DATA ANALYTICS REPORT FOR AAROOGYA
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A. OBJECTIVES

The primary objective of the survey was to identify the existing awareness among the population about health, and breast cancer. Below are the four major objectives of the survey:

- Identify the demographic information of the population.
- Understand the lifestyle i.e. work-life balance, stress, hobbies, etc of the population.
- Identify general health-related awareness across the population.
- Identify breast-cancer awareness across the population.

B. SURVEY METHODOLOGY

The survey was conducted across 4 villages, namely, Kusaliya, Kasna, Surajpur, Jagat Farm and Narela. The survey consisted of 3 categories of questions:

The survey consisted of 4 categories of questions:

1. Demographic questions corresponding to age, gender, occupation, education, and number of family members.
2. Questions related to general health awareness. In this section, the respondents were asked to report their general health concerns, the frequency with which they see a doctor and for what purpose and how often they get preventive health check-up done.
3. Questions related to lifestyle. This section consisted of questions about daily food habits, smoking, alcohol consumption, exercise habits, stress causes, and their hobbies.

C. SURVEY FINDINGS

SECTION 01: DEMOGRAPHICS

In this section, we will report the demographic findings from the survey.

01: AGE

46% of the respondents belong to the age group of 31-45, followed by 27% belonging to 15-30-age band. 15% of the respondents were above the age of 45. 12% were below 15 years of age.

02: GENDER DISTRIBUTION

Kusaliya village constituted of 58% male respondents and 42% of female respondents. Kasna village constituted of 52% female respondents 48% male respondents. Jagat Farm had 68% male,
while having 32% females. Surajpur village had 56% and 44% female and male respondents respectively. Narela had 54% male respondents and 46% female respondents.

**03: EDUCATIONAL BACKGROUND**

From our primary research in these 4 villages, 65% of the surveys in question constituted people who were illiterate. 26% respondents had studies up to primary level schooling, and 6% had an education till higher secondary level. 3% were graduates or post-graduates.

**Insights about education at the village level:** During the interview, it was found that more women fell in the category of graduates and post-graduates than men.

**04: OCCUPATION**

28% people were skilled or semi skilled. 58% of the respondents were unemployed and 14% people were unskilled.

**SECTION 02: GENERAL HEALTH AWARENESS**

**05: COMMON HEALTH ISSUES**

For people aged between 15 and 30, the health issues seem to be trivial. They are afflicted by normal fever, cold, cough, stomach infection, acidity etc. The people aged between 31 and 45 suffer from the common ailments along with knee and joint pain. The people aged between 45 and 60 have breathlessness, cancer, and diabetes listed in top 10 words concerning health issues. For people aged above 60 years and less than 75 seem to have eye related problems, too in addition to the other concerns. For people aged above 75, the common issues are reduced vision, joint stiffness and pain, hearing, breathing problems, and exertion.

- The respondents in Kusaliya are concerned with common cold and fever, blood pressure, headache, knee pain, stomach infection and acidity, they have a lot of cases Tuberculosis, Hyperthyroidism, Malaria, Malnutrition, Bone and Joint disorder, Muscular dystrophy, allergies, Vitamin deficiencies, Diabetes and cases of Sarcoidosis
- The Kasna respondents suffer from different kinds of pain and common cold, cough and flu, Liver disorders, jaundice and Kidney disorders, Anaemia, Calcium and
Vitamin deficiencies

- Respondents from Narela have reported to be concerned with fever, diabetes, hypertension, stomach infection, acidity, knee and joint pain.
- Respondents from Jagat Farm are concerned with cancer too along with normal diseases. Respondents in Jagat Farm have eye problems listed in top 10 health concerns.

06: VISIT TO A DOCTOR FREQUENCY AND REASON

As can be seen from the above word cloud, there seem to be two kinds of responses: one which emphasize visiting the doctor once or twice a month or visit every 3 or 6 months and the other response is about visiting the doctor rarely. Those who visit the doctor seem to visit primarily for fever, pain, cold and viral.

07: FREQUENCY OF PREVENTIVE CHECKUP

Not surprisingly, an estimated 80% of the population never visits a doctor for preventive check-ups. However, 5% of the population do visit a doctor for preventive check-ups every quarter or half-yearly.

Nearly 90% of the respondents in Kusaliya said that they never visit the doctor for preventive health check-up. 95% of the respondents in Jagat Farm said that they never visit a doctor for preventive health check-up. 40% of the respondents in Narela said that they visit a doctor for preventive check-up although the frequency of visit might be less. 22% of the respondents take preventive checkup after more than a year. Similar stats hold up in Kansa where 35% of the respondents have said that they go for preventive check-up.

08: LAST VISIT TO DOCTOR

Over 40% of the respondents said that they have visited a doctor in the past 3 months with 14% of the respondents admitting that they visited a doctor in 3 - 6 months or 6 - 12 months. Only 8.5% of the respondents said that they never visited a doctor.
09: MOST IMPORTANT DOCTORS

- General physician is the most important doctor across villages, age groups and gender. The other two important doctors are Gynecologist and Pediatrician. However, there is a slight difference in the doctors in some of the villages and age groups.
- In the age group 31-45, an Orthopedist is important along with Physician and Gynecologist. For the people aged 75 and above, ENT Specialist and Ophthalmologist are important too along with a Physician.
- For males, the most important doctors are Physician, Orthopedics, Skin and ENT specialist. For females, the most important ones are Physician, Gynecologist, Pediatrician, Orthopedics, Eyes and Dentist.

10: CONTRACEPTIVE USE

Many respondents were reluctant to respond. Condoms, Tubectomy (or surgical sterilization), Contraceptive pills are the top contraceptives used.
11: INFORMATION ABOUT CONTRACEPTIVE USE

Around 55% of the respondents declined to respond. 19% of the respondents reported having heard about contraceptives from their friends. 17% attributed the information to media sources. Only 6% of the respondents seek professional advice on contraceptives.

- Interesting trends emerge on the gender level. Females are more reluctant to respond than their male counterparts.
- Also, females are less likely to talk about contraceptives with their friends than the males as an estimated 14.25% female population received contraceptive information from friends as opposed to 33% of the male population.
- However, females are more likely to seek professional advice on contraceptives than the males. An estimated 7% of the female population sought professional advice as opposed to only 2% males who sought professional advice on contraceptives.
- This indicates that males are open to discussing these aspects with their friends rather than seek professional help whereas females are more likely to seek professional advice rather than discuss with their friends.

SECTION 03: LIFESTYLE

12: DIET

Wheat, pulses and rice form the staple diet of villages across these villages. There’s a dearth of proteins and vitamins in their diet as fruits and pulses are sparingly consumed.

13: SMOKING
An estimated 68% of the population does not smoke. As expected, only 20% of the females are smokers compared to 66% of the men who smoke. Interestingly, nearly two-thirds of the respondents aged above 45 are smokers.

**14: DRINKING**

Nearly 93% of the respondents said they do not consume alcohol. While females rarely drink, the percentage of men who drink is higher. 18% of the respondents aged between 46 and 60 consume alcohol, which is the highest among all age groups.

**15: WORKING HOURS**

The median working hours is 7 with an inter-quartile range of 5.

**16: EXERCISE**

Nearly 80% of the respondents said they perform no exercise. All villages have quite similar exercise distribution.

Interestingly, 91% of females never exercise compared to 49% of males who don’t exercise. 43% of males exercise for 1 hour daily compared to only 7% females who exercise 1 hour daily.

**17: USUAL CAUSES OF STRESS**

Nearly 30% of the respondents reported having stress related to financial issues. 20% reported having family related issues. 17% reported having health issues related stress. 17% reported having no particular cause for stress.

Interestingly, females seem to be more stressed and trump the men in almost all causes of stress. Only 8% of the females find themselves having no cause of stress as compared to 41% males who find having no cause of stress in their lives.

The most important factor for stress among people aged 61 and above is health. People aged between 31 and 60 years of age are mostly troubled by stress related to financial issues.
D. CONCLUSION

Following are the key observations and our recommendations to be included in subsequent health camps:

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<tr>
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<th>OBSERVATIONS</th>
<th>RECOMMENDATIONS</th>
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<tr>
<td>1</td>
<td>Preventive Check-ups: 90% of respondents have never undertaken preventive check-up, which is alarming given the prevalence of non-communicable diseases in the region.</td>
<td>Conducting workshop sessions to spread the importance of preventive check-ups and diagnosis of life-threatening conditions early on.</td>
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<td>2</td>
<td>Contraceptive Use: A staggering 55% of the respondents declined to speak about the use of contraceptives. And only 6% took professional advice about its usage.</td>
<td>Conducting sessions to sensitize the villagers around the taboos associated with contraceptives is imperative. This should go hand-in-hand with family planning sessions.</td>
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<td>3</td>
<td>Smoking Habits: An alarming 32% of the villagers smoke</td>
<td>Conducting awareness sessions about the menace of oral and lung cancer is required.</td>
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<td>4</td>
<td>Drinking Habits: Although only 7% agreed to consume alcohol, it’s still a menace, which depletes financial resources of the families. It also leads to incidents of domestic violence.</td>
<td>Conducting awareness sessions is required; including problems related to mental health of individuals and families is required.</td>
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<td>5</td>
<td>Causes for Stress: The top three reasons for stress are financial (30%), due to family issues (20%) and followed by health reasons.</td>
<td>Conducting sessions on financial literacy to inculcate habits of micro savings and co-living to help overcome family issues is required.</td>
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<td>6</td>
<td>Need for Testing: Testing and early detection of Breast Cancer, Eye abnormalities for old patients, Diabetes, Hyper Tension and malnutrition.</td>
<td>Conducting detection and treatment camps for diseases that can have detrimental effects on health. Testing for Breast Cancer, Tuberculosis, Diabetes, and Hypertension.</td>
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<td>7</td>
<td>Dietary habits: Due to labor intensive work, and living conditions, both men and women need proper nutrition intake for maintaining livelihood and reproductive health.</td>
<td>Door-to-door awareness campaigns need to be carried out for understanding and empowering households about their daily need for protein, and other vitamins and minerals. A complete set of tests will be done, including testing hemogram, iron deficiency, glucose for diabetes, liver, kidney, uric acid for checking critical creatinine levels.</td>
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<td>8</td>
<td>Frequency of Health Camps: Currently, 23% respondents said that quarterly camps are conducted in their areas whereas a whopping 57% said it has never been conducted so far.</td>
<td>Conducting mobile monthly health camps (as 60% of respondents wanted) on the aforementioned themes is the need of the hour to ensure the villagers in Western UP are able to meet the desired standards of living.</td>
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