



## AN EVALUATIVE STUDY ON HEALTH STATUS AND HEALTH CARE IN TSUNAMI AFFECTED REGION IN INDIA

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### Abstract

*The nutritional status of high and low socio-economic adult males between 25 - 35 years. The sample is collected to compare different economic groups, the levels of nutrition intake and food pattern. The researcher collected the data from different socio economic zone. These data analysed high and low by assessing nutritional status and dietary analysis. Often severe practices of seclusion and deprivation prevail in these states. Worst sex ratio below 800 girls to every 1000 boys. The researcher's suggest, developing countries need to provide more health services to the community.*

**Keywords:** Nutrition Intake, Socio Economic Zone, Economic Groups, Suffered from Malnutrition.

### INTRODUCTION

Sunil kumar et.al. in the article titled "Women Health in India: An Analysis" discussed in their study investigate threat to girl child in India. This study taking sample child sex ratio 0-14 years in India. In recent decade advance technology developed in medical field. That is called ultrasonography. This technology used to easily find out female or male child and India's relative liberal laws on abortion have been misused to eliminate female foetuses. In the year 1991, the sex ratio was 958 girls to every 1000 boys. The ratio is declined in 2001, to 934 girls to every 1000 boys. Particularly Western and North Western India, 900 girls to every 1000 boys. The state of Punjab, Haryana, Himachal Pradesh and Gujarat sex ratio is very worst. Often severe practices of seclusion and deprivation prevail in these states. Worst sex ratio below 800 girls to every 1000 boys.

Debarati Mukherjee et.al., in the article titled "Comparative Analysis of Nutritional Status of Adult Indian male (25 - 35 years) Between High and Low Socio-Economic Group" explained the nutritional status of high and low socio-economic adult males between 25 - 35 years. The sample is collected to compare different economic groups, the levels of nutrition intake and food pattern. The researcher collected the data from different socio economic zone. These data analysed high and low by assessing nutritional status and dietary analysis. In this, the researcher used cross sectional study by determining anthropometric profile and nutritional status, in this way easily concluded that the high economic group has better nutritional status than the low economic group. This article finds out that the nutritional status of the high socio-economic group is still not satisfactory.

Surekha Kishore et.al., in the article titled "Morbidity Profile of Elderly Person" collected report on

Rural Health Training Centre [RHTC]. This study take 285 samples, collecting information to morbidity status in elderly person less than 60 years. This study concentrate personal interview and clinical examination shows that 41.4 % people have hypertension which was the commonest morbidity, 30.8% people affected by musculo skeletal problems, 36% of people affected by respiratory problem, 28.8% of people affected by prevalence of psychosocial problems. This article concludes that so many reasons affecting health are migration of the people, change in the family pattern and the other socio demographic factors. The researcher's suggestion in, developing countries need to provide more health services to the community.

Rameshan et.al., in this article titled the "Quality of the Health Delivery System : A Case on the Customers Orientation of Primary Health Care", studied consumer oriented facilities of Primary Health Centre [PHCs] in Uttar Pradesh. This study take sample from 10 PHCs. Behaviour and attitude of the patient (customer) doctor and other staff members PHCs. Customer wants to improve the medical facilities. PHCs to Panchayat and leaders interventions. This article conclude that providing medical facilities to poor and people to tolerate bad experience.

Radhakrishna in the article titled "Diet and Nutritional Status of Population and Prevalence of Hypertension. Among Adult in Rural Areas" focus on estimation of malnutrition in rural area. Collect the information from [NNMB] National Nutritional Monitoring Bureau Reports. This report is based on sample collected in rural adult on their body mass index to find out the malnutrition. The author says that from 1975 malnutrition slowly decreased from 61.5 % .In 2000 (47. 7%) nutritional status is improved in the rural

area nearly by half percentage level.

Aunradha Goyle in this article titled "Nutritional Status of Child (Squatter Settlements)" University Book House has taken 296 children from roadside in Jaipur city, in the age group of 2 and 3 - 4 years through anthropometry. The collecting the data on height and weight height and weight of those children. In India Academy of paediatrics (IAP) classification used to find out per weight for age group 2 - 3 years . The result says is that normal categories is 35.5% boys and 32.4 % girls. At the same time the normal category of age group of 3 - 4 years , 14.9 % boys and 18.7 % of girls. The researcher conclude that both the age group of children suffered from malnutrition.

Saibaba in the article titled "Nutritional Status of Adolescent Girls of Urban Slum and the Importance of Information Education Communication [IEC] on Their Nutritional Knowledge and Practices" explained the nutritional education to the people have knowledge about change in the food habit and adopt the new nutrition practices. The researcher clearly explain about nutritional information to the people then only collect the details from the response. Past studies and literature having very megar information about rural and urban nutritional status. Health care system is planning a very important role on nutritional status. The nutritional status information very useful to making the nutritional policy in India.

Indrani Gupta et.al., in this article titled "Health of the Elderly in India : A Multivariate Analysis" focused various dimensions of health status connected to ageing. Multivariate analysis used to analysis the health status in India. The different age group of people face different health problem like physical vulnerability leads to economic vulnerability resulting in emotional vulnerability is major problems of developing societies. The other problems are decline in fertility and low life expectancy. The result of the study confirms that physical discomforts cannot take the prompt treatment habit. Physical vulnerability influenced by socio-economic conditions and living arrangements. The researcher conclude that especially the old individuals extending the urgent needs of economic conditions and living arrangements.

Jonathan Haughton in this article titled "Explaining Child Nutrition" from 1987 to 1997 less developing countries affected by child malnutrition. It is generally accepted the concept of malnutrition is decided by its own right. But children need adequate fed to maintain the health life and to improve retention rate at school. The study using the data from a world household survey reports on 1992 -1993, is taken to analysis the causes of malnutrition in Vietnam. The government implemented renovation policy for malnutrition. Vietnam has entirely shifted to market economy from colsed economy.

Blance et.al., in the article titled "Illness Behaviour and the Measurement of Class Differential in Morbidity" has explain the research necessary for

measures of morbidity and purpose of health policy. The study explain that there is no dependency between social class differences and illness behaviour. The different illness behaviours to vary with morbidity. It is possible to interpret the analysis from illness behaviour effect of particular period. The researcher told past study very useful to develop the standardized battery of instruments to take precautionary measures to identify the morbidity.

Anitha Kumari Tiriveedhi, in this article titled "Climate Change and Health Status of Fisher Women-Case Study of Visakhapatnam District", identified that in the world, millions of people directly or indirectly depended on aquaculture and fisheries, from the livelihoods. In the recent decades, very fast development in the field of aquaculture and fisheries get more employment opportunities. So many people dependent on aquaculture and fisheries products like intermediates and consumer's get throughout the world. But the coastal areas directly and indirectly affecting the climatic changes vulnerable to effect of physical environment aquatic stocks, ecosystem, infrastructure of forming operation, fishing and livelihood operation. Climate change is the crucial role of environment and anthropogenic stress meet out by aquaculture and fisheries. But achieving the sustainable practice is very difficult. The researcher survival taking 400 samples offisher women or affected by the type of disease revealed that lowest incidence is jaundice and reported the highest incidence in the cause of joint pain. This researcher conclude that some recommendation made by this paper the most vulnerable society to improve and strengthening the health system through improve the knowledge about primary care sanitation hygienic water.

Kenneth et.al., in this articletitled "Avoidable Morbidity in Infants: A Classification Based on Diagnosis in Administrative Data Bases" have discussed about the researcher conceptual model for causes of morbidity, based on the classification developed by avoidable infant morbidity experts rated the health services and important impact of risk on diseases code's are using International Classification of Diseases [ICD].The knowledge of ethical framework and right choice of suggestion structures Strategies for prevention of morbidity is explained.

Prashantaet.al., in this article titled " A Composite Index Based Approach for Analysis of the Health System in the Indian Context" have discussed in his study specifically the socio economic environment of India, the family welfare and Health Service facility program take some efforts, studied about the health status of Indian community And health system analysis different angle by constructing the several composite indices. Each and every composite index has been constructed objectively by using meaningful interpreted and principal component analysis technique applied. The study used the utility of such a composite index based statistical approach used to connect the community health various services and programmes. Socio economic

environment efforts by used multiple linear regression model. It also suggests a various approach indicate the most important factor connected with Community Health and so on.

Murray et.al., in the article titled "Understanding Morbidity Change" population and development review provide in their study two fundamental morbidity measures like self-perceived and observed morbidity. Self-perceived morbidity refers to messages come to realize or understand and reported by an individual, usually inquiries to understand the illness. Another way to proved observed morbidity refers to measures self-perceived methods depended on individual perception of illness, trained observer cannot easily observed morbidity. Hence it is complex task of human beings and lack of conceptual framework approaches not easy to understand the variance of morbidity and mortality.

Henry Mosley et.al., "An Analytical Framework for the Study of Child Survival in Developing Countries, Population and Development Review", Focus in his study to link infant nutrient can be measured directly by weighting all consumption foods, weighting what you eat, getting to know past eating habits. Based on the above information, how the levels of nutrients in food change physically or biochemically measured. Example, anemia for iron deficiency, xeropntalnia or Sings for vitamin A deficiency, low serum all been albumin level for protein deficiency. Nutritional deficiencies in physical and biological predictions may be psychological manifestations of malnutrition of other factors such as recent infection.

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