ORIGINAL PROF-651

# SOCIOECONOMIC STATUS & RESIDENTIAL CONDITIONS IN TWO AREAS OF PUNJAB

**DR. SALMA NAZ SINDHU, MBBS**
Medical Officer
Shaffee Medical Centre Faisalabad

**DR. HUMAYUN IKRAM, MBBS, M.Phil**
Associate Prof. & Head of Physiology Deptt.
Independent Medical College Faisalabad

**DR. FAUZIA KARIM, MBBS**
Medical Officer
Fazil Hospital Gujranwala

***Dr. Iftikhar Farooq, Mbbs,*** *Ph.d*
Ex-Principal Research Officer (PMC)
Faisalabad

## ABSTRACT

Many factors like genetics, immunology, climate and environment, affect the prevalence of various diseases in a society or in an area. Social factors including personal hygiene, general cleanliness, housing conditions, availability of clean and safe drinking water also affect. In order to see the prevalence of disease and effects of these factors in a mixed socioeconomic group, a study was undertaken in urban and rural areas of Faisalabad and Sheikhupura. **BACKGROUND INFORMATION:** Three villages, which are located away from the urban areas and have not seen the ray of pollution as yet, were selected for survey. The urban areas include the colonies, which are well build with most of the basic residential facilities available to the residents. **AIMS & OBJECTIVES:** The study was designed to find out the disease prevalence and social conditions in urban and rural areas of Faisalabad and Sheikhupura. **MATERIALS & METHODS:** The field workers visited the areas with a precoded performa, which included information on the, household number and name of the respondent, relationship of the respondent with the head of the household, total number of persons in the household, education of the household and morbidity in the family during last month. **RESULTS & DISCUSSION:** Sixty-seven families with population size 265 were evaluated in this survey. In this study the respondents were mainly the heads of families or their wives (28%). Mostly belonged to higher socioeconomic status (44.7%). Majority of them were living in pacca houses (61.20%). A significant proportion has reasonable number of rooms (59.86%). Sixty percent of the families enjoyed separate kitchen. Similarly high percentage of families (63.2%) has flush system as far as toilet facility is concerned. However, high percentage was deprived of good drinking water (71.6%) and they depend on borehole water supply. Similarly significant proportion was using old source of energy as fuel i.e. wood (44.8%). High number of people developed sickness including fever, abdominal disorders in the recent past of the survey. Maternal care was below satisfactory conditions. Most of the families (73.10%) preferred to get delivered at home and (62%) had approach to a Dai of whom proper training was doubtful. **CONCLUSION:** Ailment in this population is due to its moderate socioeconomic group. Although they have good residential and sanitation conditions but approach to safe drinking water and good health facilities particularly for maternal care were not satisfactory. The ailments, which have come into picture during survey, may be due to these deprivations.

## INTRODUCTION

The history of illness is as old as history of human being is on earth. Many factors affect the pattern of disease around the world. They include genetic, immunological, climatic, and environmental factors. Similarly, various factors affect the prevalence of various diseases in a society or in an area. These may be social conditions including personal hygiene, general cleanliness, housing conditions, socioeconomic status, availability of clean and safe drinking water and many others.

In order to see the prevalence of disease and effects of these factors in a mixed socioeconomic group, a study was undertaken in rural and urban areas of Faisalabad and Sheikhupura. The reason for selecting these areas was that the field investigators who collected information on the performa live in these areas and know the areas and the household.

The study was an effort to find out the certain vital parameters related to the society, health education and utilization of health resources. No such study has so far been conducted in Pakistan. An almost similar study was undertaken in Karachi[3] in a semi urban area, but parameters of that study were different from this study. So, in this work emphasis is laid on socioeconomic status, residential conditions, incidence of diseases and maternal health care and this information is the basis of our forthcoming study in which, availability of medical facilities, preference to seek medical advice from various personals, has been evaluated.

## BACKGROUND INFORMATION

The rural areas selected include three villages that are located away from the urban areas and have not seen the ray of pollution as yet. Land is fertile; people are hard working well aware of the latest agricultural techniques so they reap the bumper crops. People are alive to the civic conditions so hardly any cattle are found in the village because they are kept in the fields day and night. There is satisfactory system of drainage.

The urban areas included the colonies that are well build with all the basic facilities available to the residents. The people are highly educated. Most of the houses have spacious lawns with many plants and trees to subside the effect of pollution.

Two female field investigators conducted the interviews in these areas and time of interviews was between 8:00 a.m. to 2:00 p.m.

## METHODOLOGY

a) Collection of data
In the selected area interviews were conducted at home. A precoded performa was developed which included information on the following:
Household number and the name of the respondent.

Relationship of the respondent with the head of household. Total number of persons in the household. Total monthly income of the household. Education of the respondents. Morbidity in the family during the last month.

**a)** **Materials:** Target population was comprised of 67 families with 265 family members who were residing with them for last three months. (A family was defined as a unit having a common kitchen). Following is the breakup of the number of families with family members from four points.

**c)** **Questionnaire:** Questionnaire was developed under supervision of a statistician of the Pakistan Medical Research Council Punjab Medical College Faisalabad to collect the information as mentioned earlier. The information thus provided was categorized in numerical groups and then analyzed on a statistical package of Epi-info-6.

## RESULTS

Total houses were hundred which were approached and sixty-seven responded so the respondent rate is 67 % with a population size of 265 i.e. average family size being 4.The segregation of respondents is shown in table 1 which shows that responsible persons responded in interviews and information thus collected are reliable.

**Table-I. The Break down of the Respondents**

| Category of respondents | Number | %age |
|---|---|---|
| Head of the Family | 19 | 28.40% |

| | | |
|---|---|---|
| Wives of the head of the families | 19 | 28.40% |
| Daughters | 19 | 28.40% |
| Brothers | 01 | 01.50% |
| Mother | 01 | 01.50% |
| Sister | 04 | 06.00% |

**Table-II. Income of Head of Household**

| Income per Month | No. of Households | %age |
|---|---|---|
| <650 | 02 | 3.00% |
| 651-2000 | 11 | 16.50% |
| 2001-4000 | 15 | 22.50% |
| 4001-6000 | 09 | 13.40% |
| >6000 | 29 | 44.70% |
| Total | 66 | 100% |

Income of the families shows that it was a population group with mixed socioeconomic status and it is shown in table 2.

**Table-III. Housing Conditions**

| Housing condition | Number | %age |
|---|---|---|
| Kacha | 08 | 11.90% |
| Kacha cum Pacca | 18 | 26.90% |
| Pacca | 41 | 61.20% |
| Total | 67 | 100% |

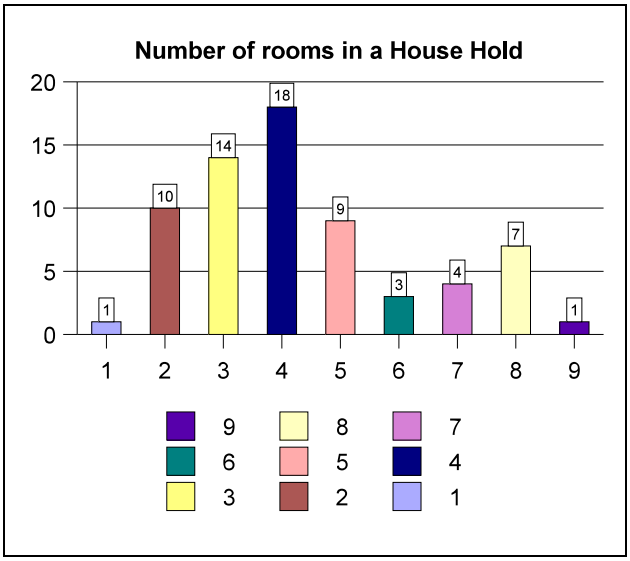
Housing condition is shown in table 3. Eight out of sixty-seven (11.9%) still live in Kacha houses made up of mud while eighteen (26.9%) were living in kacha cum pacca (brick build) houses. Reasonable population forty-one (61.2%) is living in pacca houses. These results are better than previous reports by Siddiqui et al 1983.

Living conditions shown in table 4 and in diagram 1 shows that about 62% of the population has average 2-4 rooms per house.

**Table-I. The Break down of the Respondents**

**Table-IV. Number of Rooms in a House**

| No. of Rooms | Number | %age |
|---|---|---|
| 01 | 01 | 1.5% |
| 02 | 10 | 14.92% |
| 03 | 14 | 20.89% |
| 04 | 18 | 26.9% |
| 05 | 09 | 13.4% |
| 06 | 03 | 4.5% |
| 07 | 04 | 6.0% |
| 08 | 07 | 10.4% |
| 09 | 01 | 1.5% |
| Total | 67 | 100% |




As shown in the table 5, in these areas majority have separate kitchen (67%) while 32.8% have kitchen in the courtyard.

In this study it was observed that 63.2% (49) families have satisfactory toilet facilities. While 23.8% (16) use open space. (Table 6) This is alarming and may cause pollution. This needs to be improved.

**Table-V. Status of Kitchen**

| Status | Number | %age |
|---|---|---|
| Separate | 45 | 67.2% |
| In the courtyard | 22 | 32.8% |

**Table-VI. Toilet facilities available to the Family**

| Type of Toilet | Number | %age |
|---|---|---|
| Flush | 49 | 63.3% |
| Closed Pit | 01 | 1.5% |
| Open Space | 16 | 23.8% |
| Other | 01 | 1.5% |

**Table-VII. Availability of Drinking Water**

| Source | Number | %age |
|---|---|---|
| Borehole | 48 | 71.6% |
| Piped | 19 | 28.4% |

**Table-VIII Morbidity in the population**

| Disease | Number | %age |
|---|---|---|
| Fever < 3 days | 18 | 17.00% |
| Fever > 7 days | 13 | 13.80% |
| Cough and Cold | 19 | 20.14% |
| Skin Disease | 02 | 2.12% |
| Eye | 03 | 3.18% |
| Abdominal Disorders | 19 | 20.14% |
| Renal Disease | 05 | 5.30% |
| Headache | 07 | 7.42% |
| Miscellaneous | 20 | 21.20% |
| Total | 106 | 100% |

Traditional borehole water supply is still prevalent in population (71.6%) as compared to safer municipality pipeline 28.4% ($p < 0.05$).

Out of the population of 265, 106 experienced a disease in the past two months which is showed in table 8.Out of them 20.14% suffered from abdominal disorders and 20.14% suffered from cough and cold and 17% suffered from fever.

**Table-IX-A. Places where deliveries are conducted**

| Place | Number | %age |
|---|---|---|
| Home | 49 | 73.10% |
| Hospital | 18 | 26.90% |

In this population majority preferred to be delivered at home (73.10%) and by dais (62.8%). (Table 9).

**Table-IX-B. Person by whom deliveries are conducted**

| | | |
|---|---|---|
| Dia | 42 | 62.8% |
| Lady doctor | 16 | 23.8% |
| LHV | 09 | 13.45% |

## DISCUSSION

In the present study, an attempt has been made to describe the household conditions and health practice in the groups of population in central Punjab as actually utilized by them.

The respondents to the questionnaire are very important. White RA et al (1953) have described their importance in detail. If it is head of the family, chances to get correct response ($p < 0.03$) are more than if it is responded by other family members. In our study maximum respondents are heads of the family or their wives (56.44%), which establishes the authenticity of the survey.

Another criteria discussed and evaluated by the same author (White RA et al) published in 1958,they emphasized the respondent rate and concluded that better the validity of the study, if the respondents are more. In this study 67 out of 100 families responded.

Third important aspect of this study is that although the sample size is small even then it may be considered as true retrospective of the population of central Punjab as % are rural and % are urban whose socioeconomic group include wide range right

from more than Rs. 6000/month to less than Rs. 650/month.

Third aspect is also reflected in the results of this study. Housing condition for example includes all types from Kacha (made up of mud) to kacha cum pacca to pacca. Similarly the number of rooms/house is having a wide range from 1 to 9/home.

Cooking habits and kitchen facilities are different in rural and urban population. The rural population is having kitchen in courtyard (32.8%) and mostly uses wood as their source of fuel for cooking.

The health-seeking attitude also having vast diversity. For deliveries majority of population goes to traditional birth attendants (62.8%) and only 23.8% preferred to go to a doctor.

Prevalence of diseases during immediate last 3 months of the survey had fever, abdominal disorders, cold and cough at the top.

For comparison of the results with any other such data, no relevant study is available on record to the best of authors' efforts. However, one similar but with different parameters study was conducted by Siddiqui 1983 in Karachi.

**CONCLUSION**

Majority of this population belongs to moderate socioeconomic group.

They have good sanitation and residential conditions but approach to safe drinking water and good health facilities particularly for maternal care were not satisfactory.

Major morbid conditions are cough and cold, abdominal disorders including diarrhea and fever.
Population survey should have large population size to get better results.

The sample should be random and true of the target population to avoid bias. Further study is recommended.

**REFERENCES**

1. White RA: Population surveys in Stockholm: statistical parameter I (Swedish) 1953.BMJ Vol 22 (3) No2.

2. White RA: Population surveys in Stockholm: statistical parameter II (Swedish) 1958.BMJ Vol 56 No 1 (I).

3. Siddiqui MA: Availability and utilization of health services in a semi urban area 1983. Pakistan Med. Res. Vol.22, No.3, july-sept.1983.

Never hurry and never worry!

E. B. White