

**NUTRITIONAL STATUS OF OVER 60 YEAR FEMALE IN SENDRI VILLEGE
BILASPUR CHHATTISGARH**

FIELD WORK REPORT SUBMITTED BY



**Guru Ghasidas Vishwavidyalaya (a central Department of Anthropology And
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**In the partial fulfilment of the requirement of degree of Art of science in the
school of studies in life science**

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INTRODUCTION

MEANING AND CONCEPT

In recent years, there has been a growing recognition of the crucial role that the health and nutritional status of females play in shaping not only individual well-being but also the overall development of societies. The intersection of biology, culture, and socio-economic factors uniquely influences the health patterns and nutritional needs of females across different age groups and regions. Addressing the specific health challenges faced by females, from adolescence to adulthood, is paramount for achieving gender equality and ensuring a healthier future for communities worldwide. This discussion delves into the multifaceted aspects of female health and nutrition, exploring the disparities, challenges, and potential solutions that can empower females to lead healthier lives and contribute meaningfully to society." The health and nutritional status of elderly females is a crucial concern, as they often face unique challenges related to aging. Maintaining a balanced diet rich in vitamins, minerals, and protein is essential for their overall well-being. Adequate calcium intake is important for bone health, and they should focus on foods high in fiber to support digestive health. Regular physical activity, social engagement, and mental stimulation are also vital components of a healthy lifestyle for elderly women. It's advisable for them to consult healthcare professionals for personalized advice tailored to their specific needs and health conditions. The health and nutritional status of elderly females is a critical aspect of public health. As women age, they often face unique health challenges that can impact their overall well-being. Common health issues in elderly females include osteoporosis, arthritis, heart disease, diabetes, and cognitive decline

Nutrition plays a vital role in maintaining their health. Adequate intake of essential nutrients such as calcium, vitamin D, and protein is crucial for bone health and muscle strength. Additionally, maintaining a balanced diet can help prevent or manage chronic conditions like diabetes and heart disease.

However, elderly females may face barriers to accessing nutritious food, leading to issues like malnutrition or micronutrient deficiencies. Social factors limited mobility, and economic constraints can contribute to these challenges.

GURU GHASIDAS VISHWAVIDYALAYA

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SOCIO-DEMOGRAPHIC AND ECONOMIC PROFILE OF TWENTY
FIVE HOUSEHOLD SENDRI VILLAGE, BILASPUR, CHHATTISGARH



Fieldwork submitted to

Department of Anthropology and Tribal Development

Guru Ghasidas Vishwavidyalaya, Bilaspur, Chhattisgarh

In the partial fulfilment of the requirement of degree of Master of Science in the
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MEANING AND CONCEPT

Socioeconomic status is the foremost issue in the contemporary world, especially in the developing world. Socioeconomic status in rural areas is gradually improving over a period of time. Many programmes and policies have been implemented to improve the socioeconomic status of population in rural areas. But in economic sense, people of the rural areas could not develop equally over the region. Even within a small village, different types of economic classes are found. In this research paper an attempt has been made to find out the actual socioeconomic status of population of different income groups. The entire study is based on primary data which have been collected by door to door survey with a suitable questionnaire by the researchers. All the data have been classified into five income groups and simple percentage method is followed to analyse the actual situation. In the study area, 44.8% population's monthly per capita income is below Rs 500 and only 4.34% population's monthly per capita income is above Rs 2000. Only few percentages of people enjoy little better life where most of the people lie in risky situation.

The current situation of the society in developing nations is rapidly moving from poor economy to develop economy with the development of social condition. But these changes are not equal to all places. Basically rural areas very less developed as compared to urban areas in terms of social, cultural and economic aspects . Lifestyle of an individual's are widely depended on their economic status. Hence, social position of the person is dominated by his/her income. No society or region can be developed with the exception of any part remaining lag behind. Proper socio-economic

**HEALTH AND NUTRITIONAL STATUS OF 12 to 18 YEARS GIRLS OF SENDRI,
BILASPUR, CHHATTISGARH**

Dissertation submitted to



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At least, I am endlessly grateful to my parents and god for keeping me fit and to carry on my dissertation work successfully.

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MEANING AND CONCEPT

The health and nutrition status of adolescent girls between the ages of 12 and 18 years is a matter of critical importance for both individual well-being and public health. This period of life, often referred to as adolescence, represents a transformative phase marked by rapid physical, emotional, and social changes. Ensuring that girls in this age group receive proper nutrition and healthcare is essential for their growth, development, and long-term health. During adolescence, girls undergo significant physical changes, including the onset of puberty, which leads to the development of secondary sexual characteristics and the maturation of reproductive systems. These changes necessitate an increased demand for energy, nutrients, and specific vitamins and minerals. Proper nutrition during this time is not only vital for physical health but also plays a fundamental role in cognitive development, emotional well-being, and overall quality of life. The purpose of this exploration into the health and nutrition status of 12-18-year-old girls is to shed light on the unique challenges and opportunities presented by this phase of life. It delves into the specific nutritional needs of adolescent girls, the factors influencing their dietary choices, the impact of socioeconomic factors on their health, and the interventions and programs designed to support their well-being.

Adolescence (10–18 years) is a period of rapid physical and mental growth. During this period, adolescents gain the final 20% of their adult height; achieve 50% of their adult body weight and accumulate up to 40% of their adult skeletal mass. Due to the high velocity of growth, their energy, protein, and micronutrient requirements are much more than any other age group. Inadequate nutrition can delay sexual maturation, slow or stop linear growth, compromise peak bone mass, and make them susceptible to micronutrient deficiencies (particularly iron, calcium, zinc, and vitamin D); and eventually they cannot attain their growth potential. Nutrition of adolescent girl needs extra attention as she is the future mother. Her optimal nutrition and growth will have positive impact on

birthweight and health of her baby. Malnutrition (under- and overnutrition) is common in teenagers. Recently, a pan Indian survey has documented that >50% adolescents are either wasted, stunted, overweight or obese and over 80% are suffering from deficiency of one or more micronutrients such as iron, folic acid, zinc, vitamin B12, and vitamin D. Adolescence is the last opportunity for catch-up growth in life. So, inculcating healthy eating behaviors and regular physical activity can help teenagers to maintain normal body weight, prevent micronutrient deficiencies, and reducing the risk of non communicable diseases in adult life (e.g., cardiovascular disease, type 2 diabetes mellitus, hypertension, and cancers) Indian Academy of Pediatrics.) The WHO has defined adolescence as the age period between 10 to 19 years of age for both the sexes (married and unmarried).^{1,2} Adolescent and youth population together constitute 26.3% of world's population and in India, as per the 2011 census, there are 253.2 million adolescents in India, which accounts to 20.9% of the population, constituting nearly one tenth of Indian population, form a crucial segment of the society 50% of adult of weight and adult skeletal mass is attained during adolescence period. Rapid Increase in height and related skeletal growth and onset menarche increases energy and nutrients demand and thus leading to deficiency micronutrients like iron, calcium and iodine. Poor nutrition can delay puberty and lead to stunting. Adolescent girls form a vital "link" of nutrition between the present and the future generation. Early marriage and risk of pregnancy at earlier age increases the chance during child birth and malnourished adolescent mothers are less likely with stand these complications. Other Cultural factors like preference to male child, differential expenditure on nutrition, feeding of women with left-over food and add on burden of adolescent girls to help in household duties prevalent in rural areas effect their growth and development Nutrition forms the cornerstone to attain healthy physical growth and reproductive outcome in adulthood. Thus the world wide attention is now drifted towards improving the nutritional status of adolescent girls to break the intergeneration cycle of malnutrition. Despite considerable understanding regarding the nutritional challenges faced by adolescent, it is not mostly neglected in resource limited families in rural areas. The present study to assess nutritional status is conducted in rural areas of North Karnataka districts which have high rate of early marriages and high maternal mortality rate The WHO Height- for – age Z-score chart for individuals aged 5-19 years is used for assessment of weight for age and classified as normal, stunting and severe stunting.⁶ Weight- for –age is assessed using weight- for- age charts using Agarwal Growth charts, IAP for Indian children 1- 18 years of age.⁷ The WHO BMI (body mass index) - for –age chart for girls

FIELD WORK DISSERTATION

Assessment of Health and Nutritional Status of
Children Aged 6 months to 5 years of Sendri village ,
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ABSTRACT: A Better-nourished world is a better world. The global community is grappling with multiple burdens of malnutrition. Eighty-eight percent of countries face a serious burden of either two or three forms of malnutrition. The World Bank estimates that India is one of the highest-ranking countries in the world for the number of children suffering from malnutrition. The prevalence of underweight children in India is among the highest in the world and is nearly double that of Sub Saharan Africa with dire consequences for mobility, mortality, productivity, and economic growth. 2017 Global Hunger Index report ranked India 100 out of 119 countries with a serious hunger situation. India trails behind only a few countries such as North Korea, Bangladesh, and Iraq. The country's serious hunger level is driven by high child malnutrition and underlines the need for stronger commitment to the social sector. Freedom from hunger and malnutrition is a basic human right, and their alleviation is a fundamental prerequisite for human and national development.(Pathak S,20)

Nutritional status is the sensitive indicator of a child's health, and under-five children constitute the most vulnerable segment of any community. The assessment of the nutritional status of this segment of the population is essential for improving overall health; prime determinant of health status in an adult is their nutritional status in childhood. Adequate nutrition is a necessary first step in the improvement of quality of life. Nutrition plays a key role in the physical, mental, and emotional development of children, and much emphasis has been given to provide good nutrition to growing populations, especially in the formative years of life. The growth rate is maximal during the first 6 years of life; hence malnutrition has a direct impact on infant mortality rate and under-five mortality rates, which are prime indicators of the health status of a country. (Pathak S,20)

INTRODUCTION:

The condition of health of a person that is influenced by the in-take and utilisation of nutrients is called nutritional status. We need a nutritious diet for our well-being and good health. When our body receives all the nutrients in appropriate amounts so as to meet the needs of the body, then we are in the state of good nutrition. When there is a lack or excess intake of one or more nutrients and/or faulty utilisation of nutrients in our body, it leads to the state of imbalance in the body. This condition is known as malnutrition. There are two types of malnutrition. The condition of health of a person that results due to the lack of one or more nutrients is called undernutrition. However, when there is an excess intake of nutrients, it results in overnutrition. Thus the condition of malnutrition covers both the states of undernutrition and overnutrition. (Verma D.K., 2020)

CAUSES OF MALNUTRITION Some of the major causes of malnutrition are Decreased availability of food due to Increase in population(many mouths to feed) ,Low production ,Exhaustion of stocks, Ignorance, Economic conditions ,Stress conditions, Poor person hygiene and environmental sanitation(WHO, 2021)

ASSESSMENT OF NUTRITIONAL STATUS The process of determining the nutritional status of an individual or a group is known as nutritional assessment.).(K. Park, 2002) There are a few simple ways by which you can know the nutritional status of Yourself as well as of others. These procedures are –.By measuring physical growth;By determining dietary intake; By recognising nutritional deficiency diseases.

HEALTH AND NUTRITIONAL STATUS OF MEN AGED 18-59 YEARS IN SENDRI, BILASPUR (C.G.)

Fieldwork Report submitted to



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INTRODUCTION

The health and nutritional status of men is a complex and vital component of public health research and practice. Men's well-being represents a multifaceted spectrum influenced by a combination of biological, lifestyle, and sociocultural factors. This introduction aims to explore the significance of comprehensively understanding and addressing the distinct health and nutritional needs of men. Men's health is characterized by unique factors such as hormonal differences, genetic predispositions, and sexual and reproductive health issues. Their lifestyles, including dietary choices, physical activity, and habits related to tobacco and alcohol use, significantly impact their overall health. Additionally, socioeconomic conditions and cultural norms play a substantial role in shaping men's health behaviors and access to healthcare. Assessing men's health and nutritional status is of paramount importance due to health disparities experienced by men in certain conditions, the need for preventive health measures, the impact of lifestyle-related diseases, and the often-overlooked aspects of sexual and reproductive health. To explore men's health comprehensively, researchers and healthcare professionals employ diverse research and assessment methods, including epidemiological studies, surveys and questionnaires, clinical assessments, dietary analysis, anthropometric measurements, psychological and behavioural assessments, and longitudinal studies. These methods collectively contribute to a holistic understanding of the health and nutritional status of men, serving as a foundation for public health initiatives and healthcare interventions aimed at promoting better health outcomes for this demographic.

The health and nutritional status of men is a multifaceted and critical aspect of public health, representing a complex interplay of various biological, lifestyle, and sociocultural factors. In a world where discussions about health often encompass the entire population, it is imperative to recognize and thoroughly investigate the unique challenges and needs that men face in terms of nutrition and overall well-being. This extensive introduction seeks to provide a comprehensive overview of the subject, encompassing the intricate web of factors that define men's health and nutritional status.

Lifestyle factors play a pivotal role in shaping men's health and nutritional status. Dietary choices and nutrition are significant contributors to men's well-being. The type and amount of food consumed directly affect various health outcomes. Men's physical activity and exercise preferences differ from

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**NUTRITIONAL PROFILE OF MALES AGED 60
YEARS & ABOVE SENDRI VILLAGE, BILASPUR,
CHHATTISGARH**

Dissertation submitted to



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CHAPTER-1

INTRODUCTION

MEANING AND CONCEPT:

Health is a state of complete, physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO,1948). Nutritional status has been defined as an individual's health condition as it is influenced by the intake and utilization of nutrients (TODHUNTER,1970). Nutrition is a critical part of health and development (WHO,1948). Today three types of definition of health seem to be possible and are used. The first is that health is the absence of any disease or impairment. The second is that health is a state that allows the individual to adequately cope with all demands of daily life [implying also the absence of disease and impairment]. The third definition states that health is a state of balance an equilibrium that an individual has established within himself and between himself and his social and physical environment. Nutritional status as 'the degree to which an individual's physiologic needs are being met by the foods consuming. (AMERICAN DIETETICASSOCIATION) A state characterized by anatomic, physiologic and physiological integrity. (STOKES,1982). "Health is a condition of being sound in body, mind and spirit, especially freedom physical disease or pain." (WEDSTER). Science of food, nutrients, substances, their actions, interactions and balance in relation to health and disease and the process by which the organism digests, and excretes food substances(AMA).The concept further by defining health as "a state characterized by anatomic ,physiologic, and psychological integrity an ability to perform personally valued family, work, and community roles an ability to deal with physical, biologic, psychological, and social stress.(STOKES, NOREN AND SHINDELL 1982). The meaning of health has evolved over time. In keeping with the biomedical perspective, early definitions of health focused on the theme of the body's ability to function; health was seen as a state of normal function that could be disrupted from time to time by disease. An example of such a definition of health is: "a state characterized by anatomic, physiologic, and psychological integrity; ability to perform personally valued family, work, and community roles; ability to deal with physical, biological, psychological, and social stress".[3] Then, in 1948, in a radical departure from previous definitions, the World Health Organization (WHO1948) proposed a definition that aimed higher, linking health to well-being, in terms of "physical, mental, and social well-being, and not merely the absence of disease and infirmity". The meaning of health has evolved over time. In keeping with the biomedical perspective, early definitions of health focused on the theme of the body's ability

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**HEALTH AND NUTRITION STATUS OF 12 TO 18 YEARS
BOYS OF SENDRI, BILASPUR, CHHATTISGARH**



Fieldwork submitted to

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INTRODUCTION

MEANING AND CONCEPT

Adolescence, the phase spanning ages 12 to 18, represents a critical period in human development. It is during these years that individuals undergo profound physical, emotional, and social transformations. For boys, this journey is particularly significant as they transition from childhood to adulthood. Central to this transition is the need for proper health and nutrition, essential elements that lay the foundation for a healthy, fulfilling life. This introduction explores the intricate relationship between health, nutrition, and the adolescent male body, shedding light on the challenges, opportunities, and imperatives of nourishing the bodies and minds of 12 to 18-year-old boys.

The adolescent years are characterized by rapid physical growth and development. Boys in this age group experience substantial increases in height, muscle mass, and bone density. These changes necessitate a heightened intake of essential nutrients such as proteins, vitamins, and minerals. Meeting these nutritional demands is not only crucial for physical growth but also for supporting organ development, hormonal balance, and overall immune function. Inadequate nutrition during this period can lead to stunted growth, weakened immune systems, and delayed cognitive development, highlighting the urgency of addressing nutritional needs in adolescent boys.

Beyond physical health, nutrition profoundly impacts emotional well-being. Studies have shown that certain nutrients, such as Omega-3 fatty acids and B vitamins, play a vital role in brain health and mood regulation. Adolescence often brings emotional challenges, including stress, anxiety, and self-esteem issues. Proper nutrition not only fuels the brain but also contributes to emotional stability, enhancing the ability to cope with the challenges of adolescence. Thus, a balanced diet not only supports physical growth but also acts as a cornerstone for mental and emotional resilience.

Adolescent boys are increasingly exposed to a myriad of lifestyle choices, including dietary habits, physical activity, and screen time. Fast food, sugary beverages, and processed snacks often become tempting options, while physical activities might take a back seat to academic pressures and sedentary leisure activities. Understanding the implications of these choices is crucial. Poor dietary habits and a lack of exercise can lead to obesity, diabetes, and cardiovascular problems, posing long-term health risks. Educating adolescent boys about making healthier choices is fundamental in fostering habits that will positively influence their lifelong well-being.

Adolescence is a time when peer influence becomes exceptionally significant. Boys may be swayed by their friends' eating habits, body image concerns, or engagement in risky behaviors. Social pressures can lead to the adoption of unhealthy eating patterns, extreme dieting, or even substance abuse. Addressing these influences requires not only individual education but also societal efforts to create environments that promote healthy lifestyles and positive body images, mitigating the negative impact of peer pressure on nutrition and overall health.

AVAILABILITY OF HEALTH INFRASTRUCTURE AND HEALTH FACILITIES AMONG WOMEN
OF SENDRI VILLAGE BILASPUR CHHATTISGARH

Fieldwork Report submitted to



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She has collected various data and prepared her research report. She has used all the scientific methods in her work. My best wishes are with her at her successful attempt of this work.

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INTRODUCTION

Health is a universal human right, and its pursuit knows no boundaries. Yet, the experience of health, the availability of healthcare infrastructure, and the accessibility of healthcare facilities are far from uniform across the globe that delves into the intricate interplay between women's health, health infrastructure, and facilities worldwide. It seeks to unpack the meaning and concept of health as it pertains to women, the significance of health infrastructure, and the role of healthcare facilities in ensuring women's well-being.

Meaning and Concept of Women's Health:

Health, as defined by the World Health Organization, is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. For women, this holistic concept of health takes on a multifaceted character. It encompasses not only the biological aspects but also the unique health challenges and experiences that women face throughout their lives. (WHO,1986)

The concept of women's health transcends the absence of illness and extends to issues like reproductive health, maternal care, family planning, and gender-specific conditions such as breast and cervical cancer. It also involves the elimination of gender-based violence, promoting gender equity in healthcare, and ensuring women's autonomy and decision-making in matters related to their health. (WHO,2020)

- **Health Infrastructure and Women's Health:**

Health infrastructure serves as the backbone of healthcare systems worldwide. It comprises a complex web of resources and systems, encompassing physical assets like hospitals, clinics, laboratories, and medical equipment, as well as human resources such as doctors, nurses, and support staff. In the context of women's health, a well-developed health infrastructure is crucial for addressing gender-specific healthcare needs. (Vian, T., Grybosk, K., Sinoimeri, Z., & Hall, R. (2006)

Maternal care, for instance, necessitates not only medical facilities for childbirth but also skilled healthcare professionals who can provide prenatal and postnatal care, family planning services, and safe obstetric interventions. Ensuring that women have access to quality healthcare during pregnancy, childbirth, and the postpartum period is essential for reducing maternal mortality and improving maternal and child health outcomes. (Agarwal, D.,2006)

- **Healthcare Facilities and Women's Well-being:**

Healthcare facilities, as integral components of health infrastructure, are dedicated spaces and institutions designed to deliver healthcare services. These facilities range from primary healthcare centres in remote areas to specialized hospitals in urban centres. They are critical for ensuring that women have timely access to

Health and nutrition status of female from the age 19 years to 59 years old female in Sendari Village,
Bilaspur, Chhattisgarh

Fieldwork report submitted to,



**Department of Anthropology and Tribal Development
GURU GHASIDAS VISHWAVIDYALAYA, KONI, BILASPUR, CHHATTISGARH**

(A Central University established by the Central University Act 2009 No. 25 of 2009)

***In the partial fulfillment of the requirement of degree of Master of Arts in the school
of studies in Life Science***

**SUBMITTED BY,
SARLA SURYAVANSHI
M.A. ANTHROPOLOGY 2ND SEMESTER
ROLL NO.- 22052102**

**UNDER THE SUPERVISION
OF
DR. SUBAL DAS
ASSISTENT PROFESSOR
GURU GHASIDAS VISHWAVIDYALAYA (A CENTRAL UNIVERSITY) KONI, BILASPUR,
CHHATTISGARH**

CERTIFICATE

This is to certify that **Miss Sarla Suryavanshi** of **M.A.2ND** Semester in Anthropology Hons. has done fieldwork under the supervision of Dr. Subal Das (Assistant Professor, Dept. of the Anthropology & Tribal development G.G.V. Bilaspur, (C.G.)). The title of her work is ***Health and Nutrition status of Female among 19 years to 59 years in Sendri, Bilaspur, Chhattisgarh***. She has collected various data and prepared her research report. She has used all the scientific methods in her work. My best wishes are with her at her successful attempt of this work.

Signature:

Dr. Subal Das (Supervisor)
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Dept. of the Anthropology
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G.G.V. Bilaspur, (C.G.)

Introduction

NUTRITION:

A medical definition of nutrition, -The process of taking in food and using it for growth, metabolism, and repair. Nutritional stages are ingestion, digestion, absorption, transport, assimilation, and excretion. A nourishing substance, such as nutritional solutions delivered to hospitalized patients via an IV or IG tube|| (Charles Patrick Davis, MD, PhD, 2021).

According to WHO, -Nutrition is a critical part of health and development. Better nutrition is related to improved infant, child and maternal health, stronger immune systems, safer pregnancy and childbirth, lower risk of non-communicable diseases (such as diabetes and cardiovascular disease), and longevity (WHO, 2003).||

The cycles of poverty and hunger can be broken down by the opportunities created by the people having adequate nutrition as they are more productive (WHO, 2003). Nutrition is assimilated from food materials by organism required especially for growing, maintaining themselves and reproducing. (Britannica – Kenneth Carpenter). Being the science of food, nutrition is related to health, focusing on the nutrients involved in body growth, development and maintenance. Usage of -Nutrient|| or -food factor|| term is applied for specific dietary constituent such as proteins, vitamins and mineral. Good nutrition means -maintaining a nutritional status that enable us to grow well and enjoy good health||. (K. Park, 2002)

**Age and sex specific dependency ratio in Sendri Village, Bilaspur,
Chhattisgarh**

FIELDWORK REPORT



**In the partial fulfillment of the requirement of degree of Master of Science in the
school of studies in Life Science**

By

Kritika Kure

Roll No: 22055102

Enrollment No : GGV/19/3197

Under the Supervision of

Dr. Subal Das

Assistant Professor

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CERTIFICATE

This is to certify that Miss. Kritika Kurre of M.Sc. 2nd Semester in Anthropology (Hons.) has done Anthropological Field Training under the supervision of Dr. Subal Das (Assistant Professor, Department of Anthropology and Tribal Development G.G.V. Bilaspur, Chhattisgarh). The title of her work is **Age and sex specific dependency ratio in the Sendri Village of Bilaspur, Chhattisgarh**. She has collected various data and prepared her research report. She has used all the scientific methods in her work. My best wishes are with her at her successful attempt of this work.

Signature :

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CHAPTER-1

INTRODUCTION

MEANING AND CONCEPT :

The average number of economically dependent population per 100 economically productive population, for a given country, territory, or geographic area, at a specific point in time. In demographic terms, economically dependent population is defined as the sum of the population under 15 years of age plus the population 65 years of age and over, for a given country, territory, or geographic area, at a specific point in time, usually mid-year; economically productive population is defined as the population between 15 and 64 years of age, for the same country, territory, or geographic area, at the same specific point in time.(WHO,2023).

Dependency Ratio = $100 \times (\text{Population (0-14)} + \text{Population (65+)}) / \text{Population (15-64)}$

The dependency ratio can be dis-aggregated into: (1) the youth dependency ratio, which is the number of children aged 0-14 per 100 persons aged 15-64, and (2) the old-age dependency ratio, which is the number of persons aged 65 or over per 100 persons aged 15-64. The dependency ratio, also referred to as total dependency ratio, is the sum of the youth and old-age dependency ratios. Some studies employ other age groups in calculating dependency ratios, for instance 0-19 years to represent the population of children or the population aged 60 or over to represent the population of older persons.(UNITED NATIONS,2007).

The child dependency ratio is defined as the number of children per hundred persons of working age. The old-age dependency ratio is defined as the number of older persons per hundred persons of working age. (UNCTAD Handbook of Statistics, 2021).

The dependency ratio is the number of children (age 0-14 years) and older persons (age 60 years and above) per 100 working age population (15-59 years). Changes in the dependency ratio provide an indication of the potential social support requirements resulting from changes in population age structures. In addition, the ratio highlights the potential dependency burden on working population and indicates the shifts in dependency. A high dependency ratio indicates that the economically