

A REPORT
ON
SOCIO-ECONOMIC
&
HEALTH SURVEY

OF

THE DIOCESE OF BELLARY

1998

Bellary Diocese Development Society
Bellary
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INTRODUCTION

With respect to the general economic and social indicators, Karnataka can be considered an average state in India. Inclusion of areas with earlier traditions of different socio-economic system has given the state certain amount of regional diversity with respect to socio-economic characteristics and culture patterns.

The northern region consisting of Bidar, Gulbarga and Raichur districts, is by and large less developed. Per capita income is quite low. Female literacy rate is very low. In all these districts females marry at very young age. Child marriages are relatively more common and child work participation rates are high in Gulbarga and Raichur. Infant and child mortality rates are high in northern districts. The pattern of population growth in Karnataka during the past several decades is generally similar to that of many other states. Slow growth during the first four decades of this country, followed by an acceleration in growth is due to declining death rate. In addition to natural increase, immigration into Karnataka could be an important factor today.

In rural Karnataka, nearly 50 percent of households subsist on a per capita daily expenditure of about Rs. 3/- or less. Bare statistics alone would not adequately reflect the human aspects of poverty. Poverty is closely related to various types of nutritional disorders and health hazards. Women and children are more vulnerable to the severity of poverty. The conditions of the poor become worse during drought and flood situations. The worst victims are the agricultural labourers, in particular the women and children in these families.

The situation of Women and Children is closely related to the economic conditions, the demographic features, the social characteristics particularly the status of women, educational and health infrastructure facilities, and the nature and quality of various programmes meant for the welfare of women and children. This chapter presents the overview of these aspects.

The consequences of the low status of women and children have found expression in several forms like female foeticide, female infanticide, higher female infant mortality, a higher death rate among women, lower life expectancy, lower literacy level, lower levels of employment, and an adverse sex ratio. The status of a woman in the society or in a given community is intimately related to its value system, its philosophical and cultural traditions and its social, economic and political organisations.

To examine from the historical, religious and legal perspectives, the patriarchal attitudes have helped to determine the role of women in the family and in the society. History shows that the women in the Vedic age enjoyed greater equality and freedom and gradually they fell to the position of being things of pleasure and mere commodities. The astonishing fact of human history is that all religions in themselves seem to justify and promote women's inferiority to men. The Police, Public Prosecutors and the Judges who are the products of patriarchal society, are by and large biased against women and they help perpetuate and preserve the oppression of women through religious and family laws. The real source of women's oppression and exploitation, and the analysis of women's problems from the legal point of view is that the women become

victims of the lengthy and complicated legal procedure. Women in India have faced miserably under the law despite progressive legislation. Yet we cannot ignore the law because it affects our daily life.

As far as the Education for women is concerned, women have less access to education than men.. The hard fact of the educational situation lies in the massive inequalities still prevailing between men and women as well as between the general population and the disadvantaged groups such as the SCs and STs and the economically poor. Regional imbalances, urban and rural disparities are also often mentioned. In most of these sectors substantial progresses have been made but "we still have a long way to go". The studies reveal that there is a glaring disparity between men and women with regard to literacy and enrollment. There are still twice as many men literate as women. The inequality between male and female literacy is also considerably more prevalent in rural areas than urban areas.

Even with regard to their health, they are not properly nourished according to their requirement. Malnourishment is a major problem in spite of the fact that food production has increased over the decades. A majority of Indian women and children belonging to lower socio-economic strata are undernourished. Women in general and pregnant women in particular have special nutritional needs.

In this context, we need to know and understand the emerging trends about the socio-economic characteristics of women and children more scientifically, for

any developmental programmes to be implemented for their welfare. The Bellary Diocese Development Society (BDDS) has been very active in working with the disadvantaged people of the area for their development for the past 10 years. The BDDS realized that it needs more concerted, scientific and organised approach to work with the rural mass in order to help them attain better living conditions. As a result, the idea of conducting a study to find out the impact of a few programmes offered by BDDS and evolve new strategies which would help the Diocese in its ongoing Social Apostolate Ministry.

PURPOSE OF THE STUDY

The study as mentioned earlier, was proposed and undertaken with the intention of gaining a better understanding of the people in relation to their Socio-economic conditions. More precisely, it is aimed at studying the Social status and Health hazards pertaining to women and children. This understanding of the situations/conditions of the people was not merely for any academic purpose or theoretical enrichment. It was with the specific objective of chalking out more relevant and meaningful approaches and programmes for the improvement in the living standard of the rural mass.

METHODOLOGY

The pattern of population growth in Karnataka during the past several decades is similar to other states. The total population of the state as per 1991 census (provisional figure) was 44.8 million and would be around 47 million in 1991

and 55 million in 2001. The population of Bellary and Raichur was 1.9 million and 2.3 million respectively (1991 census). Different socio-economic systems have given the two districts certain amount of regional diversity with respect to socio-economic characteristics and culture patterns.

The study was conducted in the 28 villages of Raichur District and 5 areas in Bellary. Stratified disproportionate simple random sampling was followed to make the study scientific. Five hundred (families) samples were selected by following the above mentioned sampling method. These families were selected from the universe keeping in mind the beneficiaries and disadvantaged people of the Bellary and Raichur districts. Majority of the respondents (425) were selected from Raichur district and the remaining samples (75) were from Bellary.

The study being on the understanding of the Socio-economic and Health conditions of the people in rural area, it is descriptive in nature. Since quite a majority of the respondents was illiterate, interview schedule has been used as the tool to collect the data. The whole schedule thus had 10 sections namely Family constellation, House hold property, Housing conditions and surrounding, Health status of the family especially Women and Children, Land holding, Agriculture and cultivation, Animal husbandry, Nutrition, Economic conditions and Leadership.

Sample size

Table 1.1 - Parish Wise Distribution

Sl.No.	Parishes	Frequency	Percentage
1	Kavithal	94	18.8
2.	Harapur	90	18.0
3.	Naganoor	90	18.0
4.	Bellary	75	15.0
5.	Maski	65	13.0
6.	Manvi	45	9.0
7.	Jawalegere	16	3.2
8.	Sindhanoor	15	3.0
9.	Lingasagoor	10	2.0
Total		500	100.0

Four hundred and twenty five families (85.0%) are selected for the study as Raichur district is declared as a drought prone district of North Karanataka. Moreover, the women in Bellary have access to all the basic infrastructure facilities when compared to those who are living in remote villages of Raichur district. From the Parishes namely Kavithal (94 families), Harapur (90), and Naganoor (90), higher number of samples were taken for the study because these parishes are the most remote areas of all the remaining parishes.

DATA COLLECTION AND ANALYSIS

The data collection began with a selection and training of the survey teams. The survey team consisted of 25 members which includes 9 males and 16 females. The team gathered together in B.D.D.S. office for three day training on interview techniques, recording and collection of data. The educational level of surveyors was from High school to post graduation. Since interview schedule was prepared in regional language (Kannada) the team had no difficulty in filling up the schedule.

During the training, the purpose of the study was explained to them and they were made to feel part of a grand enterprise undertaken for the rural people of the diocese. The schedule then was studied and explained. They were taught how to approach the rural women folk and build a rapport with them before beginning the interview. The team members interviewed one another, while the others observed and gave their feed back. In 3 days when the team felt that they were ready for their first interviews, the team was taken to their first village for a field test. Each member interviewed two people each before coming together to share their experience and for feed back. Later, the whole team was divided into 4 groups with a team leader. The team members were asked to keep a log book, describing their experiences, the difficulties they met with, and how they overcame them and what they observed about those whom they interviewed and other relevant observations. These were read and noted by the team leader each day. The team met together every evening to share their experiences.

The schedule was prepared in the regional language (Kannada). It was then checked by some of the experts in the field of Social Science Research. The data collection was carried out by a selected and trained team consisting of 25 members. The purpose of the survey was explained to them and they were trained how best they can approach the people and collect the data. Then the collected data was processed and analysed by using the SPSS (Statistical Package for Social Sciences).

The Modality of Data Collection

In most of the villages the data collection had to be done in the evenings, when every one would be back home from work. On most of the days the data collection would go on till quite late in the night. Since most of the respondents were illiterates they were interviewed and responses marked. The schedule was quite long. So an average of an hour and a half was needed to fill in the schedule. But, once the purpose of the survey was explained, the respondents did not really mind the time they had to spend.

LIMITATIONS

One initial problem that had to be faced was to make the villagers understand the nature of the survey. The surveyors found it difficult to make them understand why not everyone in the village is given the schedule to fill up, and why no marks and 'results' would be given to them personally. Some even

wrongly thought that some sort of assistance would be extended to them immediately.

In some areas, certain groups refused to allow the team to interview their women. The interview schedule had not included certain questions and hence the surveyors bought the information in the observation sheet.

SITUATIONAL ANALYSIS

This chapter gives an analytical account of the various factors affecting the living conditions of the people in relation to their socio-economic levels, environment and health conditions, and status of women and children. It enables one to view and comprehend the situations in which the people are living.

DEMOGRAPHY

Table - 2.1 No. members in a family

No. of Members	No. of families	Percentage
2	18	3.6
3	55	11.0
4	66	13.2
5	92	18.4
6	111	22.2
7	57	11.4
8	47	9.4
9	17	3.4
10	11	2.2
11	10	2.0
12	16	3.2
Total	500	100.0

Table 2.1 shows that the average number of members in a family is 6 i.e. 22.2 percent. The mean is 5.862 and the Median is 6.000 and the mode is also 6.000. It can be noted from the table that as the number in a family increases from 2 to 6 there is a increase in the percentage. After the 6th member in a family there is a steady decline of percentage i.e. from 11.4 to 3.2.

Table - 2.2 **Type of Families**

Members	No. of families	Percentage
1 to 4 (Small Nuclear family)	139	27.8
5 to 8 (Nuclear family)	307	61.4
9 to 12 (Joint family)	54	10.8
Total	500	100.0

When the same has been analysed in the form of class-intervals, a majority of families, (307) 61.4 percent, fall under the class interval of 5 to 8. 27.8 percent or 139 families have family members upto 4 in a family which can be labeled as a small nuclear family. A small percentage of families 10.8 percent (54 families) represent a large family having its members from 9 to 12. This analysis also signifies about the importance of having a small family and its advantages.

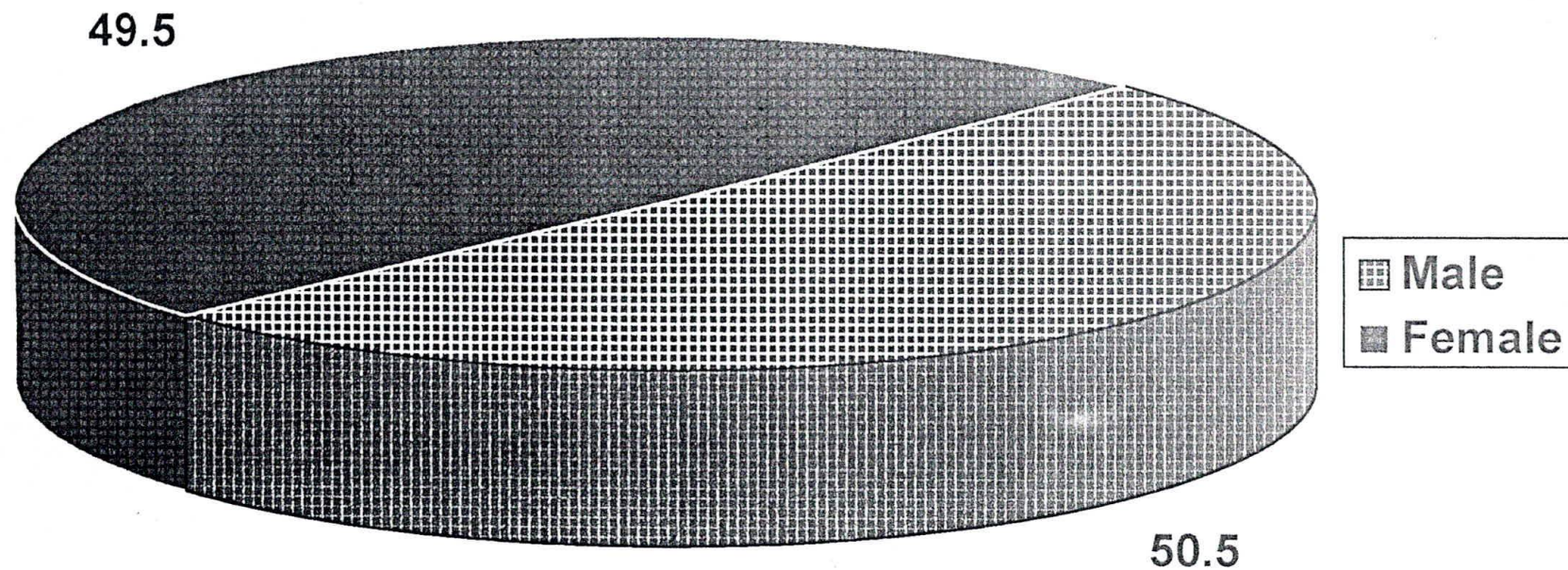


Figure - 1

FAMILY MEMBERS BY GENDER

Sex Ratio

Sex Ratio of population (No. Females per 1000 Males) is often used to indicate the health status of women in relation to that of men. From the Pie chart it is observed that out of 500 families taken as sample size for the study, the total number of male members in the sample size aggregated to 1482 and the total number of female was 1455. The male and female comprise the total population of 2937 from 500 families. The figure clearly indicates that male outnumber the female and the sex ratio is 982 females per 1000 males. It must be noted, however, the sex ratio of population is affected by sex differentials in mortality and sex selective migration. The Karnataka sex ratio is 963, higher than the 1961 and 1971 figures. Changes in future, in the number of children and in the number of women in reproductive ages are important from the point of view of programme coverage. The age structure of the population in specified age group is determined by changes in mortality and high fertility.

Age of the Family Members

It is observed from the table that the two extreme age groups in the area of study are 0-5 (24.0 %) and above 55 (2.4%). The number of children in the age group of 0-5 constitutes one fourth of the total population. It is also observed that as the age increases the number of members in the families in the area are on the decrease. The children between the age group of 0-15 is 54 percent of the total population. Out of which 44.1 are in the age group of 0-5. This age-wise analysis enables us to identify the school going children and the children

below 5 years who need special care and attention in the course of their physical, intellectual and emotional development. The study recommends the younger generation to take care of the family members in the age group of above 55 who are physically incapable of earning their livelihood.

Table - 2.3 Age Wise Distribution of Respondents

Age	No. of members	Percentage
0-5	704	24.0
6-10	585	19.9
11-15	308	10.5
16-20	236	8.0
21-25	271	9.2
26-30	288	9.8
31-35	160	5.4
36-40	144	4.9
41-45	52	1.8
46-50	80	2.7
51-55	40	1.4
56-60	21	0.7
60 and above	48	1.7
Total	2937	100.0

It is observed from the above table that there are two extreme types of members in a family. The highest percentage (24.0%) form 704 members in the families

belonging to the age group of 1 - 5 yrs. The next category of percentage (9.8) fall under the age group of 6 - 10 yrs followed by 308 family members i.e. 5.1 percentage comes in the age group of 11 to 15 yrs. Another 23 members 3.9 percent were in the age group between 16 -20 yrs. There are about 4.5 percent or sizable member of 271 characterized themselves as adolescent. A good number of members of the family (4.8 percentage of 288) fall under the age group of 26 to 30 yrs. It may be noted from the table was that there is steady decline in the no. of members in the families from the age 1 to 60+ yrs. This age-wise analysis enables to spot the school going children and the children below 5 yrs who need special care and attention in the cause of their physical, intellectual and emotional development. The study reveals that there are about 69 members who are in the age group of 56 to 60 yrs in the families and reminds the moral obligation of the grown up children to take care of the aged with love and provide them the social and economic security.

Religion and Caste

Out of the total population (500), 69.2 percent is Hindus, 4.0 percent is Muslims and Christians account for 26.8 percent. With regard to the distribution of population in relation to the Caste, SCs constitute 68.9 percent followed by STs forming 20.3 percent. Whereas BCs constitute only 10.8 percent.

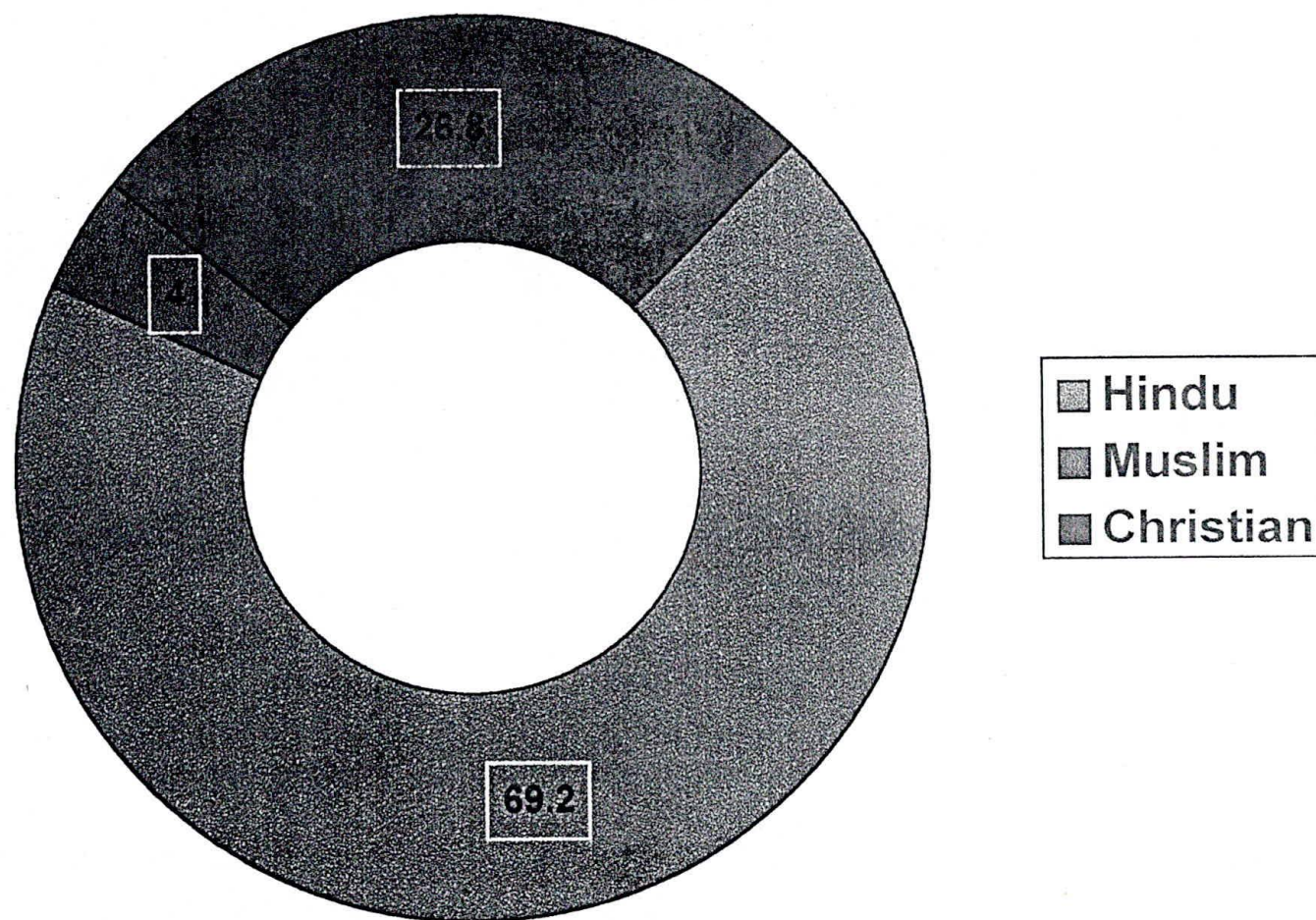


Figure - 2 **DISTRIBUTION OF FAMILIES BY RELIGION**

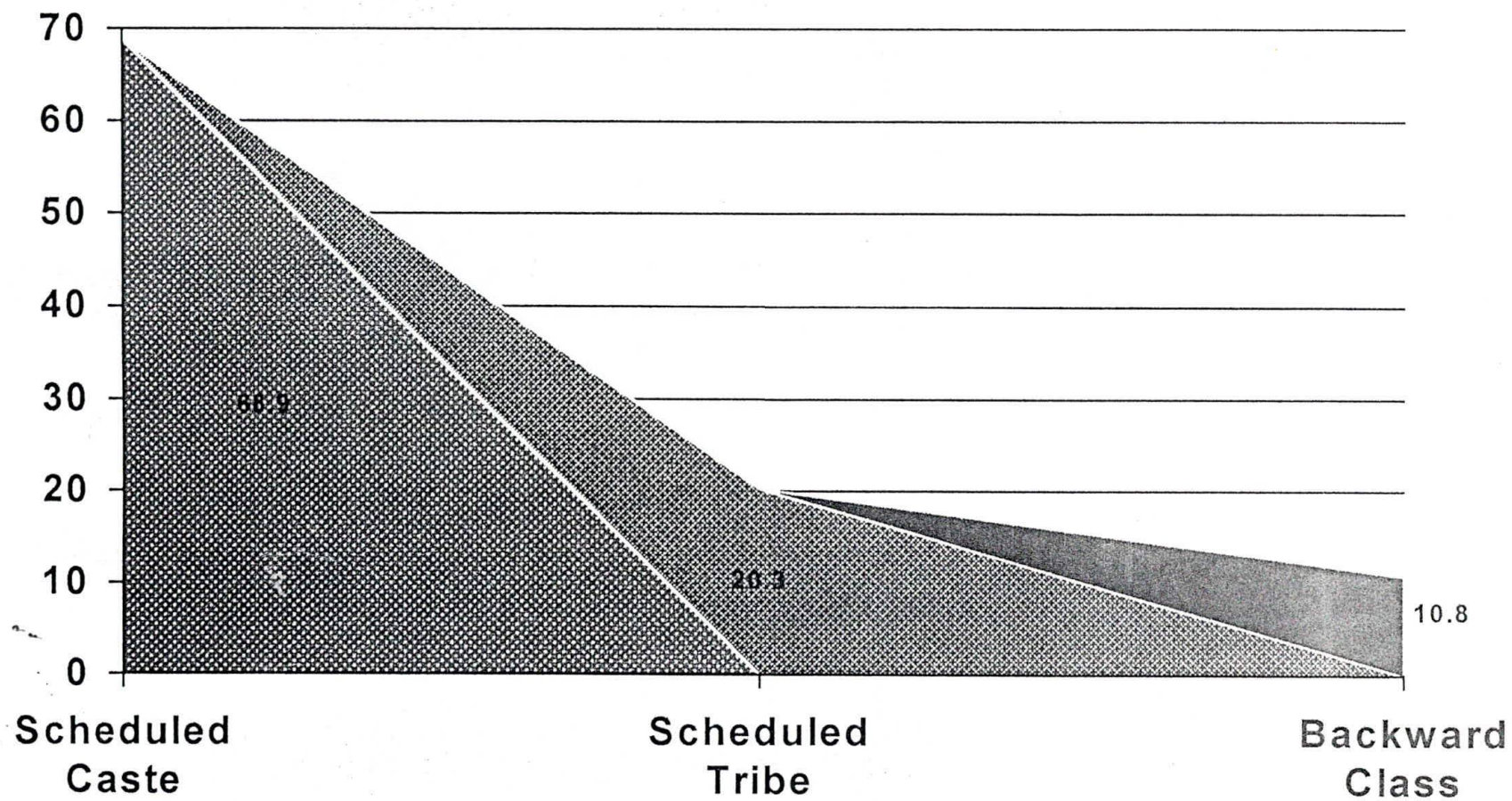


Figure -3

DISTRIBUTION OF FAMILIES BY CASTE

Table - 2.4 **Mother Tongue**

Language	Frequency	Percentage
Kannada	470	94.0
Telugu	13	2.6
Urdu / Hindi	17	3.4
Total	500	100.0

The majority of the respondents' (94.0) Mother Tongue is Kannada. It also shows that due to immigration of people from other neighbouring states, especially Andhra Pradesh 2.6 percent of the people have Telugu as their Mother Tongue. The rest of the population's (3.4 percent) Mother Tongue is Hindi mixed Urdu.

Status of Members

Age at marriage of families in Karnataka has been rising at the rate of about an year per decade. The mean age at marriage of females increased from 16.5 in 1961 to nearly 18 in 1971 and 19 in 1991.

Table - 2.5 Members by status

Status	No. of Members	Percentage
Children	1611	54.9
Married	1082	36.8
Unmarried	158	5.4
Widow	83	2.8
Widower	3	0.1
Total	2937	100.0

For the purpose of the study here the variable 'children' has been defined as those who are of the age between 0 to 17 years. 'Married' and 'Unmarried' are applied for those who have attained the age 18. From the above table, it is known that children and those who have not attained the age for marriage constitute more than half of the population. Married people form the next highest percentage of population followed by unmarried, widow and widower.

Education

Literacy and Education, like Health and Nutrition, are the basic needs of the people. The future welfare of the society depends on how well the children are educated today. Karnataka has made rapid progress in providing educational infrastructure and in implementing a variety of programmes for improving the

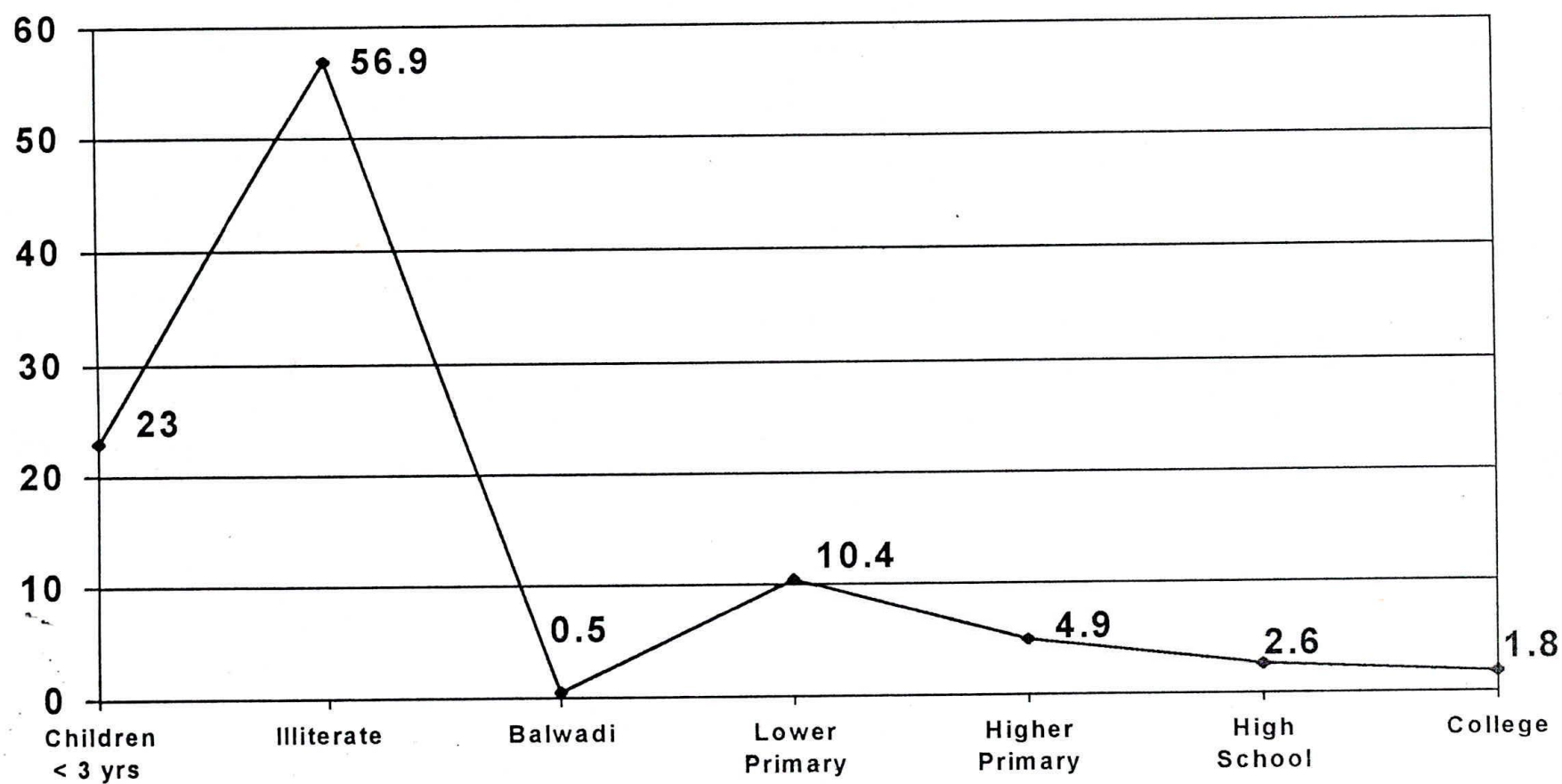


Figure - 4

EDUCATIONAL LEVEL

educational level. However, the progress achieved so far is not adequate and there are certain areas need to be improved.

The overall level of literacy is still low in the area of study. And what is disturbing is that along with an increase in the number of literates, the number of illiterates has also increased. Secondly, the literacy programmes appear to be failing miserably since their achievements show rather uneven. It is also the fact proved in the area of study. The Literacy levels of the people are relatively low among females, Scheduled Castes and Scheduled Tribes.

With the Socio-economic and political evolution of mankind and its growth in consciousness, education has been gradually recognised as a "human right". The 1948 UN "Declaration of the rights of the child" is still more specific "The child is entitled to receive education, which shall be free and compulsory at least in the elementary stages. The Line diagram reveals that 56.9 percent of the total population is identified as illiterates and which is different from those who had education up to primary level and they constitute 10.4 percent, followed by those who reached up to higher primary forming 4.9 percent. Those who have studied up to high school constitute 2.6 percent. Whereas very few had the privilege of entering in to the portals of the college and they are 1.8 percent. Out of 500 families children attending the Balwadies is only 0.5 percent.

The best interest of the child shall be the guiding principle of those responsible for his education and guidance. That responsibility lies in the first place with

Table - 2. 6 **Occupation By Age**

Age	No Occupation	Agriculture	Labour	Bonded Labour	Business	Others	Total
0 - 5	704 (100)	0	0	0	0	0	704
6 - 10	521 (89.1)	0	52 (8.8)	12 (2.1)	0	0	585
11 - 15	191 (62.0)	0	73 (23.7)	44 (14.3)	0	0	308
16 - 20	95 (40.2)	6 (2.5)	117 (49.5)	18 (7.6)	0	0	236
21 - 25	60 (22.1)	8 (2.9)	198 (73.0)	8 (2.9)	5 (1.8)	3 (1.1)	271
26 - 30	9 (2.7)	9 (2.7)	253 (87.8)	2 (0.6)	7 (2.4)	8 (2.7)	288
31 - 35	8 (5.0)	3 (1.8)	132 (82.5)	1 (0.6)	4 (2.5)	7 (4.3)	160
36 - 40	5 (3.4)	12 (8.3)	119 (82.6)	3 (2.0)	6 (4.1)	4 (2.7)	144
41 - 45	3 (5.7)	15 (28.8)	15 (28.8)	0	13 (25.0)	6 (11.5)	52
46 - 50	1 (1.2)	29 (36.2)	43 (53.7)	0	4 (5.0)	3 (3.7)	80
51 - 55	4 (10.0)	7 (17.5)	22 (55.0)	0	2 (5.0)	5 (12.5)	40
56 - 60	16 (76.1)	2 (9.5)	2 (9.5)	0	0	1 (4.7)	21
61 & above	38 (79.1)	0	2 (4.1)	0	1 (2.0)	7 (14.5)	48
Total	1649	91	1023	88	42	44	2937

PHYSICAL ENVIRONMENT

The home environment plays a crucial role in the prevention of diseases, not merely by providing physical surroundings such as a house, and access to potable drinking water etc.

Housing / Shelter

Poor housing condition are invariably part of a poor living environment. In changing a poor living environment, it is not sufficient to change the materials with which the house is constructed. Instead the housing condition should be part of a more sustainable environment in which the living space, its site and location and access to facilities are seen with reference to the local environment.

In rural areas the Government's programme is mainly in the nature of constructing Janatha houses and distribution of sites. Up to March 1984 about 12 lakh sites had been distributed to rural poor and 4 lakh houses had been constructed under Janatha Housing Scheme(Karnataka 1985).

The pie chart indicates that houses owned by the families form 86 percent and the families living in rented houses is 24 percent. When it is analysed according to the type of houses owned and rent, more than half of the families (52 percent) live in houses made up of Mud Roof. The families living in RCC houses constitute only 5.0 percent. It, thereby, shows the poor economic conditions and living standard of the people.

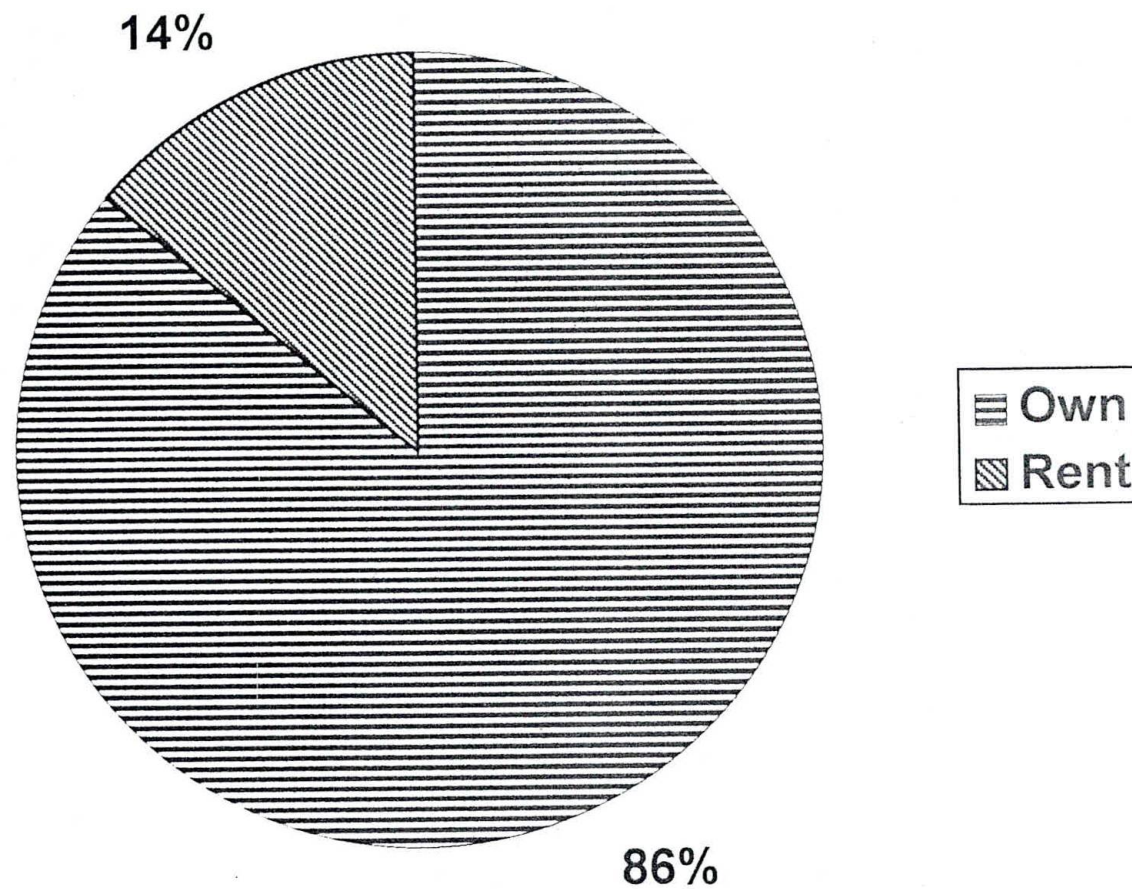


Figure - 5

FAMILIES BY OWNERSHIP OF HOUSE

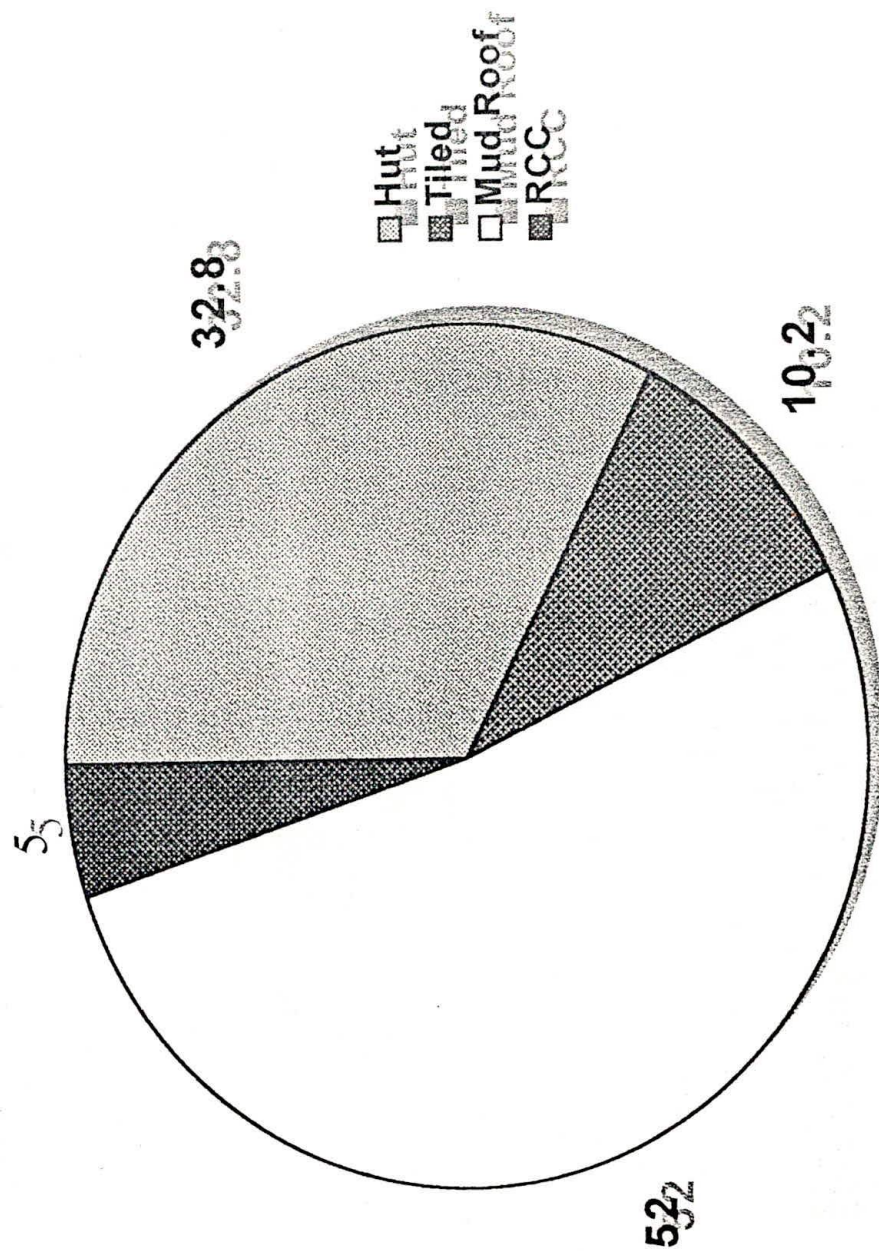


Figure - 6
Families by Type of Houses

Sanitation

Sanitation is one of the weakest links of development in both rural and urban areas. There was hardly any progress towards better sanitation. At the beginning of the 1980s only 6.47 percent of the total population i.e. 0.5 percent and 26.9 percent of the rural and urban population respectively were served by reasonably adequate facilities for excreta disposal. Though much progress has been achieved in providing safe drinking water, improvements in sanitation and public health are rather meager. As against a target to cover 25 percent of villages under sanitation by 1990 but only about 2 percent coverage has been achieved.

Toilet Facilities

In an inquiry into the availability and utilization of the toilet facilities, it was found that a good percentage of the families (95.4) have no toilet facility and they prefer to go to open area for excreta disposal. Only a small percentage (4.2) have toilets and out of which 1.2 percent of them are having toilets attached inside the house and 3 percent outside the house.

In rural areas the basic problem is lack of demand from individual households for the improvement of sanitary condition. Though there are community & government toilets built in some of the villages the people tend to go out in open places rather than using them. There is also a problem of lack of maintenance. Poor maintenance of public toilets could inhibit the desire to use them and force people to revert back to unhealthy practices. In addition to

educational campaign, low cost sanitary latrines and proper maintenance could improve the situation. This study also reveal that 75.8 percent of the families throw the waste in the open area and only 25.2 percent of the families use dustbin.

Drinking Water

Safe drinking water is clearly related to diseases prevention and health promotion avoid especially in the case of children. In the mid 1980s as many as 360 million Indians did not have safe drinking water. Indian villages are moreover notorious for a special form of social injustice, their low caste and poorest inhabitants are often denied access to some of the areas of water that exist. Almost 70% of our inland water is polluted. As a consequence, water related diseases continue to be the leading killers of infants and children. India thus accounts for about 1.5 of 5 million under five children who die every year in the world on account of diarrhea. According to W.H.O. 80 % of India's health problems are indeed water-prone diseases. The sources of water within the home is closely related to the state's policy with regard to water use and management.

Although there is sufficient amount of drinking water available the Indian population consumes only 1 to 2 percent of total water supply. Water scarcity is a sterling reality. While open wells exist, the water resources is not sufficient to meet the people's need. Same as the case in construction of bore wells which is making tremendous head way, but much of the generated water is not adequate

to the growing population in the villages. Besides, the break down of the borewells, and negligence of the Gram Panchayat or the concerned government officials in setting them right the people suffer from acute water scarcity. Thus the both ground and captive surface water resources have been exploited in such a manner that they only minimally serve the existing rural population and will do so even less in future. With fewer water source available, people have to allocate it according to their several needs - feeding livestock, washing, drinking, watering the kitchen garden etc. Invariably, environmental and personal hygiene are related to the background. scabies, leprosy, trachoma and conjunctivitis are some of the diseases commonly associated with water scarcity, as also with lower caste households which are denied access to safe water sources by the monopoly of the higher castes.

The Karnataka state has made impressive strides during the 1980s in providing safe drinking water sources in rural areas. However, available data indicate 32.2 percent of 161 families in the villages still use water that is not potable and safe. For maintenance of bore well hand pumps a two-tire system was in operation consisting of a voluntary care taken per hand pump at village level and a mobile team at the taluk level. How efficiently this system functions requires to be evaluated. Breakdowns in the system and not attended to immediately may force people to fall back upon unprotected sources of water. It is also necessary to monitor water levels in the sources, overall changes in the rain fall and in the echo systems. Further, much of the advantage in providing safe drinking water can be lost if people are not educated about the

eppidemeology of water prone diseases, the need for hygienic handling, storing of water and the significance of using boiled water for consumption.

Table - 3.1 **Distribution of families by their usage of water**

Source	Frequency	Percentage
Protected	147	29.8
Unprotected	347	70.2
Total	500	100.0

Table - 3.2 **Source of Drinking water**

Means	Frequency	Percentage
Open well	225	45.0
Bore well	129	25.8
Pool	114	22.8
Tap	32	6.4
Total	500	100.0

As seen from the table 45.0 percent of the families depend upon the open well for their use. 25.8 percent draw water from the bore wells. The percent (6.4) is very less with regard to those families, who fetch water from the available taps. The study also reveals that 95.6 percent of the people do not filter the water before use.

Table - 3.3 Distribution of families by accessibility water

Distance	Frequency	Percentage
Up to 100 feet	89	17.8
101 to 200 ft.	241	48.2
Above 200 ft.	163	32.6
No Response	7	1.4
Total	500	100.0

It is vivid from the above table that a significant percentage of families (48.2) fetch water from a distance between 100 to 200 ft while 32.6 percent of them walk a distance of above 200 ft for drinking water. The families able to get water from a 100 ft distance is 17.8 percent.

Air Pollution

It was reported that among 30 percent of patients, half of them are children who suffered from respiratory ailments. It was noted here that air pollution is a key problem.

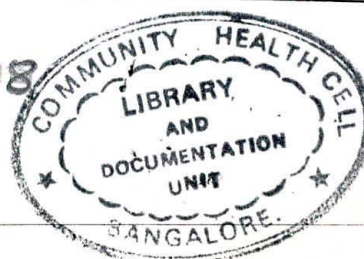
Type of Fuel

The passive smoking, ill-ventilated homes made worse by indoor cooking with use of dung or wood fuel. The survey indicates that nearly 95 percent of the

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house holds do not have separate kitchen and only 5.0 percent have separate kitchen. With regard to the type of oven used by the people, it is found that a great majority of them (96.0 %) use traditional chulahs and only 3.0 percent of them use smokeless chulahs. Kerosene stoves are used only by a small percentage (0.4). None of the people have the privilege of using Bio-gas.

A major source of air pollution is the cooking of food in houses with inadequate ventilation. The burning cooking fuel indoors causes heavy smoke in the atmosphere, exposing the women to those toxic fumes. As over 96.0 percent of the households use wood and dung as fuel, the scale of the problem is immense. Researches prove that ill-effects of wood smoke are clearly evident from the heart disease. Among the pregnant women there is additional demand on the hemoglobin level. This exposure could also affect the child leading to reduced birth weight and increased prenatal death rates. It was estimated that in India 40 to 60 percent of women in the reproductive age suffer from chronic lung diseases. Respiratory diseases often prove fatal in the case of young girls and women in India.

The health workers and planners of the health have to educate the people and making them more aware of their own environment. The process of "objectifying" their environment or putting it within a context to which the people themselves can relate will have its own impact on their health. Apart from this, the people need to be motivated and encouraged to use the smokeless chulahs.

GENERAL HEALTH CONDITIONS

1. It is learnt that a vast majority of the families (99.2%) have members suffering from common ailments.
2. A Great majority of the families (98.6%) do not have anyone affected by Tuberculosis. Only a small percent (1.4%) of the families, have members affected by TB. The treatment taken by the TB patients from these families is always allopathic.
3. Thirty people i.e. 6.0 percent of the families have symptoms of leprosy.
4. There were only 2 people identified as physically less abled.
5. People from 5.0 percent of the families suffer from blindness. Blindness due to vitamin 'A' deficiency is found to be common in rural areas especially prevalent among children and pregnant women as per the researches show. Researches also reveal that this health hazard is due to under utilization of green leaves, fruits and vegetables, and also due to inadequate supply and non availability of vitamin 'A' oil. Added to this, awareness or knowledge of people to go in for vitamin 'A' is lacking.

WOMEN AND CHILDREN

Women raise more than half of the world's food grains. Statistics of the Women and Population Division, the UN Food and Agriculture Organisation (FAO) show that women in Sub-Saharan Africa produce 60 - 80 % of the basic food needed for the entire population. In Asia they grow 50 to 60 % of the basic food consumed. 45 % of food needed in the Caribbean is produced by women.

To produce these food, a great number of women go to work in farms. As men are migrating to urban areas for work, rural women are forced to run the farms. Besides crop cultivation, women handle allied activities like looking after the live stock, rearing poultry etc. Though they are major food grain producers, women consume only a minuscule of what they produce. Low levels of maternal nutrition combined with frequent child birth harm the entire family. Nonetheless, when food is scarce, it is often men who get it first, then the boy children before girls. Women's own quality of life is the lowest priority. It is a societal norm to underestimate activities traditionally performed by women and to overlook the magnitude of burden on them as compared to men.

Women in general and pregnant women in particular have special nutritional needs. They need three times more iron than men to replace iron lost during menstrual period. Pregnant and breast feeding women need twenty times more. Pregnancy also demands an extra 150 calories per day in the first three months and extra 350 calories per day in next six months and much more during breast

feeding. Women also need sufficient calcium, especially during childhood, pregnancy and after menopause. Women also require more iodine for their own health and that of their children. Insufficient iodine especially in an already deficient mother can result in poor foetal brain development which leads to birth of cretins, deaf mutes, mentally abnormal children - children with speech defects and defects in coordination and movement.

Special Food during Pregnancy

Women from a great majority of families (427 / 84 %) do not receive special food during Pregnancy. Only 8.2 percent of the total families were able to provide special food to the pregnant women. With regard to diet during Anti Natel Care, women from a good majority of the families (95.1 %) take normal diet while women from 1.6 percent of the families take bland diet. Since, the intake of adequate diet is very poor among the women, the increase of infant mortality and low life expectancy are more prevalent.

Breast Feeding

It was learnt that women in 377 (75 %) families, who have small children, presently breast feed their children. Whereas women from only a small percentage (17.4 %) of the families do not breast feed the children.

Table 4.1 **Initiation to Breast Feeding**

Duration	Frequency	Percentage
Between 1 to 8 hours	148	32.3
Between 9 hours & 2 days	115	25.1
After 2 days	195	42.6
No response	28	Missing
Not applicable	14	Missing
Total	500	100.0

To assess the knowledge and practice of women with regard to initiation to breast feeding it is found from the table that a good number of women from 32.3 percent of the families breast feed the infant after the confinement between 1 to 8 hours. 25.1 percent of them breast feed the infants between 9 hours to 2 days. A significant number of women constituting 42.6 percent account for breast feeding the infant after two days of delivery.

It may be noted that the rural women influenced by the traditional practice and lack of knowledge about value of colostrum and its capacity to resist the diseases.

Table - 4.2 Children's Age at which Breast Feeding Stopped

Age in Years	Frequency	Percentage
Below 1	10	12.5
1 to 2	42	52.5
Above 2	28	35.0
Total	80	100.0

Quite significantly, it is known from the table that the women from 51.2 percent of families stop breast feeding their babies when they are between 1 and 2 years of age. Women constituting 34.2 percent of the families stop breast feeding their children after completing 2 years. Mothers of 12.2 percent of the families stop breast feeding even before the children complete the age 1 year. Most of the families have no infants and a few have not responded to the question.

It is to be noted that there is a tendency of persistence in breast feeding the infant and child. And also the lack of knowledge on the part of parents about the weaned diet which stunts the physical growth of the infants. Besides, a female infant might receive less milk and is fed at longer intervals than a male infant that causes malnutrition among the females. Hence, it is vivid that a majority of the women are still inclined against their own gender, and therefore, gender bias is very much reflected in rural areas.

Table - 4.3 Age at which Weaned Food Initiated

Period	Frequency	Percentage
Between 4 to 6 months	197	51.2
7 months to 1 year	181	47.0
1 to 2 years	7	1.8
Total	385	100.0

Number of missing observations: 115; Valid cases: 385

With regard to initiation to weaned food a great majority of them (51.2 %) feed the infants between 4 to 6 months, followed by 47.0 percent of the women initiate weaned food between 7 months to 1 year. Only a small percent of them (1.8) women begin feeding between the age of 1 to 2 years. It is clear that the first category of respondents shown in the table are aware of the period at which the weaned food has to be initiated, however, it is doubtful, how far they practice. Because as it appears in the previous table showing the period at which the breast feeding was stopped, a great majority of the respondents are inclined to the period between 1 to 2 years and above. Therefore, an inference can be drawn that due to taboos in food habits the women folk in the villages are still persistently breast feeding the children.

Tetanus Texoid

A question related to pregnant women receiving Tetanus Texoid, it was revealed that a great number of women in 327 families (65.4 %) receive Tetanus Texoid where as women in 150 families i.e. 30.0 percent have not received T. T. at all. The 65.4 percent of women receiving the T. T. have been attributed to intervention of B.D.D.S. in educating women about the advantages of receiving T.T. Regular visits were under taken by the health workers in order to facilitate promotion of the health of the pregnant women and arranging for immunization programmes in the villages or in a centre. More importantly, the acceptance and willingness of women to receive the T.Ts and the right motivation from the elders in the village etc.

Thirty percent of the women, who have not received T.T. injections, their access to this service may be constrained by several factors. First, the time they spent on child care, household work and in the occupational sphere, which leaves them with little time to think about their health, this often resulted in neglecting their illness in the early stages. Second, the clinics offer women no privacy. Third, the expenses and time incurred in traveling long distances and in meeting clinic and drug fees are also the constraining influences. Finally, women's awareness of available facilities even if they were to use them is lower than that of men. There are instances where women are reluctant to have medical services and discouragement received from the elders also block the women going for health services. The failure of ANMs' visits at regular intervals can also be accounted for this failure. Even if the ANM visits take

place the non availability of most of the women as they set out for work early in the morning. Hence the ANMs odd hours visits also is constraint to women's access to health services. When asked about ANMs' visits, 82.0 percent of the families positively replied, 12 percent remarked 'No' and 2.2 percent remained silent.

Table 4.4 **Frequency of ANM Visit**

ANM Visit	No. of Families	Percentage
Once a month	191	50.1
Twice a month	159	41.7
3 times a month	nil	-
4 times a month	19	5.0
5 times a month	12	3.2
No Response	53	missing
Not applicable	66	missing
Total	500	100.0

Valid no. of cases: 381

According to the above table, the frequency of the visit by ANM is negative. As the frequency of the ANM visit increases the number of the families favoured of the visit is on the decrease.

To ensure the women those who have received the health services during the pregnancy an investigation was made to find out whether the women have the Green Card issued by the Local Medical Officer during the resot. It was found that women from more than the half of the 500 families (53.8 percent) have no Green Cards with them and, whereas only 44.0 percent own them. The women form rest of the families, according to their statement, had received the health services but due to shortage of cards they were not provided with cards. Despite the fact that women are seen primarily in the role of mothers, the study revealed that few pregnant women were actually registered at health centres.

As women access to health services is vital. Because a woman has the responsibility of caring for the health of her entire family. Her knowledge of nutrition and health is important both for herself and the health of the family. Available studies have shown that household discriminate against girls in terms of health care. Hospital records show there are more male admissions than female.

Food Consumption and Habits

Malnutrition or nutritional deficiency in quantity and quality of food-intakes affects the health of the mother as well as children. The nutritional monitoring bureau of the National Institute of Nutrition has been conducting studies on several aspects relating to diet and nutrition.

Table - 4.5 Food intake

Food-intake per day	Families	Percentage
Upto 3 Kg	171	34.2
4 to 6 kg	232	46.4
7 to 9 kg	67	13.4
above 9 kg	17	3.4
No response	13	2.6
Total	500	100.0

According to this table 34.2 percent of the families' intake of food is upto 3 kg per day. Majority of the families' intake of food is 4 to 6 kg. When the quantity of intake of food shoots up the percentage of families consuming food becomes less. As regards to consumption of fruits 100 percent of families take fruits occasionally, which are seasonal fruits.

During the 1970 National survey in 10 states have shown that there had been an increase in average consumption of calories at the household level among the rural people. This increase was to a certain extent reflected among the school children as well (Nutrition news, 1986). The intake was highest in Karnataka as compared to other states. The percentage of population with protein, caloric deficiency according to age and sex in rural Karnataka, on an average, the percentage of population consuming inadequate calories was found to be more than those consuming inadequate amount of protein.

CHILD AND HEALTH

Infant & Child Mortality

Among children aged less than 5, incidence as well as causes of mortality vary according to age, and hence these data are generally tabulated and analysed for specified periods since birth. Infant deaths are those occurring before the completion of 12 months, while deaths after 1 year and before the completion of 5 years are called childhood deaths. Infant mortality is again desegregated into neo-natal (before 28 days) mortality. Prenatal deaths include late foetal deaths (after 28 weeks of pregnancy), Still births and deaths among infants less than 7 days old. In the developed countries, data on the various components of infant and childhood mortality could be obtained with a fair amount of accuracy. In the developing countries, however, the situation is entirely different because of the illiteracy, ignorance and many other factors.

The infant mortality rate has declined during the past 15 years and so from 101 per 1000 live births in 1970 to 82 in rural areas. During late 80s the mortality rate decreased from 73 to 47 in urban areas. Lower mortality in urban areas is due to better availability and utilization of medical facilities, higher literacy and greater awareness about health and hygiene. In 1986 Infant Mortality Rate was much lower in Karnataka when compared to the country as a whole. 74 and 96 was the rate in urban and rural areas respectively.

Table - 5.1 Infant Mortality Age by Sex

AGE	SEX		TOTAL
	Male	Female	
Below 1 year	21	12	33
	63.6	36.4	31.1
1 to 2 years	15	14	29
	51.7	48.3	27.4
Above 2 years	17	27	44
	38.6	61.4	41.5
TOTAL	53	53	106
	50.0	50.0	100.0

It is observed from the survey that infant deaths and childhood deaths have taken place in 6.6 and 14.6 percent of 500 families respectively. The leading causes of those deaths were Premature, Gastro-enteritis and Respiratory disorders of various types, reported by the respondents. It is estimated by researches that Vaccine preventable diseases such as Tetanus, Measles, Pertussis, Tuberculosis, Diphtheria and other poliomyelitis account 68.8 percent of the total number of infant deaths. These causes of death are closely related to maternal health and nutritional status, mother's age at pregnancy and anti-natal care, medical attendance at birth, child rearing practices and general health and hygiene. These characteristics vary according to mother's literacy and education, caste, housing conditions, source of drinking water supply, better

availability and utilization of medical facilities, lack of awareness about health and hygiene etc.

The sex wise infant mortality rate shows that there is a proportionate death rate among female and male children. It is also notable here as the age increases the death rate among the female children is also on the increase.

Immunization

By and large the universal immunisation programme has been successful in the State, though there is a scope for improvement in the programme. Generally, the reasons for low coverage are lack of information about time and place of immunization, fear of pain and possible side effects, child's sickness at the time of immunization etc.

Table - 5.2 **Type of Vaccination given to children**

Vaccination	Frequency	Percentage
Not known	61	12.2
B.C.G.	13	2.6
D.P.T. & polio	75	15.0
B.C.G., D.P.T. & Polio	285	57.0
None of the vaccination	6	1.2
No response	3	0.6
Not applicable	57	11.4
Total	500	100.0

The 12.2 percent of the families are not aware of the immunization. B.C.G. has been given to children of only 2.6 percent and D.P.T & Polio to the children of 15 percent of the families. Majority of the Children from 285 families (57%) received B.C.G., D.P.T. & Polio. Children of 1.6 percent of the families were not given any of the vaccine. Here 'Not applicable' refers to those families who do not have children of 0 to 5 years.

ECONOMY

Agriculture

The importance of agriculture to our country cannot be over looked. Though it is steadily decreasing from around 40% at the end of 1990s, the contribution of agriculture to the national income still constituted 31.7 percent in 1996. Agriculture moreover provides livelihood to about 60 percent of the labour force. The performance of agriculture is therefore crucial for economy and also well-being of the people who are involved in agricultural sector.

It is observed that 48.6 percent of the families have their own land and a significant percent (51.4) of the families are landless.

Table - 6.1 Families holding Land

Land in acres	Frequency	Percentage
Up to 2	106	21.2
3 - 4	83	16.6
5 - 6	21	4.2
Above 6	33	6.6
Land less	255	51.0
No Response	2	0.4
Total	500	100.0

Table - 6.2

TYPE OF LAND BY CROPS CULTIVATED

Land	CROPS					
	Bajara	Jawar	Rice	Wheat / Dhal / Jawar	Jawar & Bajara	Total
Dryland	50 26.9	131 70.4		2 1.1	3 1.6	186 72.9
Wetland	3 4.3	4 5.8	62 89.9			69 27.1
Total	53 20.8	135 52.9	62 24.3	2 0.8	3 1.2	255 100.0

Table - 6.3

TYPE OF LAND BY CROPS CONTROLLING FOR TYPE OF SOIL

CROPS	LAND							
	DRY				WET			
	Black Soil	Red Soil	Mixed Soil	Total	Black Soil	Red Soil	Mixed Soil	Total
Bajara	41 33.9	0	9 27.3	50 27.2	3 23.1	0	0	3 4.3
Jawar	77 63.6	30 100	24 72.7	131 71.2	4 30.8	0	0	4 5.8
Rice	0	0	0	0	6 46.2	56 100	0	62 89.9
Jawar & Bajara	3 2.5	0	0	3 1.6	0	0	0	0
Total	121 65.8	30 16.3	33 17.9	184 100.0	13 18.8	56 81.2	0	69 100.0

The families owning land up to two acres constitute 21.2 percent. 16.6 percent of the families having land holding is 3 to 4 acres. Another 4.2 percent of the families own between 5 to 6 acres of land. Above 6 acres account for 6.6 percent. It is evident that the families holding land up to 2 acres form major percent, the viability of cultivating crops in such a small portion will not be possible with modern technology. Even if the modern technology of cultivation is adopted the output will not be able to meet at least the input invested. It also shows that majority of the people are marginal farmers and whose income will not be sufficient to maintain the families.

Type of land and Crops grown

One of the factors that determine the yielding depends on the nature or type of the soil and its fertility. It is found that out of 255 families owning land 72.9 percent of them have Dry Land in which 70.4 of the families cultivate Jawar. The rest of the families 69 (27.1%) possessing Wet Land and out of whom, a great majority of them (89.9 %) cultivate Paddy. As far as the analysis is concerned, it is found that Dry Land is not suitable for cultivating Paddy and other Cash Crops. Where as Wet Land has the rich fertility to produce Paddy and other similar Crops.

Water Resource for cultivation

Water is one of the components for cultivation. The study reveals that 71.2 percent of the people depend upon rain to irrigate the land. 27.4 percent of

them irrigate the land through pond and canal water. Another 7.4 percent of them utilize water through pump sets. The people lack knowledge in storing and managing the rain water and hence they are badly affected when the rain fall is scanty or there is no rain fall at all.

It is observed that among those families who own land, 89.7 percent of them cultivate by themselves. A small percent (3.8) have leased out their land. A similar number of the families had pledged their land. An 1.6 percent of the families cultivate in their own land and leased land as well. As per the 1991 census, the contribution of the primary sectors (agriculture, forestry and mining) towards the developing economy to national income and labour force is gradually declining with corresponding increases in secondary sectors.

Financial conditions

Family Income by Members' Age

The earning members of the families whose income is above Rs. 9000/- per year, fall into the age group of 35 to 40 for which the percentage of families is 15.4. Those who belong to the age group of 26 to 30 years, generate an income of Rs. 6000 to 9000 per year form 10.8 percent of the families. The significant portion of the members, whose age is between 26 to 35 years, contribute maximum to their family income. It could be due to their physical fitness to work and earn more. It is also noted that as the people grow older by age their earning capacity also declines. See the table number 6.4.

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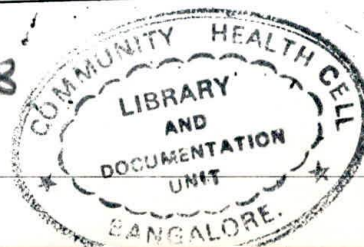


Table - 6.4

FAMILY INCOME BY MEMBERS' AGE

AGE	INCOME				
	Up to Rs. 3000	Rs. 3001 - 6000	Rs. 6001 to 9000	Above Rs. 9000	Total
16 - 25	5 8.6	27 46.6	23 39.7	3 5.1	58 11.6
26 - 35	12 5.8	67 32.7	76 37.1	50 24.4	205 41.0
36 - 45		29 26.8	33 30.6	46 42.6	108 21.6
46 - 55	6 7.5	9 11.25	24 30.0	41 51.25	80 16.0
56 - 65	4 12.1	10 30.3	3 9.1	16 48.5	33 6.6
Above 65		12 75.0	2 12.5	2 12.5	16 3.2
Total	27 5.4	154 30.8	161 32.2	158 31.6	500 100.0

Wages of Women

Table - 6.5 Women and their earnings

Wage	Frequency	Percentage
Rs. 8 / 2304	115	23.0
Rs. 10 / 2880	161	32.2
Rs. 15 / 4320	103	20.6
Above Rs. 15 / 4320	43	8.6
Women without work	50	10.6
No Response	25	5.0
Not applicable (Widower)	3	0.6
Total	500	100.0

Women earning 10 per day are more in the area than other categories of women earning 8, 15 and above. This table also shows that as the earning of the women increases there is a steady decline in the number of families supported by the wage of the women.

It is ironic that the section of the population which contributes most significantly to agricultural production, landless agricultural labourers is the most severely afflicted by the problems of poverty and malnutrition. It is more in the case of women labourers. Unorganised and at the mercy of employers the women have no bargaining power. Seasonal work and low mobility further heighten their dependency on the employer.

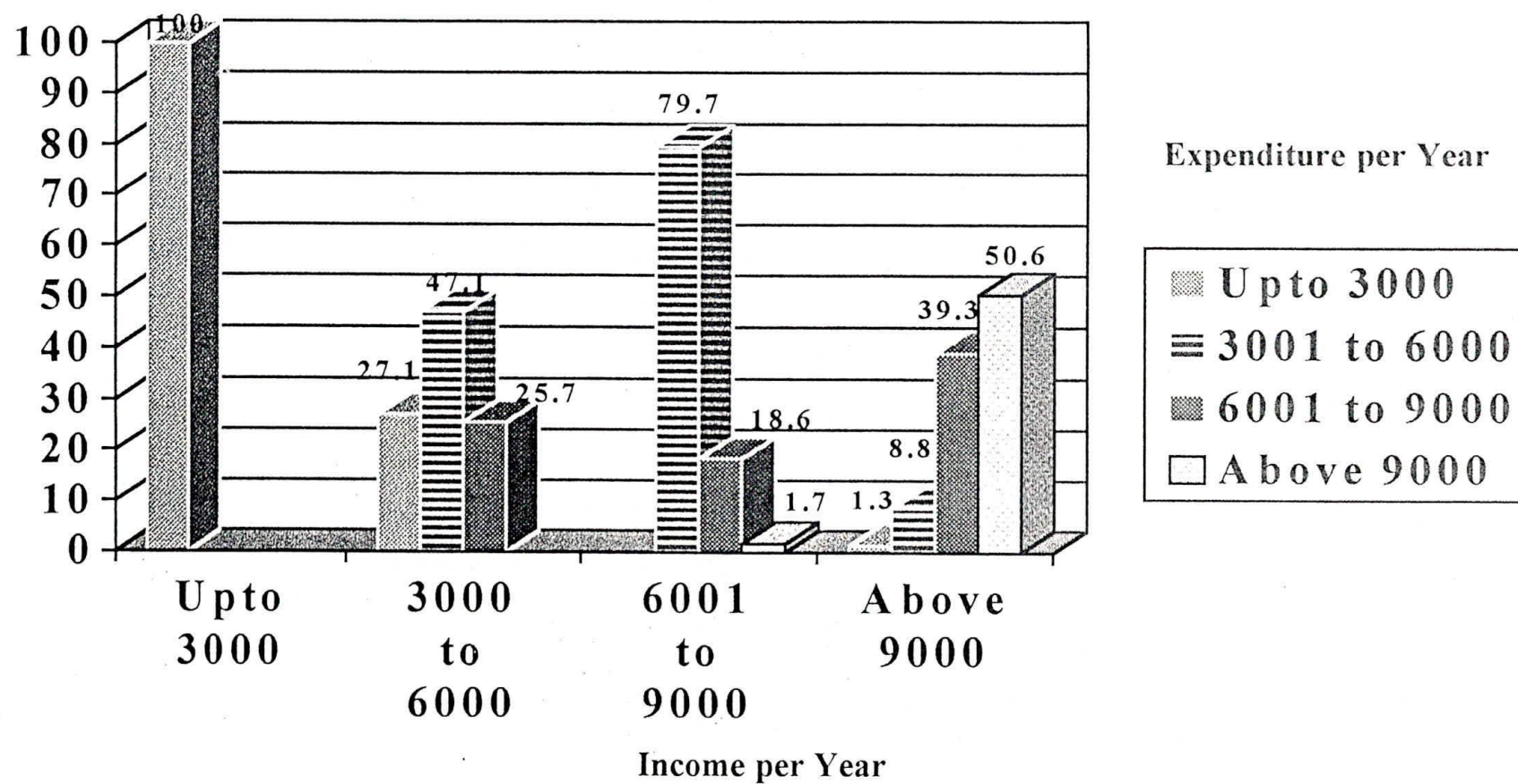


Figure - 7
FAMILY INCOME BY EXPENDITURE

Income by Expenditure

It is seen from the Bar diagram that the Income of the People which fall under the category of up to Rs. 3000 of which 100.0 percent of them spend up to their income. Another category of the people who fall under the income group of Rs. 3001 to 6000 spend their earning up to Rs. 3000 constituting 27.1 percent, the same income group spend according to their income forming 47.1 percent and, spending 2 times of their income account for 25.7 percent. The analysis further reveals that the people whose income reaches between Rs. 6001 to 9000 spend less than their income, represent 79.7 percent and, only 18.6 percent of them equal their expenses with their income. But, a small percent (1.7) spend above their income i.e. above Rs. 9000. The highest income earning group (Above Rs. 9000) spending equal to their income constitute 50.6 percent. And, the percentage of their spending declines very much as the amount comes down. The bar diagram shows that as the income is on the increase the tendency among the people to consume and spend more is also on the increase. Hence the tendency to spend more is more among the highest income earning group. Thus the quantum of saving might be less among the people.

Savings

Table - 6.6

Source	Frequency	Percentage
No saving	36	7.2
Bank	6	1.2
Women's Association	450	90.0
Credit union	8	1.6
Total	500	100.0

A great majority of the families (90.0%) have their savings in women's association, followed by 1.6 percent of the families' savings in credit union. Only 1.2 percent of them have savings in banks. A very interesting phenomena is that a majority of women have initiated to save in their associations. It shows that women associations are keen on promoting the habit of savings among the people.

Loan

With regard to loan 39.4 percent of the families have not taken any loan. A sizable number of families (244) have borrowed from local money lenders, village head-man etc., followed by 9.6 percent of the families who have taken loans from banks. A small percent (2.2) had availed loan from women's associations. The people borrow money from money lenders or village head-man at the time of emergency, when huge amount is required for marriages,

Table - 6.7 **HOUSEHOLD PROPERTIES CONTROLLING FOR RELIGION AND CASTE**

S.No.	Properties	Religion				Caste			
		Hindu	Muslim	Christian	Total	SC	ST	BC	Total
1.	Radio	26 49.1	3 5.7	24 45.3	53 10.6	43 81.1	3 5.7	7 13.2	53 10.6
2.	Wall Clock & Watches	33 53.2	3 4.8	26 41.9	62 12.4	45 72.6	7 11.3	10 16.1	62 12.4
3.	Fan	13 59.1	2 9.1	7 31.8	22 4.4	9 40.9	4 18.2	9 40.9	22 4.4
4.	Kerosene Stove	13 86.7	2 13.3	0	15 3.0	2 13.3	4 26.7	9 60.0	15 3.0
5.	Iron Box	31 58.5	0	22 41.5	53 10.6	36 67.9	10 18.9	7 13.2	53 10.6
6.	Cycle	48 55.8	2 2.3	36 41.9	86 17.2	78 90.7	0	8 9.3	86 17.2
7.	Motor Cycle	0	0	4 100.0	4 0.8	4 100.0	0	0	4 0.8
8.	Television	2 25.0	2 25.0	4 50.0	8 1.6	6 75.0	0	2 25.0	8 1.6
9.	Cupboard	2 33.3	0	4 66.7	6 1.2	6 100.0	0	0	6 1.2
10.	Tailoring Machine	9 69.2	0	4 30.8	13 2.6	6 46.2	0	7 53.8	13 2.6
11.	Tape Recorder	36 62.1	0	22 37.9	58 11.6	49 84.5	4 6.9	5 8.6	58 11.6
Distribution of Population in %		69.2	4.0	26.8	100.0	68.9	20.3	10.8	100.0

deaths and agricultural purposes. This shows the local money lenders are easily accessible to the people. Due to the procedural delay in banks, and women associations might have also forced them to approach money lenders or village head-man for financial assistance. The rate of interest, if money borrowed from the lenders, varies from 12 percent to 120 percent per annum.

Household Properties

The table No. 6.4 shows the Caste and Religion-wise distribution of household properties. It reveals that the caste and religion-wise distribution of household properties is disproportionate with that of the distribution of population. As far as the religion-wise distribution is concerned, for instance, the Christians having motor cycles constitute 100 percent despite their population is less than Hindus. They even out number the Hindus in holding properties like television and cupboard. While looking at cast-wise distribution of properties BCs equal the SCs and STs in owning some of the household properties in spite of their constituting least percentage of population. Thus it reveals the fact that the economic status of the families has no co-relation in respect to their religion and caste.

Animal Husbandary

Understandably having milk giving animals in the families signifies extra income. Out of 500 families 72.8 percent do not possess milk giving animals.

This signifies their interest, financial capacity, availability of fodder, place etc. There are about 17.6 percent of the families who have cows, 1.2 percent of them rear goats, 7.2 percent of them have buffaloes, and only 0.8 percent of the families have both cows and buffaloes. 0.4 percent of the families have not responded.

Table - 6.8 **Animal Husbandry**

Milk Animals	Frequency	Percentage
No	364	72.8
Cow	88	17.6
Goat	6	1.2
Buffaloes	36	7.2
Cow & Buffaloes	4	0.8
No Response	2	0.4
Total	500	100.0

Table - 6.9 **Worth of the Milk Animals**

Worth	Families	Percentage	Valid Percent
Upto Rs. 2000/-	89	17.8	67.4
Rs. 2001 to Rs. 4000/-	25	5.0	18.9
Rs. 4001 to Rs. 6000/-	15	3.3	11.4
Above Rs. 6000/-	3	0.6	2.3
No Response	4	0.8	Missing
Not Applicable	364	72.8	Missing
Total	500	100.0	100.0

Of the 136 families who have milch animals, 67.4 percent of them have animals worth upto Rs. 2000/-. This table also signifies as the worth of the animal increases the number of families possessing them is on the decrease. The income generated through milch animals is interesting to note that only 2 families out of 136 generate income upto Rs. 1500/-. Understandably, the remaining families use the milk for their household. The milch animals of the 11.4 percent of the families are treated at veterinary hospitals and 10.4 percent of the families at their locality.

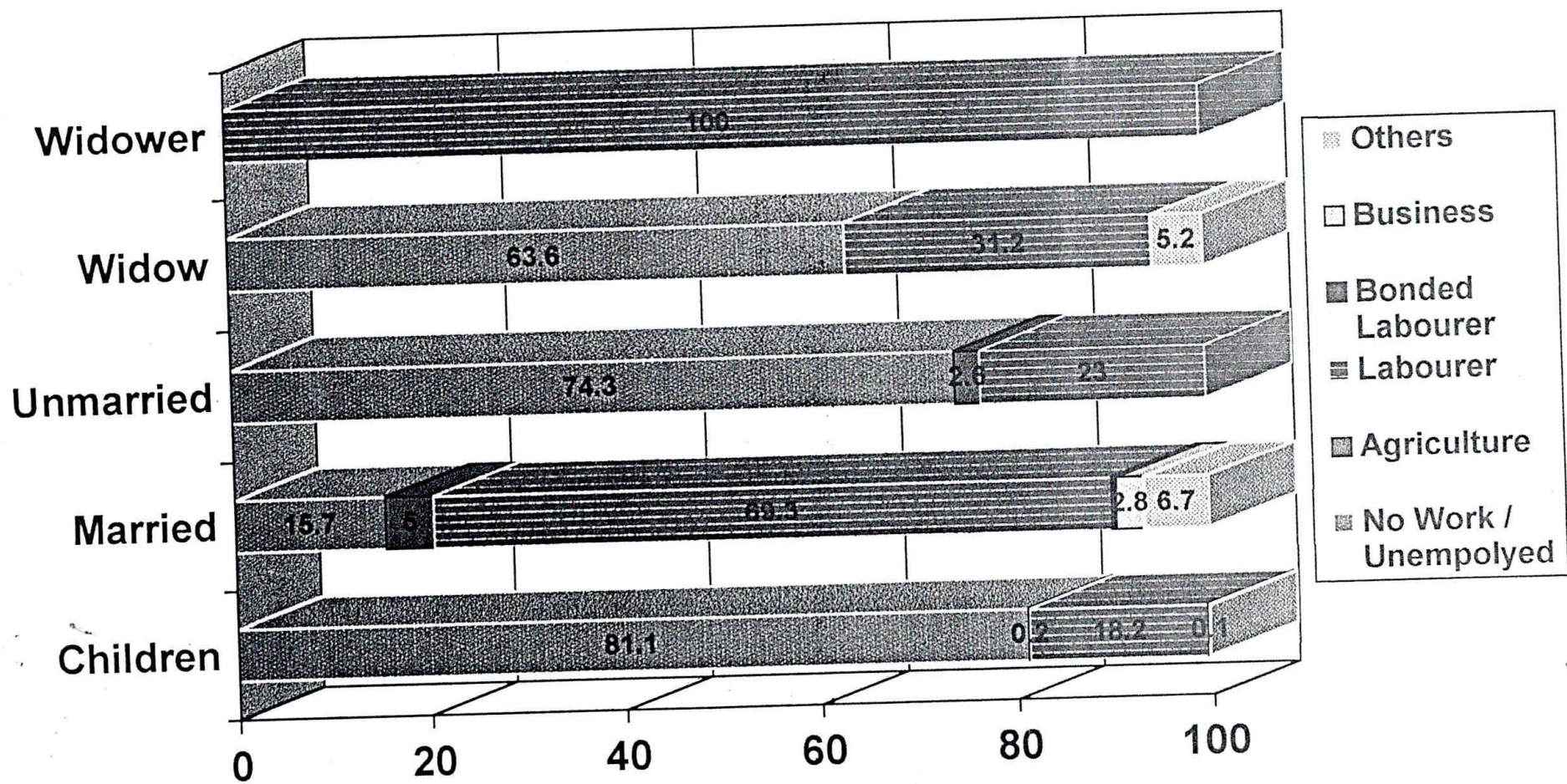


Figure - 8

MEMBERS' STATUS BY GENDER

SOCIAL PROBLEMS

With regard to the problem of social stigma faced by the low caste people, 100 percent of them are experiencing the problem of Untouchability. Women and children of Scheduled Caste and Scheduled Tribes, those in agricultural families, and female headed households constitute the most disadvantaged sections of the society. Social deprivation and economic backwardness of the Scheduled Caste and Tribes coupled with their territorial segregation in rural areas inhibits access to the utilization of various developmental and welfare programmes such as provision of drinking water, maternity allowance, immunization, ANMs' home visits etc. The demand for modern inputs and services is quite low among these sections of the people. Even if the demand is strong they may still be the losers in the interplay of caste and class in the completion of governmental benefits.

Occupation determining Status

The figure shows the correlation between the members' Status by Occupation. According to the status of the members of the family, it is observed that the children those who do not work constitute 81.1 percent. But it is very pathetic to see the problem of unemployment prevails to a great extent. It is so evident that among the married people of the area 15.7 percent are unemployed, and among the unmarried, who are mostly young and youthful, outnumber all, and they constitute 74.3 percent, which means little less than 3/4 of the youth population of the area is unemployed. The agricultural labourers and other coolies are the highly employed people in the area, and it is also the fact that among the children those who are involved as labourers constitute 18.2 percent.

It shows Child Labour, which is considered as social menace, is still existing in the area. The other heart wrenching problem, Bonded labour, is also evident among the people. It is found that children and married people among themselves form 0.2 and 0.5 respectively are labeled as bonded laborers. As far as other occupations are concerned, among the married 6.7 percent involve in Tailoring, Carpentry, Stone cutting and crushing, Beedi making etc. Only married people are involved in these business.

Substance Abuse

Alcohol addiction is becoming an environmental factor so far as it is constraint variable in the home environment. It compounds the condition of malnutrition as chronic alcoholics suffer from malabsorption of major nutrients. It increases the level of violence within the household and aggravates the condition of poverty. The increased demand for alcohol has created a new monster in the rural areas.

The study reveals that there are 43 percent of the families having members who consume alcohol. And families having no alcohol consumers are 56 percent. With regard to the frequency of people often consuming alcohol is from 9.4 percent of the families, and occasionally is from 33.6 percent of the families.

The local brew is often toxic and causes a degree of poisoning. From our observation it is visible where the men folk are outwardly sickly with yellowish eyes, puffy cheeks and bloated visages.

Table - 7.1

ALCOHOL CONSUMPTION BY ALCOHOLICS' AGE

DURATION	AGE						TOTAL
	16 - 25	26 - 35	36 - 45	46 - 55	56 - 65	Above 65	
Often	8 17.0	9 19.1	14 29.8	7 14.9	9 19.1		47 21.9
Occatoionally	16 9.5	45 26.8	36 21.4	46 27.4	14 8.3	11 6.5	168 78.1
TOTAL	24 11.2	54 25.1	50 23.2	53 24.6	23 10.7	11 5.1	215 100.0

Table - 7.2 **PEOPLE BY HABITS**

HABIT	AGE						TOTAL
	16 - 25	26 - 35	36 - 45	46 - 55	56 - 65	Above 65	
Pan Chewing				18 81.8	2 9.1	2 9.1	22 6.1
Smoking	4 5.7	41 58.6	9 12.8	9 12.8	4 5.7	3 4.3	70 19.1
Nas	11 26.2	12 28.6	9 21.4	6 14.3	3 7.1	1 2.4	42 11.5
All the above	5 10.2	11 22.4	22 44.9	4 8.2	5 10.2	2 4.1	49 13.4
Pan & Smoking		17 28.8	16 27.1	19 32.2	5 8.5	2 3.4	59 16.1
Smoking and Nas	14 17.5	20 25.0	16 20.0	17 21.2	8 10.0	5 6.2	80 21.8
Pan & Nas	8 18.2	17 38.6	17 38.6	2 4.5			44 12.0
Total	42 11.5	118 32.2	89 24.3	75 20.5	27 7.4	15 4.1	366 100.0

Alcoholics and Alcoholic Consumption

It is observed that those who often consume alcohol fall between 36 to 40 years of age and they constitute 5.6 percent of the families. This may be attributed to the fact of high earnings of this age group is more when compared to other age groups. It is also important to note that 3.8 percent of the families are having members who often consume alcohol and they fall between the age group of 16 to 25. People who occasionally drink alcohol fall between 26 to 30 years of age and they form 14.0 percent of the families, due to peer group's pressure the people of this age have the tendency to go for liquor during occasions like festivals and while involving in social, cultural and political activities. There are people who rarely consume alcohol fall also between 36 to 55 years of age.

People by Habits

More than 7 out of 10 families are found to be having members who are habituated to one or more items like Pan, Cigarette and Snuff. The habit of Pan chewing has been observed in the age group between 46 to 55 years whereas other age groups have no such habit. Smoking habit is more among those who fall between 26 to 35 years of age. Among those who use snuff the highest percentage fall also between the age group between 26 to 35. In 13.4 percent of the families there are people who have all the habits listed in the table. Of all the habits, smoking is the most prevailing habit among the people and which an adolescent starts doing it at the age of 21. A significant percentage of families (26.4) have no one habituated to any of these habits.

SOCIAL ORGANISATION

Membership

Regarding the involvement of people in the community and other social activities, a vast majority of the women (97.6) exclusively had enrolled themselves in local women's associations. Besides as many as 21 women are elected for the post of Secretary in the associations. In spite of their such strong involvement in associations their representation in the village panchayat is only 1.4 percent. This is much less when compared to the issue of women representation in the Parliament.

Facilities Availled form B.D.D.S.

The BDDS' intervention to the issues faced by the people under the facilities or types of intervention, according to the expression of the people, 50.2 percent of the families is benefiting out of food assistance and awareness building. Followed by 37.8 percent who appreciate and welcome Awareness Programme for them is bringing development in their living conditions. For another group of people (7.0 percent), supply of food stuff has been a great help. Economic assistance given to the people had set them free from financial crisis. By and large, people approach the B.D.D.S. interventions with its implementation of various developmental programmes.

FINDINGS

DEMOGRAPHY

1. The average number of members in a family is 6.
2. The male out number the female with the Sex-ratio of 982 females per 1000 males.
3. The children between the age group of 0-15 compile more than half of the population (54.0%) and out of which 44.1 percent of them are in the age group of 0-5.
4. The senior citizens (60 +) of the area constitute only 1.7 percent.

Religion

5. Out of the total population 69.2 percent of the families are Hindus followed by Christians (26.8%) and Muslims (4.0%).
6. The Scheduled Caste alone constitute 68.9 percent. The Scheduled Tribe and Backward Community constitute 20.3 percent and 10.8 percent respectively.
7. The majority of the families' (94.0 percent) Mother Tongue is Kannada followed by Hindi (3.4%) and Telugu (2.6%).

Literacy

8. The literacy rate of Bellary and Raichur together is 43.1 percent.
9. Children attending Balwadies form only 0.5 percent.

Occupation

10. The 56.2 percent of the total population is unemployed and the rest (43.8 %) is the bread winning population.
11. Among those who are employed, daily wage labourers constitute 86.3 percent.

PHYSICAL ENVIRONMENT

12. More than 95 percent of the population do not have toilet facility.
13. Nearly half of the population cover a distance between 101 to 200 ft to get drinking water.
14. The household not having Separate kitchen constitute 95 percent.
15. Ninety Six percent of the household use Traditional Chulahs.
16. Non of the families have the privilege of using Bio-gas.

HEALTH - WOMEN AND CHILDREN

17. The 6.0 percent of the families have leprosy symptoms.
18. Women and children constituting 5.0 percent suffer from blindness.
19. The women who do not receive special food at the time of pregnancy account for 84 percent of the families.
20. Ninety five percent of the women take normal diet after delivery.

21. Women from 42.6 percent of the families start breast feeding their infants 2 days after its birth followed by 25.1 percent between 9 hours and 2 days. More than half of the total families initiate weaned food during the period between 4 to 6 months followed by 47 percent start giving weaned food between 7 months to 1 year.
22. Pregnant women from 30 percent of the families are not given Tetanus Toxoid injections.
23. Women representing 53.8 percent of the families have not undergone any medical check ups during the period of pregnancy.
24. With regard to the Food intake, in spite of 72.2 percent of the families having an average of 8 to 9 members each, only 3.4 percent of them take food above 9 kg. per day.
25. The infant and child deaths occurred among the 500 families constitute 6.6 and 14.6 percent respectively.
26. There is no variation found in the infant mortality rate between male and female children. However, it is found that when the children cross 2 years of age the death rate among the female children is on the increase when compared to the male children.
27. The children hailing from 12.2 percent of the families have not been immunized at all. Another 7.6 percent of them have given 1 or 2 types of vaccines to their children. This implies the dropouts in immunisation.

ECONOMIC CONDITIONS

28. More than half of the population is landless. Even among the land owning families 43.6 percent of them are small farmers i.e. up to 2 acres.

29. As regards the type of land owned by the land holders, 72.9 of them have dry land and in which Jawar is the main crops cultivated. Those who have wet land Paddy is the major crops being cultivated.
30. Nearly 3/4 of the farmers depend on monsoon to irrigate the land.
31. The age of the most income contributors of the families is precisely between 26 to 35 years.
32. Women representing 32.2 percent of the families earn Rs. 10 as their daily wage, and which is the highest percentage of all.
33. The tendency to spend more than the income is quite common among the people of highest income earning group.
34. Ninety percent of the total population save in Women's Association.
35. Nearly 50 percent of the population take loan from the local money lenders, village head-man, etc. at the rate of 12 to 120 percent interest per annum.
36. The Religion and Caste-wise distribution of household properties is disproportionate with that of their population. Thus the economic condition of the people and religion or caste has no co-relation.
37. Little less than 30 percent of the total families have milch animals out of which only 1.5 percent generate income upto Rs. 1500/-. The rest use the milk for household purpose.

SOCIAL PROBLEMS

38. The severity of problem of untouchability is affecting the people to a larger extent. 100 percent of the total population is aware of the problem.

39. Families having widow constitute 3.0 percent. 'Widow' is labeled as 'Devadasis' in this area wherein it is still in practice.
40. Among the children, child labourers form 18.2 percent.
41. Bonded labourers constitute 0.5 percent and 0.2 among married and children respectively.
42. People constituting 43 percent of the families consume alcohol.
43. The highest percentage of those who often consume alcohol fall under the age group of 36 to 40 years, which is the second highest earning members of the family.
44. For every 10 families 7 people are habituated to one or more 'habits' like Pan chewing, Smoking, Applying Snuff. More number of Pan chewers are found in the age group of 46 to 55 years. Similarly the habit of smoking and Snuff is found more among the Youth especially at the age group of 26 to 35 years.

SOCIAL INVOLVEMENT

45. Women from 97.6 percent of the families associate with their local women groups. Only 1.4 percent of the women population is elected members of the Gram Panchayat.
46. The B.D.D.S. Programme Activities coupled with food assistance and awareness building are found to be having impact on people's progress. 50.2 percent of the total population have welcomed these programmes.

SUGGESTIONS

Literacy:

1. Adult literacy centres are to be started in every village coming under the purview of B.D.D.S. operation areas by involving the local educated people preferably the youth. In the first place the trainer needs to be trained on conducting adult literacy classes. Each village will have at least 2 trainers to train two groups of both male and female separately.
2. People are to be motivated to send or admit their children to the N.G.O. and Government-run Balawadi / Anganwadi Programme. The existing condition demands more number of Nursery Creache programme to be implemented in the diocese. Particularly in Raichur Dt.

Occupation

3. The unemployed folk could be encouraged to take up Self-employment Programme. Training Programmes could be conducted on various feasible self-employment activities keeping in mind their aptitude, availability of local resources. Besides, the B.D.D.S. can be a liaison between the Government / Bank and the people in obtaining financial assistance to enable the people to start their self-employment activity. The B.D.D.S. also provide direct financial and technical assistance to the unemployed to begin self-employment activity.

4. The daily wage labourers are to be organised and sensitized to fight and demand for the right and just wage from the employer.
5. It is suggested to introduce Family Insurance Scheme for the labourers who are working in unorganized, unsafe and hazardous sectors.

Physical Environment

6. The people are to be conscientized and educated on the usage and maintenance of toilets. Motivating the families, who have not toilets, to take participation in construction of new toilets in forms of kind and cash, and even mobilization of available local resources.
7. The people are to be motivated to approach the Government to provide more bore-wells and public wells covering every hamlet / thanda and to pay immediate attention in repairing the existing bore-wells which are broken down.
8. While providing water supply sources, the population size of the revenue villages as well as the distribution of habitations such as small hamlets, Tandas and Janata housing colonies have to be taken into consideration.

9. Bigger villages will have to be provided with more than one source of water supply. Similarly, habitations or parts of villages where scheduled casts and backward classes live will require an independent source of water supply. Because of these reasons the criteria for water supply will have to be changed periodically depending upon improvements made.
10. The people should be encouraged to go in for smokeless Chulah. The government could be approached to provide smokeless chulah.

Health

11. General Health check-up camps should be organized at the village level with coordination of Primary Health and District Health Centres at regular intervals.
12. Health workers should visit the houses, identify the women in general and pregnant women in particular as well as children and to educate them to avail the medical services. The Health Workers to pursue and refer the local health care centres to provide the necessary treatment to the people suffering from various ailments.
13. Emphasis need to be laid on initiating weaned food and much attention must be paid by the health workers by identifying and pursuing the women in feeding their infants from the period of 4 months onwards. A regular educative meeting through demonstration would help the rural women conceive the idea of weaned food and thereby enabling them practicing the same.

14. To ensure 100 percent coverage under immunization. The health workers have to educate the people, motivate and arrange immunization programmes at the village level. The health workers can keep track of those pregnant women and children and refer them to primary health centres.
15. The people are to be educated on Kitchen garden encourage and motivate growing vegetables.

Economic Conditions

16. The Farmers need to be trained on water management, through input sessions, demonstration programmes, exposure etc. They should also be trained on usage of manure, its procurement, application etc.
17. The women labourers are to be organized and encouraged to fight for just wage and hours of work.
18. The people have to be educated intensively and motivated to develop interest towards savings and thrift.
19. The people have to be educated on family budgeting and create awareness on unnecessary expenditure on social customs and convulsions thereby discourage the unwanted expenses and curtail borrowing from money lenders.
20. Income generating project must be promoted and extended in order to enable the people to earn more and substantiate their family income.

Social Problems:

21. The people have to be helped to critically analyse the plight of Child labourers, Bonded labourers and Devadasis. They should be educated on social legislation that safe guards their rights and interests. Massive awareness campaign have to be organized on these issues enlightening the people as well as exploiters. A collective effort can be called for to fight against such social evils that disturb the normal life of the people.
22. The existing problems like Child Labour, Bonded Labour and Unemployment are an eye opener to the agencies involved in the welfare activities of the oppressed and exploited as nothing has been done to this vulnerable section of the society, it demands an immediate action to tackle this issue.
23. Women organization have to be involved in prohibiting the sale of liquors in the villages, through awareness campaigns. The women have to be motivated to take the lead role in bringing this problem in control.
24. The Men's Association and Youth Clubs have to be formed at the village level. The youth power could be harnessed to tackle the social evils. The men have to be motivated to encourage their women folk to take active participation in the women's association and other developmental activities.

25. Leadership Training Programmes have to be conducted for women, men and youth at regular intervals.
26. The people have to be educated intensively on the effects of bad habits. The educational meetings should focus more on the youth focussing their behaviour in conforming to the societies expectations.

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