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Original Research Article

Assessment of demographic attributes and health profile of schedule caste of 5 villages of Aligarh District, Uttar Pradesh, India

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ABSTRACT

Background: Demography is the scientific study of human populations. It takes into account the quantitative aspects of their general characteristics. In this paper health profile and different attributes of demography like age, gender, caste, marital status, educational status, temperament and occupation etc of scheduled caste people of 5 villages of Aligarh district were assessed and documented.
Methods: A pretested, predesigned questionnaire containing the demographic attributes was filled by researchers by face-to-face examination of the population through scheduled caste sub plan mobile health care OPD's. Surveys were conducted from 2nd June to 25th September 2022.
Results: Collected and analyzed data exhibits that there were marked difference with the age groups 0-15, 26-45 and 66-85, gender, caste, with religion of Hindu (90.83%) and Muslim (7.33%), educational status regarding illiterate (59.81) and graduate or above (1.65%), Mizaj, dietary habit and there were no significant differences regarding marital status, occupation and addiction behavior were noticed.
Conclusions: It can be concluded that majority of the scheduled caste population was living in interiors of rural areas with low socio-economic and health status. Most visited gender were females which indicate poor nutrition, lack of immunity and excessive burden on them. Majority of the population belongs to Balghami Mizaj. Most preferred diets were mixed and main occupation of the scheduled caste population was agriculture. This study will make policy makers and health workers derive practical conclusions which will help in the upliftment of the scheduled caste populations.

Keywords: Unani system of medicine, Demography, Mizaj, Health profile, Scheduled caste sub plan

INTRODUCTION

The Schedule caste (SCs) and scheduled tribes (STs) are officially recognized groups in India and are among the most socio-economically disadvantaged.[1] These terms are enshrined in the Indian constitution. During British rule in India, they were referred to as the depressed classes.[2] In present era, the SC are sometimes referred to as Dalit, meaning 'broken' or 'dispersed'. The SC population constituted 16.6 percent in Census 2011. SC make up 18.5% of the rural population and 12.6% of the urban population.[3] They were historically oppressed during British rule in India. The Constituent Assembly, post-independence, defined SC and tribes through articles 341 and 342, mandating the compilation of a comprehensive list by the President of India and state governors.[2,3] SC people also known as Dalits are socially excluded in India and face discrimination on the basis of their position at the

very bottom of the Indian caste system. The SC are those communities that are scheduled in accordance with clause (1) of article 341 of the Constitution.[4,5] Socio-economic status, education and income also play a key role for good health. Higher levels of education are associated with better economic and psychosocial support.[6]

The Central Council for Research in Unani Medicine (CCRUM) is an autonomous research organization functioning under the Ministry of AYUSH, Government of India. The council has been directed to implement a health programme under Scheduled caste-sub plan (SCSP) for the benefit of SC population. The SCSP, formerly known as the special component plan, was initially introduced during the sixth plan.

Its purpose is to direct resources and benefits specifically towards the development of SC by allocating a portion of funds from the general sectors in the plans of the states/union territories. A look at the recent available data brings out these facts quite clearly.[7]

These plans aim to assist economically disadvantaged SC families through income-generating and welfare schemes. The system has developed an effective mechanism to access funds and resources in different sectors to enhance the socio-economic well-being and living standards of SC communities.[8]

In this connection, the Regional Research Institute of Unani Medicine Aligarh, a peripheral institute of CCRUM organized Mobile healthcare programme in SC dominated areas of state. Present study is a compilation of demographic details collected in the Mobile Healthcare Program under SCSP in Aligarh.

Government of India initiative to improve the situation of SCs and STs

Several laws were passed to enforce the constitutional provisions, such as the Untouchability Practices Act, 1955, and the SCs and STs (prevention of atrocities) Act, 1989. These laws provide affirmative action in job allocation and higher education to promote the integration of SCs and STs into mainstream society, commonly referred to as reservation. They also provide resources and benefits to bridge the socioeconomic gap between the SCs, STs and other communities.

Legislation to improve the socioeconomic status of SC and St population, because twenty-seven percent of Schedule castes and thirty-seven percent of Schedule tribes lived below the poverty line, compared to the mere eleven percent among other households.[9,10]

Objectives

The objective of this programme was to screen/examine the SC people for their health status in the OPD as well as in the health camps and to provide Unani treatment to the patients suffering from different diseases. The aim of the study was to create awareness among the masses on preventive, promotive and curative health aspects through lectures, group meetings, health camps and distribution of literature among SC population. This study has also aimed to analyze and enumerate the demographic characteristics of SC populated area of five selected spots in Aligarh during June to September 2022.

METHODS

Survey research is most fundamental tool for all quantitative outcome research methodologies and studies. Mobile Healthcare Clinics and Health Camps were organized in five adopted Spots namely Siya Khas, Rampur, Kalupura, Chherat and Barai Subhan Garhi.

Study design

It was a single centric community based descriptive cross-sectional study.

Study place and period

The study was carried out at 5 villages of Aligarh district that is Siya Khas, Rampur, Kalu Pura, Chherat and Barai Subhan Garhi. The study was conducted between 2nd June to 25th September 2022.

Sampling technique

All the population who attended the mobile OPD's at all five villages and were willing to participate in the study were included and those who were not willing to participate in the study were excluded.

Data collection

A pretested, pre-structured questionnaire containing all the informations was filled by the researchers by face-to-face interview of the participating population at each study site.

Statistical analysis

Continuous variables drawn in data generation were analyzed and presented as mean and categorical variables were expressed in percentages with the help of software GraphPad Prism 8.0.

RESULTS

A total of 4354 patients were screened among all four spots, maximum number of patients were arrived at Siya Khas and minimum were at Kalu Pura that is 716 while 939, 784 and 811 were reported at Chherat, Rampur and Barai Subhan Garhi respectively.

Table 1 showed the mean age of the participants attending the mobile healthcare OPD's of all five selected spots. Mean age of participants at Siya Khas was 37.50 while it

was 40.53, 40.00, 36.42 and 31.71 at Rampur, Kalupura, Chherat and Barai Subhan Garhi respectively. Table 2 shows the total percentage of males who visited the OPD's were 34.74 while females were 54.44 and children were 10.74 percent.

Table 3 unveils the total percentage of patients at different spots as per their castes which include Schedule caste, schedule tribes and other castes. Among total participants who visited the OPD's maximum were of Schedule caste i.e., 94.97%, Schedule tribes were 0% and other castes who were benefitted by the mobile healthcare OPD's were 4.98%.

Table 4 displayed the different variables of the marital status of the population screened under the SCSP programme, data showed that the maximum population i.e.; 72.20% was married, 24.38% population was unmarried while widow and widower were 1.58%. 0.93 and 0.73% population reported their relationship status as divorcee and separated respectively.

Table 5 discloses the religion of the participants who visited the OPD's from different areas under study. Among the total population, 90.83% were Hindus while 7.33% were Muslims. Sikh population under observation was 1.44%. Christian population was minimum (0.29%) while atheists were absent.

Table 6 showed the education status of the five villages of the Aligarh district 59.81% of the population could not read or write in any language while 20.75% of population can read and write. 8.50, 5.68 and 3.47%, 1.53% of the population under study studied up to class eighth, tenth, intermediate and graduates or above respectively.

Table 7 showed the temperaments (Mizaj) of the participants attending mobile healthcare OPD's in adopted areas. Out of all the 4354 patients attended the mobile OPD's, 2650 (60.81%) were balghami (phlegmatic), 736 (16.88%) were damwi (sanguine), safrawi (choleric) were 658 (15.06%) while sawdawi (melancholic) were 310 (7.08%).

As displayed in Table 8 most of the population i.e.; 2975 (68.32%) were strictly vegetarian, while 1379 (28.64%) population were taking mixed diets containing vegetarian and non-vegetarian sources. Among those who were taking mixed diets minimum were from Kalupura 195 (4.47%).

Table 9 showed the percentage of the population involved in different types of addiction. Among all the participants 76.26% were not involved in any kind of addiction. Among rest of the participant's maximum were bidi smokers (10.63%) while minimum was snuffing bhang (1.39%). Out of the total population 8.5% were chewing tobacco and 3.05% population was consuming alcohol.

Table 1: Age wise distribution of participants of adopted spots.

Variables	Siya Khas Total-1104		Rampur Total-784		Kalupura Total-716		Chherat Total-939		Barai Subhan Garhi-811	
Age (years)	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
0-15	154	3.53	86	1.97	78	1.79	122	2.80	235	5.39
16-25	176	4.04	109	2.50	107	2.45	159	3.65	113	2.59
26-45	452	10.38	321	7.37	298	6.84	441	10.12	291	6.68
46-65	256	5.87	180	4.13	158	3.62	164	3.76	129	2.96
66-85	66	1.51	88	2.02	75	1.72	53	1.21	43	0.98
Mean (X)	37.74		40.53		40.00		36.42		31.71	

Table 2: Gender wise distribution of participants of adopted spots.

Variables	Siya Khas		Rampur		Kalupura		Chherat		Barai Subhan Garhi		Total	
Gender	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Male	419	9.63	299	6.86	249	5.71	293	6.72	254	5.83	1514	34.74
Female	607	13.94	408	9.37	401	9.20	536	12.31	419	9.62	2371	54.44
Child	78	1.79	77	1.76	66	1.51	110	2.52	138	3.16	469	10.74

Table 3: Caste wise distribution of participants of adopted spots.

Variables	Siya Khas		Rampur		Kalupura		Chherat		Barai Subhan Garhi		Total
Caste	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**%**
SC	1052	24.16	764	17.54	709	16.28	837	19.22	774	17.77	94.97
ST	0	0	0	0	0	0	0	0	0	0	0
Other	52	1.19	20	0.45	7	0.16	102	2.34	37	0.84	4.98

Table 4: Distribution of participants according to marital status in adopted spots.

Variables	Siya Khas		Rampur		Kalupura		Chherat		Barai Subhan Garhi		Total
Marital status	N	%	N	%	N	%	N	%	N	%	%
Unmarried	176	4.04	182	4.18	272	6.24	226	5.19	206	4.73	24.38
Married	788	18.09	566	12.94	526	12.08	678	15.57	589	13.52	72.20
Divorced	16	0.36	8	0.18	6	0.13	9	0.20	3	0.06	0.93
Widow and widower	20	0.45	16	0.36	5	0.11	18	0.41	11	0.25	1.58
Separated	8	0.18	12	0.27	3	0.06	8	0.18	2	0.04	0.73

Table 5: Religion wise distribution of patients in adopted spots.

Variables	Siya Khas		Rampur		Kalupura		Chherat		Barai Subhan Garhi		Total
Religion	N	%	N	%	N	%	N	%	N	%	%
Hindu	989	22.71	713	16.37	646	14.83	876	20.11	732	16.81	90.83
Muslim	78	1.79	58	1.33	52	1.19	59	1.35	73	1.67	7.33
Sikh	29	0.66	13	0.29	12	0.27	4	0.09	6	0.13	1.44
Christian	8	0.18	0	0	5	0.11	0	0	0	0	0.29
Atheists	0	0	0	0	0	0	0	0	0	0	0

Table 6: Distribution of patients according to educational status in adopted spots.

Variables	Siya Khas		Rampur		Kalupura		Chherat		Barai Subhan Garhi		Total
Educational status	N	%	N	%	N	%	N	%	N	%	%
Illiterate	672	15.43	464	10.65	443	10.17	563	12.93	463	10.63	59.81
Literate	168	3.85	224	5.14	158	3.62	192	4.40	163	3.74	20.75
Primary school	68	1.56	94	2.15	60	1.37	81	1.86	68	1.56	8.50
High school	44	1.01	62	1.42	32	0.73	52	1.19	58	1.33	5.68
Inter mediate	28	0.64	36	0.82	12	0.27	38	0.87	38	0.87	3.47
Graduate or above	8	0.18	21	0.48	20	0.45	13	0.29	6	0.13	1.53

Table 7: Distribution of patients according to temperament (Mizaj) in different selected spots.

Variables	Damwi		Balghami		Safrawi		Sawdawi	
Village	N	%	N	%	N	%	N	%
Siya Khas (n=1104)	119	2.73	971	22.30	184	4.22	79	1.81
Rampur (n=784)	190	4.36	205	4.70	141	3.23	41	0.94
Kalupura (n=716)	163	3.74	345	7.92	93	2.13	39	0.89
Chherat (n=939)	161	3.69	459	10.54	113	2.59	68	1.56
Barai Subhan Garhi (n=811)	103	2.36	670	15.38	127	2.91	83	1.90
Total of percentage	16.88		60.81		15.06		7.08	

Table 8: Diet wise distribution of population of five selected spots.

Variables	Vegetarian		Non-vegetarian/mixed	
Village	N	%	N	%
Siya Khas (n=1104)	718	16.49	386	8.86
Rampur (n=784)	539	12.37	245	5.62
Kalupura (n=716)	521	11.96	195	4.47
Chherat (n=939)	632	14.51	307	4.05
Barai Subhan Garhi (n=811)	565	12.97	246	5.64
Total of percentage	68.32		28.64	

Table 9: Addiction wise distribution of population of five selected spots.

Variables	None		Smoking		Tobacco chewing		Alcohol		Bhang	
Village	N	%	N	%	N	%	N	%	N	%
Siya Khas (n=1104)	822	18.87	125	2.87	99	2.27	39	0.89	19	0.43
Rampur (n=784)	583	13.38	94	2.15	63	1.44	28	0.64	16	0.36
Kalupura (n=716)	551	12.65	82	1.88	59	1.35	20	0.45	3	0.06
Chherat (n=939)	737	16.92	87	1.99	85	1.95	25	0.57	5	0.11
Barai subhan Garhi (n=811)	629	14.44	76	1.74	65	1.49	22	0.50	19	0.43
Total of percentage	76.26		10.63		8.5		3.05		1.39	

Table 10: Occupation wise distribution of population of selected spots.

Variables	None		Land holder		Agricultural labourer		Unskilled labourer		Skilled labourer		Business		Student		House wife		Unemployed		Retired		Other	
Village	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Siya-Khas (n=1104)	364	8.4	16	0.4	125	2.9	30	0.7	11	0.3	11	0.3	16	0.4	425	9.8	66	1.5	11	0.3	0	0
Rampur (n=784)	254	5.8	12	0.3	99	2.3	20	0.5	4	0.1	6	0.1	55	1.3	292	6.7	64	1.5	7	0.2	0	0
Kalupura (n=716)	294	6.8	6	0.1	75	1.7	23	0.5	5	0.1	9	0.2	27	0.6	282	6.5	47	1.1	4	0.1	0	0
Chherat (n=939)	341	7.8	5	0.1	115	2.6	38	0.9	9	0.2	8	0.2	30	0.7	349	7.4	42	1	2	0	0	0
Barai-Subhan Garhi (n=811)	264	6.1	8	0.2	93	2.1	31	0.7	5	0.1	10	0.2	28	0.6	324	6.9	43	1	5	0.1	0	0
Total	1517	35	47	1.1	507	12	112	3.2	34	0.8	44	1	156	3.2	1672	37	262	6	29	0.7	0	0

DISCUSSION

The demographic profile of the patients was assessed by the pretested, predesigned screening sheets containing information about their age, gender, caste, marital status, temperament (Mizaj), religion, educational status, dietary habits, addiction and occupation as these factors are the clear determinants of health and diseases. Total 4354 patients were seen during the months of June to September, 2022 including male, female and children. Maximum number of patients i. e.; 1104 was screened at Siya Khas while they were minimum at Kalupura i. e.; 716.

Table 1 to table 10 showed the results of different variables of demographic profile. Majority of the participants, 235 (5.93%) under age group of 0-15 were found at Barai Subhan Garhi while participants of the age group 66-85 were found minimum i. e.; 43 (0.98%). Data unveils that female patients were more as compared to the male patients. Maximum percentage of males (9.63%) and females (13.94%) among different spots was found at siya khas while children (3.16%) were maximum at barai subhan garhi due to improper hygiene and lack of sanitation was observed under this age group. Highest, 1052 (24.16%) percentage of SC population was observed at Siya Khas while maximum percentage of other castes was observed at Chherat i. e.; 102 (2.34%).

SCSP programme was specifically initiated for the benefits of the SC population and their upliftment in the society. After looking the data, it can say that this programme is successfully fulfilling its objectives, apart from these other castes are also getting satisfaction by this scheme. Majority of the unmarried respondents were found at Kalupura 272 (6.24%), while married population were found at Siya Khas 788 (18.09%). It was observed during the course of study that both physical and mental health status of the married women was poor in comparison to men and other unmarried population. In Siya Khas Hindu population was maximum (22.71) and Muslim population was minimum in Kalupura (1.19%). Religion of a population or person also helps in providing health status of the particular population as some diseases or health conditions are particularly related to that religion. Maximum number of Illiterates were found at siya khas 672 (15.43%), while maximum number of literates 224 (5.14%) and graduates or above were found at Rampur 21 (0.48%). Education has an important role on human health and welfare, as education provides knowledge to people to live healthy and socially productive life.[11]

SCSP programme aims to spread knowledge about causes, prevention, treatment and management of diseases through lectures but more steps should be taken to educate the population at mass levels. Mizaj (temperament) of the subjects were evaluated by ten determinants (ajnase ashra) given in classical unani literatures.[12] There are four types of Mizaj which are described in Unani texts that is damwi (sanguine), balghami (phlegmatic), safrawi (choleric) and sawdawi (melancholic). These 4 different temperaments of the body exert different physiological functions in the body and their alteration leads to diseases. According to Unani

system of medicine, Damwi Mizaj is considered best and the individuals which are having this Mizaj are considered very active and healthy. After damwi, balghami Mizaj is considered best, people with balghami Mizaj easily become flabby and overweight. People with safrawi Mizaj are susceptible to brain and nervous disorders while people with sawdawi Mizaj are prone to develop diseases like melancholia, juzam (leprosy), sartan (cancer), and dawali (varicose veins) etc.[13]

Among all the participants balghami were found most at siya khas i.e.; 971 (22.27%), while Damwi were maximum at Rampur i. e.; 190 (4.35%) followed by Kalupura 163 (3.74%). It was observed that most of the population which was on vegetarian diet was Hindus while others were Muslims. Diet has a direct role on health of an individual, a healthy and balanced diet must contain different types of food from both the animal and plant sources which provides ample quantity of the nutrients necessary for good health. According to the diet perspective it was observed that population who were strictly vegetarians were complaint of symptoms of protein and vitamin B12 deficiency. Out of the total population 23.57% of the population were involved in different types of addictions. It shows lack of education and employment, it was observed that among the addicted population males were involved more and very few females reported their selves addicted.

Among the non-addict persons most of them were found from siya khas 18.87%. After analyzing the data from table 10 it is observed that 34.83% population was not working, only 1.05% were land holders, 11.63% population was involved in agricultural work, 3.23% population was doing unskilled labor jobs while 0.76% were skilled labour. 0.98% population was doing business, 3.56% were students, 5.98% population was unemployed while 0.65% population was retired from their work. Maximum 37.29% population was Housewives this is because maximum populations under studied were females. Maximum agricultural labours belonged to siya khas 2.78% while maximum percentages of students were reported from Rampur (1.26%). Low income and education predict health and socioeconomic status of a population, more than 15.62% of the population belonged to labour class, 5.98% of the population was jobless and it indicates low socioeconomic and poor health status of the population.

CONCLUSION

After analyzing the data, it can be concluded that most of the population who visited SCSP mobile healthcare OPD's were of Schedule caste, following Hinduism and predominantly living in interiors of rural areas with low socioeconomic status. There is notable difference in the age group of the SC population. Mean age, which was most visited was 37 years. Percentage of females was more which implies lack of nutrition and excessive burden which predisposes them to illness. Due to low education and poverty, main occupation of the SC population was farming but they also acquired some other occupations for enhancing their reputation among society. Majority of the population was married and most desired food habits were vegetarian. Bulk of the SC population under screening was of balghami temperament. SC population was aware of the risk of addiction and most of them were free from addiction but the most prevalent addiction among rest of the population was Tobacco consumption. It can say that overall status of all the SC population was low but among these five spots it was observed that siya khas and barai subhan garhi had remarkably low socioeconomic status. SCSP programme team spreaded knowledge about causes, prevention and management of diseases through lectures but more steps should be taken to educate the people at mass level about health, diseases, immunization, nutrition and sanitation. This is a small survey and similar kind of study may be organized at other villages with a large sample size so that it can yield reasonable conclusions about the population. This study will make policy makers and health workers derive practical conclusions which will help in the upliftment of the SC populations.

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