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DATA ANALYSIS OF HEALTH CONDITIONS OF LOWER STRATA OF DELHI'S POPULATION

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ABSTRACT

Delhi being the capital city of our nation needs to have the best healthcare service for all groups of people. But, in reality there are more super speciality hospital chains in Delhi where the people of higher income group can visit easily for check-ups and treatments. While in comparison to this, the number of government hospitals, nurseries and moholla clinics in Delhi is quite less which makes it problematic for the people of lower income group to avail health services. This paper gives a description about the current health scenario of people in the lower strata including what all problem do they face as regards health as well as availing health services. The study has been carried out on the basis of the data collected through physical surveys done in some residential areas of lower strata people. This study shall highlight the current health scenario of such people and also the need to improve primary healthcare services in order to have an overall disease-free city.

KEYWORDS

survey findings, health scenario, practitioner, lower strata, proximity.

JEL CLASSIFICATION CODES

JEL:I10 (Health), JEL:C80 (Computers: Data Collections and analysing), JEL:Z13 (Social Satisfaction).

INTRODUCTION

Surveys are the best indicative measures to know the interest and thoughts about the population. The National Family Health Survey follows a practice of conducting surveys across the nation on annual basis to know the health conditions of people in each state of the country. Some of its outcomes are shown below:

[1]The National Family Health Survey 2015-16 (NFHS-4), the fourth in the NFHS series, provides information on population, health and nutrition for India and each State / Union territory. NFHS-4, for the first time, provides district-level estimates for many important indicators. The contents of previous rounds of NFHS are generally retained and additional components are added from one round to another. In this round, information on malaria prevention, migration in the context of HIV, abortion, violence during pregnancy etc. have been added. The scope of clinical, anthropometric, and biochemical testing (CAB) or Biomarker component has been expanded to include measurement of blood pressure and blood glucose levels. NFHS-4 sample has been designed to provide district and higher-level estimates of various indicators covered in the survey. However, estimates of indicators of sexual behavior, husband's background and woman's work, HIV/AIDS knowledge, attitudes and behavior, and, domestic violence will be available at State and national level only.

As stated in an article by [15] Unite for Sight group, [2] whether verbal or written, surveys are a method to obtain an understanding about public opinion and perceptions. In the wider realm of sociology, politics, economics, behavioral psychology and across industries, statistical research is used to uncover the underlying 'truth'.

[3] As part of conducting a research study, the design of data tools is as important as selecting the right methodological approaches. Appropriate attention should be given to the proper development of the instruments used to collect data. Why? It is essential to avoid creating gaps between the theoretical postulates of research and the language used to find the facts.

Conducting surveys is one of the most suitable option to know accurate responses of masses towards their conditions regarding any issue. Different people have different health issues which are majorly an outcome of how their respective health systems work. Regardless of the group of people or the type of services being availed, the population has similar expectations about having good medical facilities available to them at all times and in all situations.

GOVERNMENT SURVEYS

The Indian Government carries out various health surveys from time to time to keep and updated recorded of the health conditions of citizens. Some of the major surveys are described below.

[4] **The National Family Health Survey (NFHS)** is a large-scale, multi-round survey conducted in a representative sample of households throughout India. Three rounds of the survey have been conducted since the first survey in 1992-93. The survey provides state and national information for India on fertility, infant and child mortality, the practice of family planning, maternal and child health, reproductive health, nutrition, anaemia, utilization and quality of health and family planning services. Each successive round of the NFHS has had two specific goals: a) to provide essential data on health and family welfare needed by the Ministry of Health and Family Welfare and other agencies for policy and programme purposes, and b) to provide information on important emerging health and family welfare issues.

According to **WHO National Survey in India**, Population-based surveys are an invaluable source of health information. [5] A key aim of these surveys is to provide high-quality data for policy development and program planning, monitoring and evaluation. Population-based surveys have been used extensively to gather information on fertility, mortality, family planning, maternal and child health, and some other aspects of health, nutrition and health care in India. [6]

[8]**The National Health Interview Survey (NHIS)** is the principal source of information on the health of the civilian noninstitutionalized population of the United States and is one of the major data collection programs of the National Centre for Health Statistics (NCHS) which is part of the Centres for Disease Control and Prevention (CDC). The National Health Survey Act of 1956 provided for a continuing survey and special studies to secure accurate and current statistical information

on the amount, distribution, and effects of illness and disability in the United States and the services rendered for or because of such conditions. The survey referred to in the Act, now called the National Health Interview Survey, was initiated in July 1957. Since 1960, the survey has been conducted by NCHS, which was formed when the National Health Survey and the National Vital Statistics Division were combined.
The introduction here covers the objectives and needs to carry out this survey, which are explained below:

OBJECTIVES

The major objective of the survey is to examine the way people of lower income group report their health, measure the performance of their frequently used health systems in relation to responsiveness and gather information on modes of treatment availed through various types of medical providers including clinics, hospitals or what the people refer to as the "Bengali Doctors". In addition, it addresses various areas such as health care expenditures, general hygiene of home and surrounding areas, birth history, various risk factors, assessment of main chronic health conditions and the coverage of health interventions, in specific additional modules.
The detailed objectives include:

1. To understand the health conditions of lower income group people and to carry out an analysis explaining their current scenario as well as needs for an improvised health care system.
2. Keep a regular check on the primary ailments being faced by the specified group of masses and also to make sure they receive basic medication and treatments in all situations.
3. These survey findings can also help the policy makers to develop better provisions for such people to avail trustworthy medical services from learned professionals in order to make the health conditions of lower strata at par with the other groups of society.

NEED

The need to carry out a health survey in areas where people from lower strata of the city reside lies in the fact that how much their health conditions are ignored by the system. The people considering their localities and facilities available to them, they are majorly illiterate, unaware about health state and generally ignorant towards getting a proper treatment for some ailment because of the monetary issues. This survey has thus been conducted to observe the health patterns of people and try to provide cost-effective and efficient methods of treating their ailments. Also, the need of face-to-face interaction with people in order to understand their problems and conditions better has been addressed by carrying out this survey. Other needs have been listed below:

- To target health care resources appropriately for overall improved health of the population.
- To provide baseline for monitoring the effect of inventions on health condition of lower income groups.
- To observe comparisons between the health state of different groups of people.
- To develop and information set which could be useful for forming new plans for providing health conditions.
- To highlight areas of further development, especially in areas of health care deficiencies.

RESEARCH METHODOLOGY

- **TARGET POPULATION**

The target population here are the families belonging to lower income groups. People aged 18+ have been interviewed about the overall conditions of themselves as well as their families. The major areas covered are Subhash Nagar slums in Delhi and J.J. Colony in Dwarka, New Delhi (NCR). Other people that have been interviewed include house maids, security guards, washer-men/washer-women, auto drivers, sweepers, rickshaw pullers, factory workers and other daily wage earners. A target of 250 interviews has been achieved covering the mentioned groups of people residing in the capital city, Delhi.

- **METHOD OF INTERVIEW**

All survey interviews have been carried out in a face-to-face interactive fashion. The questionnaire being in English, all people being interviewed were made to explain each and every question, asked to relate it with their lifestyle and health condition and this way accurate responses from the interviewees were collected.

DATA SOURCE

The data set used for the findings is Primary Data collected through the means of surveying the target population mentioned in the above section. The data is solely original and not taken as a secondary source of data from any references. The data used clearly specifies the current state of people termed as lower strata and also what are their needs that should be fulfilled to provide them a better and healthier lifestyle. The data consists of information stating their primary health issues that need major focus rather than concentrating on providing facilities and equipment(s) for rather bigger and severe health conditions.

TECHNOLOGY USED

The software (s) needed to analyze the various aspects of the survey are as follows:

- **Microsoft Excel (preferably 2016 version)**

MS-Excel is a very powerful tool of the Microsoft office due to its various features. We can organize your numeric or text data in spreadsheets or workbooks and view it in context through excel which will help us make more informed decisions.
As one looks at different configurations, Excel learns and recognizes our pattern and auto-completes the remaining data for you. No formulas or macros required.
The Tell Me search feature guides you to the feature commands you need to get the results you are looking for.
Excel also performs complex analyses for our data. And it summarizes our data with previews of pivot-table options, so that we can compare them and select the one that tells our story best.
Excel can recommend the charts and graphs that best illustrate your data patterns. Quickly preview your options and pick those that present your insights most clearly.
We can discover and compare different ways to represent our data and our intents visually. When we see the one that shows our data best, apply formatting, spark lines, charts, and tables with a single click. A set of new modern charts and graphs in Excel 2016 help you to present our data in fresh ways.
Excel makes it easy to spot trends and patterns in your data by using bars, colors and icons to visually highlight important values. The new one-click forecasting feature in Excel 2016 creates forecasts on your data series with one click to future trends.
In this survey analysis, Excel has been used to create the primary data set by entering all recorded responses in form of a spreadsheet which is further used for extracting patterns.

- **R Studio**

RStudio is an open source tool for performing Data Mining operations. In technical terms, RStudio is a cross-platform integrated development environment (IDE) for the R statistical language. The technology to amass data exceeds our abilities to make use of it. RStudio supports version control and codebase organization in the form of projects. Another cool feature which might be of use to some is the manipulate package for dynamically changing plot parameters
People all over the world are turning to R, an open source statistical language, to make sense of data. Inspired by the innovations of R users in science, education, and industry, RStudio develops free and open tools for R and enterprise-ready professional products for teams to scale and share work.
RStudio is an integrated development environment (IDE) for the R programming language. Some of its features include:

- Customizable workbench with all of the tools required to work with R in one place (console, source, plots, workspace, help, history, etc.).
- Syntax highlighting editor with code completion.
- Execute code directly from the source editor (line, selection, or file).
- Full support for authoring Sweave and TeX documents.
- Runs on all major platforms (Windows, Mac, and Linux) and can also be run as a server, enabling multiple users to access the RStudio IDE using a web browser.

The major benefit of using RStudio in our survey is that it helped in carrying out the Data Mining for the survey responses we collected from various people. The entire process of mining our desired results included creating a database in the Microsoft Excel spreadsheet, importing a "csv" format of this database in the RStudio and then using the various entries of the dataset to plot histograms, bar graphs and pie charts.

ANALYSIS AND FINDINGS

The findings of the survey along with the pictorial view are displayed in this section.

1) Overall Health Conditions of people in lower strata

FIG. 1.1

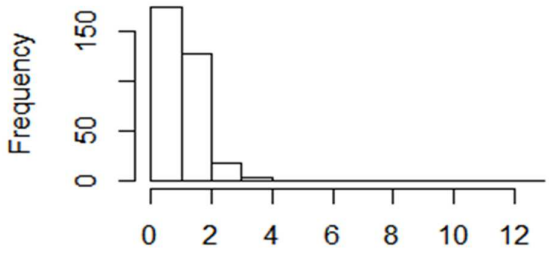
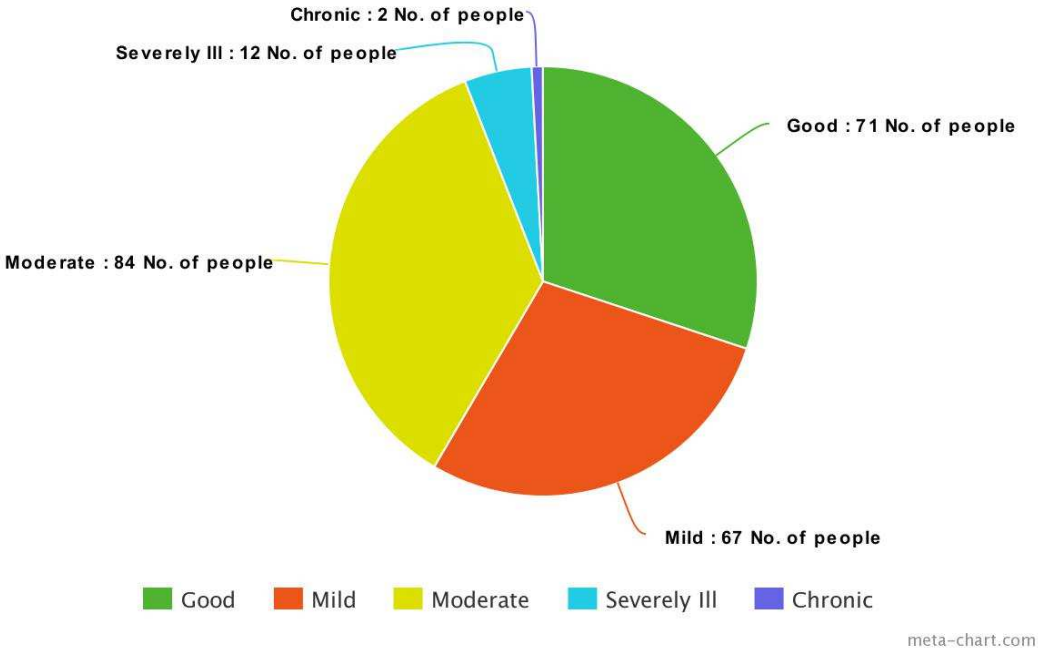


FIG. 1.2

Overall Health Condition



As per the survey results, the overall health conditions of people are majorly moderate, i.e., 35% of them told their condition as moderate while a big group of people, 28%, feel it is mild and can get worse at any time. The good outcome is that there is a less number, just 5.7%, suggesting people in ill and chronic stages.

2) Frequently Faced Primary problems

FIG. 2.1

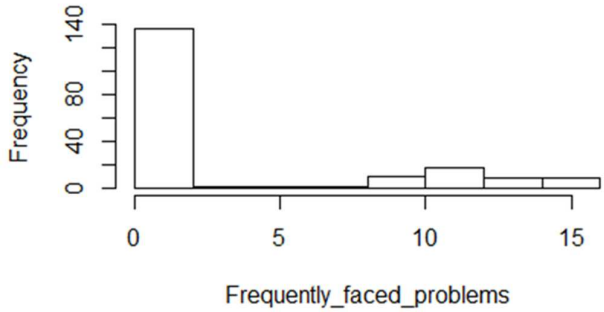
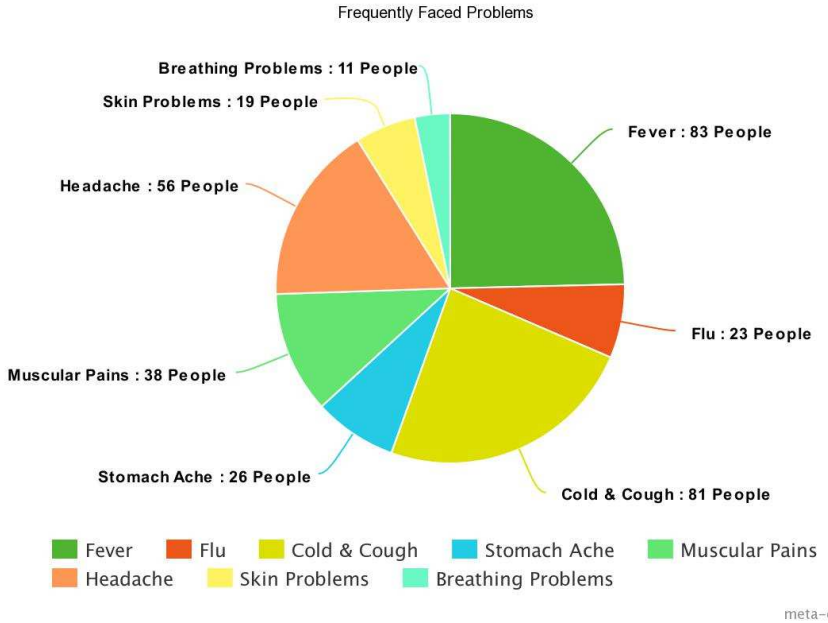


FIG. 2.2



The frequently faced problems include a variety of issues with fever, cough and cold being the major concern of majority of people, 67.4% in numbers. Other frequently faced primary ailments are headache, 23% and a few people also face issues like skin and breathing problems, 12.3%.

3) Time Lapse between check ups

FIG. 3.1

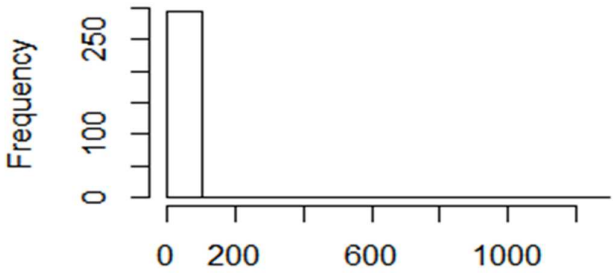
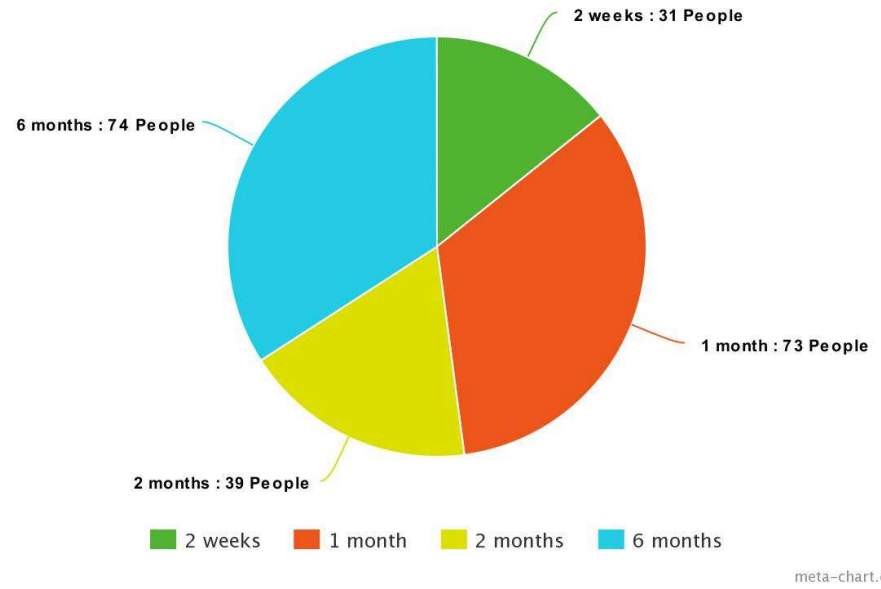


FIG. 3.2



The time gap between regular check-ups determines the general well-being of a person. The survey findings suggest that people in lower income group do not go for regular check-ups for months together, which leads to a disease or health condition getting worse with time. As shown above, 74% people told that they had not visited a doctor in 6 months while there are just 31% people who visit doctor within time span of few weeks.

4) Water Source

FIG. 4.1

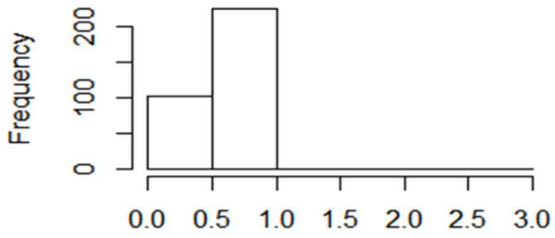
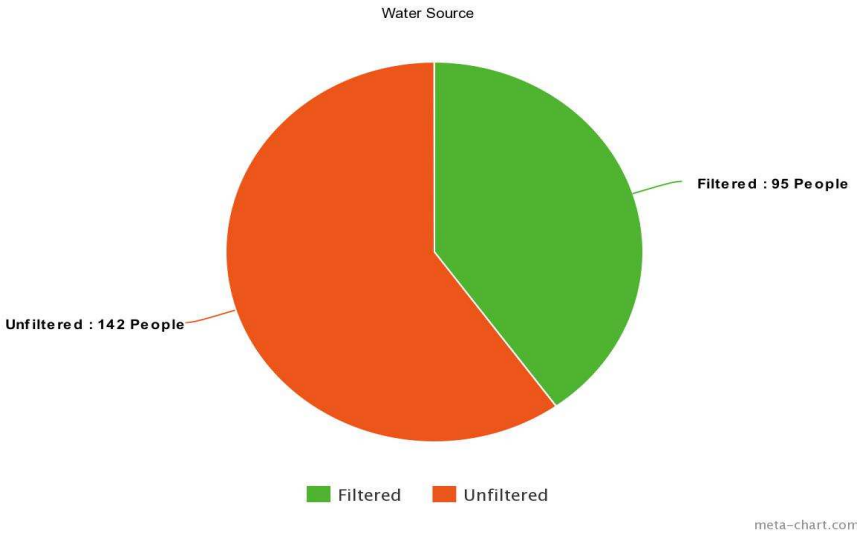


FIG. 4.2



Clearly, the water source indicator suggests that majority of people, 142 (58.4%), have no access to filtered water and have to survive with the dirty tap water. Drinking of unclean, untreated water is also an important cause of water borne health problems.

5) Clean Surroundings

FIG. 5.1

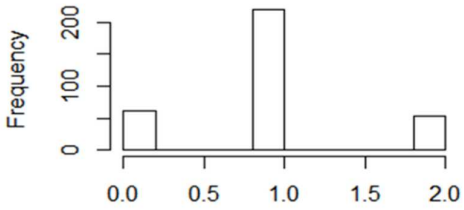
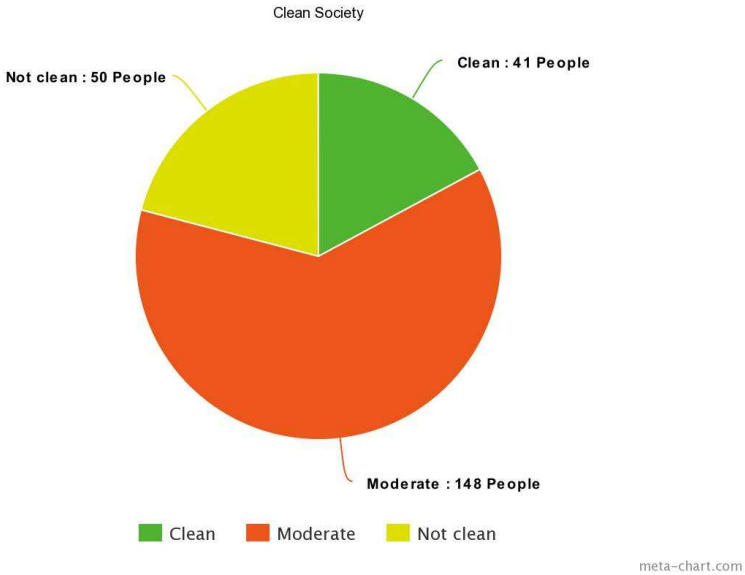


FIG. 5.2



Clean surroundings too play a major role in deciding the health conditions of people of a particular area. As depicted above, majority of people, 61%, rated their surrounding as moderately clean and not completely upto their expectations. There is a very less number, 16.8%, who say that their living surroundings are clean enough while 20.5% of them said it's not clean at all.

6) Availability of Fist-Aid kit

FIG. 6.1

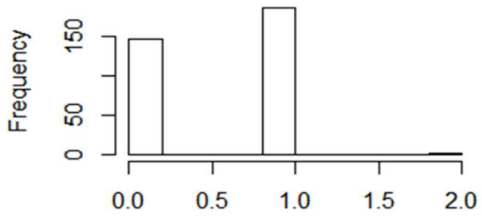
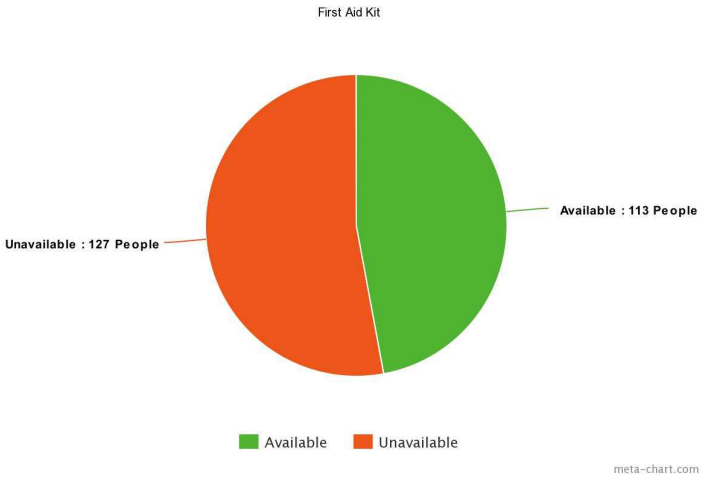


FIG. 6.2



The availability of first aid kit at all households is a must in order to treat any primary ailment at initial level. This always helps in lowering the rate of spread of disease and provides immediate relief too. As per our survey, the majority of people lie in the category of having a first aid kit at home, i.e. 46.5%, but also the number of people not having this facility at home or the knowledge about keeping a first aid kit ready is also not less, i.e., 52.2%.

7) Proximity to health service provider

FIG. 7.1

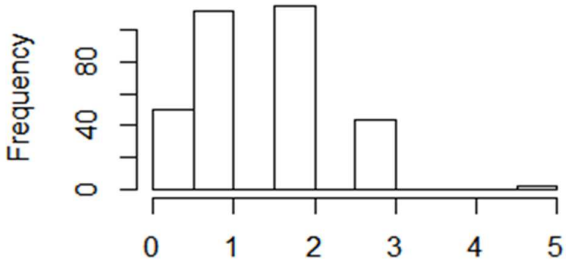
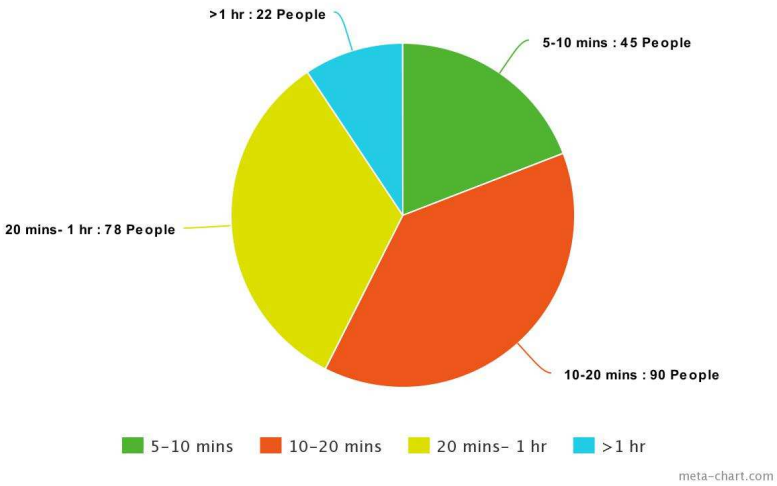


FIG. 7.2



In cases of immediate medical assistance proximity to health service providers plays an important role. The survey results depict that a good amount of people (37%) have medical services nearby to their residence, 32% people who need and average travel time between 20 minutes to 1 hour while there are few such people as well (9.05%) who need to travel for more than an hour to get the desired medical assistance.

8) Willing expenditure on health

FIG. 8.1

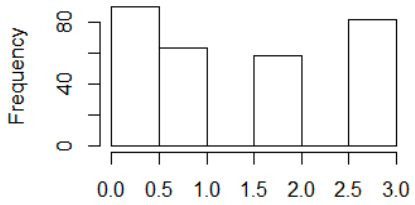
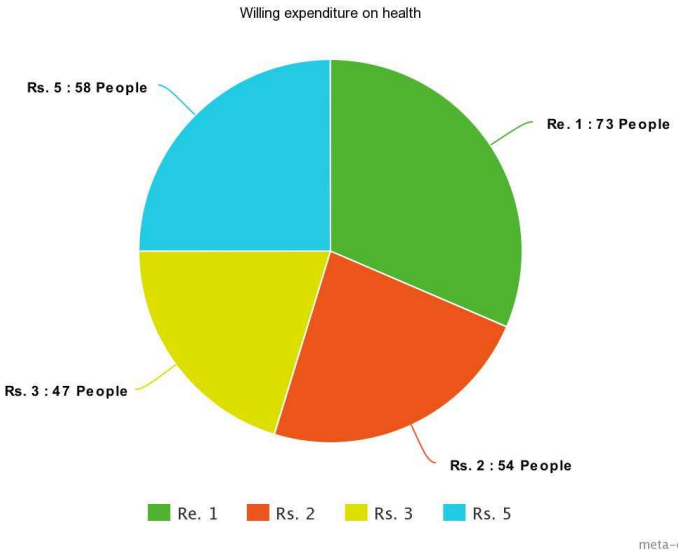


FIG. 8.2



When asked about willing expenditure for improving their health, majority people, 30%, responded that they won't be interested to spend more than a rupee for their health. Also, there were on an average 20.5% people who were willing to spend money ranging from Rs. 2 to Rs. 5 for their health issues.

9) Waiting time in case of Emergency

FIG. 9.1

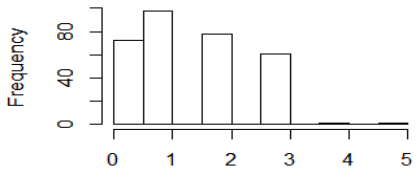
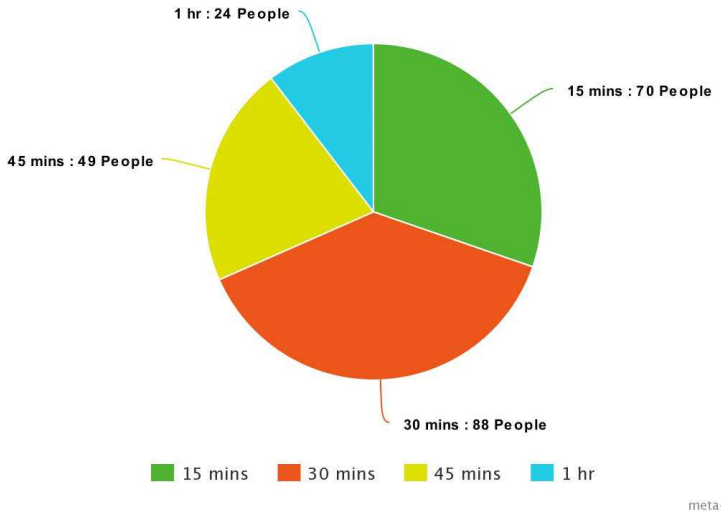


FIG. 9.2



It's always observed that in hospitals or private clinics, those who belong to lower strata are made to wait for time durations while those belonging to upper strata are treated first. This issue being a major one for a medical condition to worsen as also taken up in the survey. The results suggest that majority of people, 36.2% of them need to wait for an average of half an hour while there are 28.8% people who said they get assistance within 15 mins. Also, there are few people who need to wait for more than an hour before the doctors checks up on them and treats their illness.

10) Awareness about Government Health Schemes

FIG. 10.1

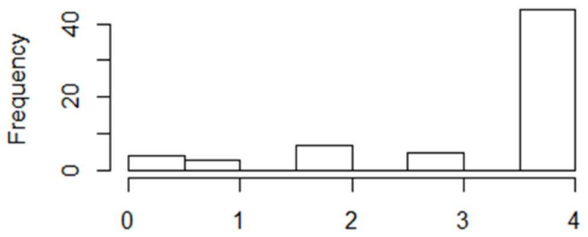
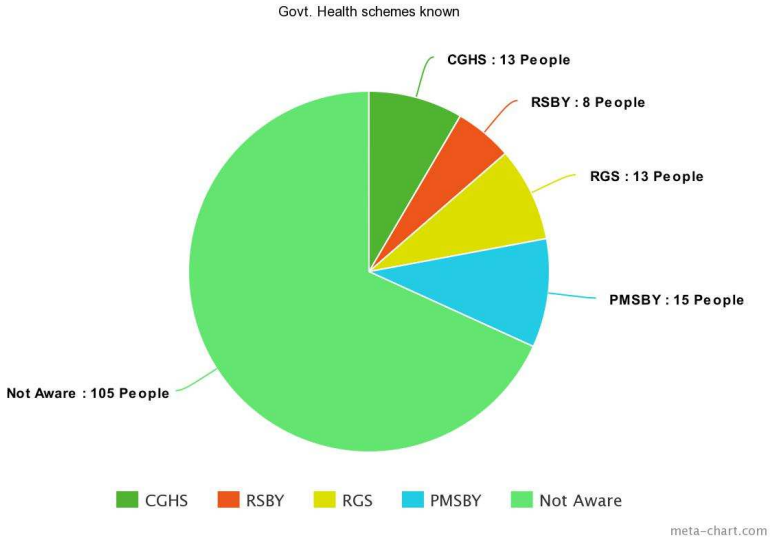


FIG. 10.2



The Indian government has announced multiple schemes to support health concerns of people of all groups. But being illiterate and unaware about these schemes, the people in lower income groups have no knowledge about how to avail the schemes and what benefits do they offer. The survey analysis shows the same, more than half of the people surveyed are not aware about any scheme, i.e., 43.2% people whereas just a mere amount of people, 20%, are aware about schemes such as CGHS, RSBY and others.

CONCLUSION

To conclude my study, I would state some outcomes from the survey. He findings clearly suggest that the overall health conditions of the already down trodden people are neglected up to a certain level. The living surroundings of people also need to be clean which are not majorly in the slum areas. The water quality is a major issue which needs immediate attention as tap water is never fit for drinking and boiling water for an entire family each day is a tedious task. Every citizen must be provided clean and fit drinking water. Also, as per the survey conducted the frequently faced problems are not much big an issue as these people majorly have to deal with flu, cold, cough and other seasonal diseases. To treat such problems and to provide regular check-ups for the same, the health management system of the city should devise such a plan that regular workshops or free health check-ups are organized for such masses. The ignorance at hospitals and clinics leading to an undesirable increase in wait time should also be monitored. To get proper health advice and treatment is the birth right of every citizen across the globe. The wall of being in lower or higher income group should not divide the medical practitioner's attentions towards any patient. Another factor that is responsible for the laid-back status of the health conditions of the masses of lower strata is the unaware attitude towards any scheme or health check-up camp. This increases the responsibility of the government to inform about any such wellness step taken up by them for the citizens of their nation and also to make sure people are being benefitted by the same. And now to wrap up my article I would say, surveys on regular basis are necessary to look out the current scenario and develop better means for future undertakings not just in health sector, but for any other field too.

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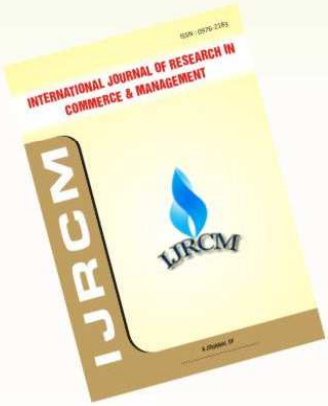
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