism of adequate quantity of balanced food items that enable us to grow and help to achieve good health. Organic and inorganic substances of food items required for body are known as nutrients. Nutrients found in various food items are classified as carbohydrates, proteins, fats, vitamins and minerals. Each and every nutrient serves specific functions for growth and maintenance of body⁶.

Deficiency of nutrients in body causes physical weakness and various diseases. Carbohydrate is required in bulk on daily basis followed by proteins, fats, vitamins and minerals for proper functioning of body.

⁵ Ibid Pp10-25

⁶ K. Park , Parks Textbook of Preventive and Social Medicine, Banarsidas Bhanot, Jabalpur, (2007) Pp. 1

Carbohydrate is main source of energy for body. There are three main sources of carbohydrate such as starch, sugar and cellulose. Starch is basic to human diet. It is found in abundance in cereals, roots and tubers⁷.

Protein is important for repair and maintenance of body tissue. Protein synthesises certain substances like antibodies, plasma proteins, hemoglobin, enzymes, hormones and coagulating factors. Protein is connected with immune mechanism of body. Protein can supply energy too when calorie intake is inadequate. There are twenty four types of protein required for our body out of which nine types of protein are essential. Protein is found in two main dietary sources like animal sources and vegetable sources. Animal sources of protein are milk, meat, eggs, cheese, fish and fowl. Vegetable sources are pulses, cereals, beans, nuts, oil-seed cakes etc⁸.

Fat is also important for human body. It play a major role in controlling many of physiological functions such as vascular homeostasis, kidney function, acid secretion in stomach, gastro-intestinal motility, lung physiology and reproduction. Cholesterol is essential as a compound of membranes and nervous tissue and is a precursor for synthesis of steroid

⁷ Ibid Pp 481-86

⁸ Ibid Pp481-83

hormones and bile acids. Fat is found in various sources. Animal sources are ghee, butter, milk, cheese, eggs and fat of fish and meat. Some plants store fat in their seeds and small quantity of fat is found in cereals, pulses, nuts and vegetables⁹.

There are various types of vitamin essential for human body. These are Vitamin A, Vitamin B, Vitamin C, Vitamin D, Vitamin E and Vitamin K. Other vitamins are known as Niacin, Riboflavin, Pyridoxine, Pantothenic acid, Folate and Vitamin B twelve. These vitamins have multiple functions in body. Deficiency of vitamins may cause various diseases. Vitamins are available in fruits, green leafy vegetables. Minerals like calcium, iron, iodine, sodium, potassium, phosphorus, magnesium, manganese etc. are essential for various functions in body. They help in various chemical functions in body. Without minerals electrolytic imbalance takes place in body along with other disorders¹⁰.

Apart from above indicators of access to health care system is an important indicator for health status measurement. The term health care implies a multitude of services provided to individuals or community by agents of

⁹ Ibid Pp 483-85

¹⁰G. Kamamma, Health and Nutritional Status in India, APH Publishing Corporation, New Delhi, 1996, Pp 26-96

health services or professionals for sake of promoting, maintaining, monitoring or restoring health¹¹.

Concept of health care is developed throughout world after international conference on primary health care in Alma-Ata in September 1978. Governments of all nations agreed to take urgent actions to promote and protect health of all people of the world. Each and every nation develops strategy to make Health For All by 2000 successful. In India too, successive governments shift attention from medical care to health care to protect and promote health of both urban and rural communities¹².

Three levels of health care are introduced to protect health of all people. At primary care level health need of community is given priority where multiple primary health care services are provided by primary health centers and their sub-centers through agency of multipurpose health workers, village health guides and trained dais. Next higher level of health care is secondary health care where more complex problems are dealt with. Generally district level hospitals are providing this kind of services. Another next stage is tertiary level health care where more specialised

¹¹Sujata Prasad and C. Satyamala, Securing Health for All Dimensions and Challenges, ed,2006, Institute of Human Development, New Delhi Pp 8-12

¹² Ibid Pp 10-14

services are provided. Generally medical colleges, regional medical institutes are providing this kind of services¹³.

Disability is another indicator of health status. Chronic illness causes permanent or temporary disability. Disabled patients cannot perform normal activity and get solely depended upon others and become burden of others¹⁴.

Health Status of Patni community: Health status of Patni community is studied through different indices. Indices which are used to study health status of Patni community in Cachar district are mortality, morbidity, nutrition and access of Patni in health care system. In fact it is very difficult to study health status due to its complex nature and this kind of study can be conducted conveniently with collective endeavor of epidemiologist and sociologists.

Mortality: It becomes very difficult to find out mortality rate of a small community with different indices of mortality like infant mortality rate, child mortality rate, maternal mortality rate, crude death rate etc. In following table mortality rates of Cachar District is given below.

¹³ Ibid Pp 12-68

¹⁴ Howard E. Freeman, Sol Levin and Leo G. Reeder, Handbook of Medical Sociology, Second Edition, Prentice Hall, New Jersey, (1972), Pp30-36

Table VI.1

Mortality and other health indicator of Cachar District

Indicator	Assam	Cachar
Maternal Mortality Rate	381	342
Infant Mortality Rate	60	57
Crude Birth Rate	21.9	26.5
Crude Death Rate	7.2	7.5
Natural Growth Rate	14.7	18.9
Sex Ratio (All Ages)	953	974
Sex Ratio (At Birth)	925	929

Source: Data collected from Office of NRHM, Cachar Dist. in August 2012

By observing trends of deaths of people belonging to different age group in selected villages it becomes very difficult to generalise mortality trend or mortality rate of entire Patni community in Cachar district. Since village wise or community wise official data on mortality is not available therefore an attempt is made to record tendency of deaths taking place in villages under study from year 2010 to 2012.

Table VI.2

Mortality in ten Patni villages from 2010-2012

Death of Person	Number of Persons Died						Grand Total
	2010-11			2011-12			
	Male	Female	Total	Male	Female	Total	
Infants	1	2	3	-	2	2	5
Children	1	-	1	1	2	3	4
Adolescents	-	1	1	-	-	-	1
Adults	1	2	3	1	2	3	6
Elderly People	2	2	4	1	2	3	7
Total	6	3	12	3	8	11	23

It is observed that number of deaths in the villages under study for year 2010-11 and 2011-12 are 12 and 11 respectively. In year 2010-11 total twelve persons died including three infants. Reasons for death of two female infants as described by family members were severe fever and diarrhea respectively. The male infant died just after delivery and the cause of death is not known to its family. A two years old male child died due to drowning in water. One adolescent girl died due to asthma. Three adults, one male and two females died due to cancer, severe fever and leukemia (blood cancer) respectively. Male was forty eight years old, one female was thirty nine years old and another was thirty four years old. Two males and

two females above sixty years old died due to old age related complications. In the year 2011-12 total numbers of deaths in villages under study were eleven. Two female infants died in this year. Reason for death of one infant is severe fever and another infant's death occurred due to hepatitis as described by parent of the children. Three children one male of four years old and two females of three and six years respectively died in this year. Reason for death of male child is accident and female children died due to fever and blood vomiting respectively. One adult male of twenty eight years committed suicide and two females thirty four and forty two died due to fever and heart attack as described by family members. Three elderly people above sixty years died due to old age problems.

Morbidity: Morbidity profile of Patni community is estimated by studying self reported diseases or symptoms of respondents and their family members. Disease profile of one thousand eight hundred thirty seven people has been estimated for study. Most of respondents and their family members reported occurrence of disease in their family in last one year. Diarrhea, dysentery, fever, cough and cold are common diseases among them. Another disease which is most prevalent in this community is dental problem. Skin disease is another common disease in patni. Some respondents reported ophthalmological problem of self or family members.

Chronic diseases are also prevalent among them but less in number. Some respondents got hospitalized due to disease for more than one week. Eleven disabled persons found among respondents families.

Table VI.3

Disease Profile of Patni

Symptoms/Diseases	Number of Persons Suffered				Total
	Children		Adult		
	Male	Female	Male	Female	
Diarrhea & Dysentery	67	78	36	24	205
Gastro Problem	3	8	70	82	163
Respiratory Problem	58	63	99	87	307
Dental Problems	-	-	69	83	152
Eye Disease	-	-	21	15	36
Fever with Pain	57	63	39	45	204
Orthopedic Problem	2	-	26	49	77
Problem of Urinary Tract	-	6	3	54	63
Skin Diseases	14	17	67	46	144
Other Diseases	8	13	71	62	154
No Diseases	35	40	160	97	332
Total	244	288	661	644	1837

Table VI.3 it is found that out of total family members of respondent households around 11.20% people are suffering from diarrhea and dysentery. Children are more prone to this disease. Around 27% of total children suffered from this disease. Around 8.90% total family members of respondent households suffered from gastro problems like pain in abdomen, acidity and burning in esophagus. But very less number of children has suffered from this disease. Respiratory problem including cold, cough, pain and inflammation with fever is very rampant among Patni. Around 16.80% members of respondent households have suffered from this disease and number of children affected by this disease is more than any other disease. Another major problem from which Patni people are suffering is dental problem. Most of people having dental problem reported pain and bleeding of gum. Some people though not significant in number have problems with eye sight and other ophthalmic problems. Around 11.10% people suffered from fever with head ache and body ache and majority of them were children. Around 4.20% people suffered from orthopedic problem and all people were adult male and female. Around 3.40% people suffered from problem of urinary tract. Skin disease is rampant among Patni and male adult are very much prone to skin disease. Around 8.40% people are suffering from other diseases including

hypertension and chronic diseases. But it is observed from table that around 18% family members of respondent households have not suffered from any kind of disease or symptom of disease during that time period and remaining 82% people suffered from either single or multiple diseases during that period.

Table VI.4

Hospitalisation due to Illness

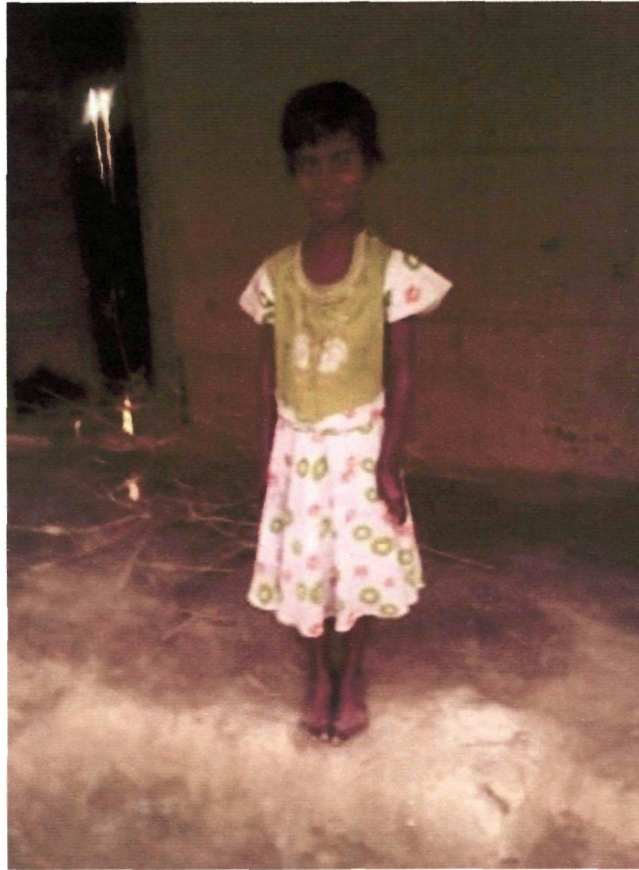
Category of Respondents	Number of Respondents	Duration of stay at Hospital	
		One Weak	More
Male Children	11	7	3
Female Children	15	13	2
Adult Male	4	3	1
Adult Female	8	6	2
Aged Male	13	6	7
Aged Female	9	6	3
Total	60	41	18

It is observed during 2010-11 and 2011-12 total sixty people from respondent households got hospitalised due to illness. About 43% of hospitalised patients were children. Out of children patients majority (77%) got hospitalised for one weak and rest stayed at hospital for more than one weak. About 20% of hospitalised patients were adult male and female.

Majority of hospitalised adult patients stayed at hospital for one week except four patients who stayed for more than one week. Around 37% hospitalised patients were aged males and females and around 50% of them stayed at hospital for more than one week. Rest of them stayed at hospital for less than one week



A lady above sixty years old has been suffering from age related health problems. Due to poor economic condition she is not getting proper treatment for illness.



An eleven years old female child is suffering from mal nutrition. By measuring height weight ratio it is observed that the child is suffering from moderate mal nutrition.

Nutritional status: Nutritional status of Patni is measured by taking height weight ratio of members of respondent households. Deficiency disease particularly anemia, goiter, night blindness etc are detected by taking help of some registered medical practitioners who made a preliminary observation on members of respondent households to detect presence of deficiency diseases. Nutritional status of children is found by measuring ratio of their height and weight.

Table VI.5**Nutrition of children as per height weight ratio**

Age of Children	Status of Nutrition						Total
	No Malnutrition		Malnutrition		Severe Malnutrition		
	Male	Female	Male	Female	Male	Female	
Below 1Year	3	4	9	12	3	2	33
1-5 Years	19	15	39	47	3	4	127
6-10Years	29	24	48	45	2	3	151
11-15Years	31	37	39	47	1	1	156
Total	82	80	135	151	9	10	467

It is observed from above table that 65 % children are suffering from malnutrition. Out of which 6% children belong to below one year age followed by 20% from age group one to five years, 21% from to age group of six to ten years, % from age group of eleven to fifteen years. About % children are suffering from severe malnutrition. Those who are suffering from severe malnutrition from them % belong to below one year age followed by % between one to five years age, % between six to ten years age, % between eleven to fifteen years age.

Table VI.6**Anemia among children and women**

People under observation	Level of Anemia			Total
	Normal	Moderate Anemia	Severe Anemia	
Male Children	30	188	39	257
Female Children	33	180	40	253
Women 16-50 Yrs not Pregnant & Lactating	70	239	40	349
Pregnant Women	-	14	2	16
Lactating Mothers	7	50	9	66
Women above 50 years	40	99	19	158
Total	180	770	149	1099

Source: Data collected by RMPs from selected localities under study.

It is observed from following table that 83.60 % of total children and female are suffering from anemia. Out of which 13.50 % are suffering from severe anemia. About 73.10% male children are suffering from moderate anemia and 15.10 % are suffering from severe anemia. About 71.10% female children are suffering from moderate anemia and 15.80 % children are suffering from severe anemia. About 68.50 % women from sixteen to fifty years old except pregnant and lactating mothers are suffering from mild anemia and 11.40 % are suffering from severe anemia. Most of

pregnant women are suffering from anemia. Out of which 12.5% are having severe anemia and rest 87.5% are having moderate anemia. Almost all lactating mothers are suffering from anemia out of which 75.70 % are suffering from moderate anemia and 13.60 % are suffering from severe anemia. Even women more than fifty years old have anemia. Around 62.60% aged women have moderate anemia and 12 % have severe anemia.

Protein energy ratio: From the field survey it has been found that per day deficiency of food intake is prevalent among 70% of the total respondents. Adult male, female and children are suffering from nutritional deficiency. This group of respondents can't take food daily as per recommended dietary requirement. For children daily requirement of protein is 41gm/day, fat 25gm/day, carbohydrate 390 Kcal/day, calcium 400mg/day, iron 26 mg/day. But except carbohydrate all other dietary supplement is severely deficient among this group of people. By using 24 hour recall method it is found that these respondents as well as their family members could not take balanced nutritious food in last twenty four hours except carbohydrate and very less amount of either protein or fat or vitamins and minerals. Food enriched with protein, fat, vitamins and minerals were not at all or not adequately taken by these respondents on that day. Another 15% respondents took adequate amount of carbohydrate plus less amount of

either protein or fat along with vitamins or minerals. Rest 15% could take adequate amount of all essential dietary supplements.

It is observed from the study that both children under five years and pregnant and lactating mothers are suffering from anemia, 40% pregnant and lactating mothers are suffering from severe anemia. Weight of infants at the time of birth is also very low. More than 80% of infants' weight at birth is less than 2.5 kg.

Access to health care system: Access of Patni community to health care system is measured by looking into availability of health institutions in entire Cachar district and in Patni inhabited localities. Affordability of cost of care is also important to know access of Patni community to health care system. Availability of Primary, secondary and tertiary level of health care institutions in Cachar district is shown in the following table.

Table VI.7

Government Health care Facilities in Cachar District

Sl. No.	Health Facilities	Quantity
01	Medical College	01
02	District Hospital	01
03	CHC/FRU	01
04	Total BPHC	08
05	Total MPHC/SHC/SD	20
06	Total No of SCs	270

Source: Data collected from Office of NRHM, Cachar Dist., in August 2012

Table shows that there is only one medical college in Cachar district followed by one district hospital to look after tertiary and secondary level of health care. In each and every block of Cachar district there is a block primary health centre to look after health problem of people residing within the block. There are total two hundred seventy sub-centres in the entire district to look after primary health care of people.

Patni community has poor access to health care system. More than 80% of the respondents first go to quack practitioners or purchase medicine from chemists by describing symptoms. All most all patni villages are situated

far away from district hospital or sub-divisional hospitals or even primary health centers. Medical sub-centers which are available have neither staff nor adequate amount of medicines. There are five medical sub-centers situated in ten villages under study. It is observed that sub-centers are mainly run by nurses or Para-medical staffs. Doctors are appointed for sub-centres but they do not attend regularly to these sub-centers. Sub-centre of Rangtibasti village under Silchar legislative assembly constituency is not having adequate infrastructure including medical professionals. Para-medical staffs are not available in the sub-centre. One ANM (Auxiliary Nurse Midwife) is residing inside the building of the sub-centre. In fact people of Rangtibasti village are getting no significant medical support from the sub-centre. Similar is the case of sub-centre situated in Ganganagar village under Dhalai legislative assembly constituency. People of Ganganagar and surrounding villages are not getting adequate medical support from their sub-centre. In case of emergency people are going to PHCs, sub-divisional hospitals, District hospital or medical college if they are suggested by quacks, chemists or RMPs. Access to life saving drugs is very poor among majority of Patni people. Around 70% of the respondents do not have capacity to purchase life saving drugs. They remain untreated due to their inability to purchase drugs. In case of emergency they use to

sell live stocks or other family assets to purchase life saving drugs and pathological tests.

Some people are suffering from disability due to chronic illness. Two persons are found lying in bed due to paralysis of hands and legs. They cannot move without assistance of family members. They are not getting any medical aid for rehabilitation. Two male children are found mentally impaired. They cannot talk and think like normal children. Some people are suffering from cardio vascular diseases, mental diseases, nervous problem, musculoskeletal problem and they are not able to perform their normal duty.

Conclusion: Health status of Patni people is not at all satisfactory. They are suffering from numerous diseases. Nutritional status of Patni is poor. Patni people have poor access to health care. Patni people have poor availability and affordability of health care services.