Journal of Chemical Health Risks

www.jchr.org

JCHR (2026) 16(2), 2850-2855 | ISSN:2251-6727

A Basic Health and Quality of Life Survey Among South Indian Rural Population

Sadiq Abubakar[1], Jagadeesan M[1*]

[1]Department of Pharmacy Practice, SRM College of Pharmacy, SRM Institute of Science and Technology, Kattankulathur, Chennai, Tamil Nadu, 603203, India

***Corresponding author: Dr. M Jagadeesan Pharm.D., Ph.D**

Department of Pharmacy Practice, SRM College of Pharmacy, Faculty of Medicine and Health Science, SRM Institute of Science and Technology, Kattankulathur, Chengalpattu, Tamilnadu, India

(Received: 16 February 2026 Revised: 25 March 2026 Accepted: 07 April 2026)

KEYWORDS:

Histomorphological Analysis, Epithelial Dysplasia, Oral Precancer, Basal Cells

ABSTRACT:

This study aimed to assess the health status and quality of life among the rural population of Chengalpattu district, South India. A cross-sectional survey was conducted over six months involving 235 participants. Data on demographics, medical history, lifestyle habits, and pharmacoeconomic factors were collected to understand the overall health profile of the community.

The results showed that a significant proportion of the population was elderly, with individuals above 60 years forming the largest group. Common health conditions included hypertension, tuberculosis, asthma, and diabetes. A notable finding was the widespread practice of self-medication, especially the use of analgesics and other over-the-counter drugs. Socioeconomic analysis indicated that most participants had low to moderate income, with limited spending on healthcare, suggesting financial barriers to accessing proper medical services.

Lifestyle factors such as smoking and tobacco use were prevalent. Additionally, practices like open toilet usage, home deliveries, and consanguineous marriages were observed, which may contribute to adverse health outcomes and child-related complications.

In conclusion, the study highlights the need for improved healthcare access, increased awareness about safe medication use, and strengthened public health initiatives to enhance the quality of life in rural communities.

INTRODUCTION

Health surveys, which make use of direct patient interviewing and integrate survey data with medical information, is a very special kind of secondary data source. These sources provide information not readily available in claims or administrative data-socioeconomic, demographic, and behavioral risk factors-for health services research relating to quality-of-life, health attitudes/preferences, and socioeconomic determinants of health. [1]

Quality of life (QOL) measures summarize people's judgments of their experiences with health and illness. This distinguishes them from disability assessments that ask if a person can carry out certain activities, such as climbing stairs or dressing herself. A rather more general concept, quality of life considers whether her ability to undertake everyday activities is limited by illness or disability. Among the goals of treatment for such chronic conditions, it aims to improve quality of life and diminish disease effects. But poor quality of life is not observed in all severely diseased individuals.[2]

The purpose of the national health examination surveys (HESs) is gathering vital data that is not available from other sources. A HES integrates biophysical measures made by qualified field personnel and data gathered by participant questions. They contribute specifically to

Journal of Chemical Health Risks

www.jchr.org

JCHR (2026) 16(2), 2850-2855 | ISSN:2251-6727

individual and population health (public health) and are observational studies with the highest external validity.[3]

Access to healthcare is an extremely complex and multiplex health issue. This has been an increasingly urgent problem since the coronavirus pandemic began. Many surveys have been conducted to examine the barriers of healthcare access in rural-specific areas, so its origin can be understood and accordingly, implications for resolution.[4]

The need of this study is to bring out the quality of life in patients among the rural population of Chengalpattu district. This study helps further in evaluating and preventing the healthcare barriers and mentions the process to overcome it.

METHODOLOGY

Study design: It is a cross-sectional study conducted for the duration of 6 months.

Sample size: 235

Data collected were the demographic data, complete medical history and pharmacoeconomic data. These gives a thorough understanding of the QOL of the patients.

3. RESULTS AND DISCUSSION

3.1 GENDER

Table 1

Gender	No. of patients	Percentage
Male	115	48.9
Female	120	51.1

The total sample size was 235. 115 male patients (48.9%) and 120 female patients (51.1%) were surveyed.

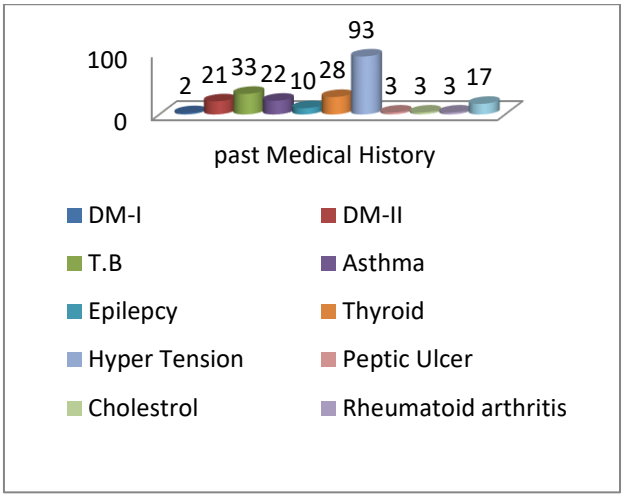
3.2 AGE

Table 2

AGE Group	No.of patients	Percentage
12-18yrs	4	1.702128
19-29yrs	17	7.234043
30-39yrs	27	11.48936
40-49yrs	53	22.55319
50-59yrs	33	14.04255
above 60yrs	101	42.97872

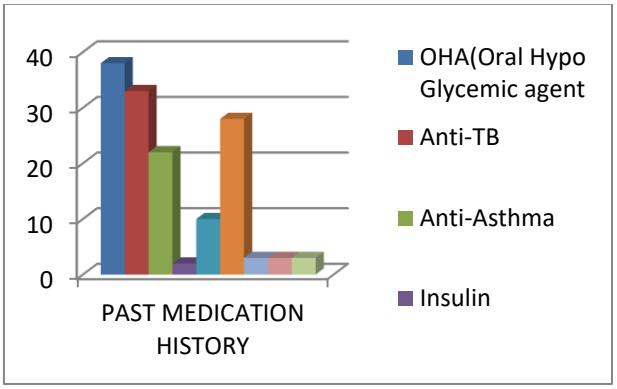
Total collection of the patients were 235, classified age wise as 12 to 18 yrs – 4 (1.70%),19 to 29 yrs -17 (7.23%), 30 to 39 yrs – 27 (11.48%), 40 to 49 yrs – 59 (22.55%),50 to 59 yrs – 33 (14.04%), Above 60 yrs – 101(42.97%)

3.3 PAST MEDICAL HISTORY



Total number of patients collected were 235. 2 has Type 1 diabetes mellitus, 21 has Type 2 diabetes mellitus, 33 has tuberculosis, 22 has asthma, 10 has epilepsy, 28 has thyroid, 93 has hypertension, 3 has peptic ulcer, 3 has cholesterol, 3 has rheumatoid arthritis and 17 has both the conditions of hypertension and diabetes mellitus.

3.4 PAST MEDICATION HISTORY



Journal of Chemical Health Risks

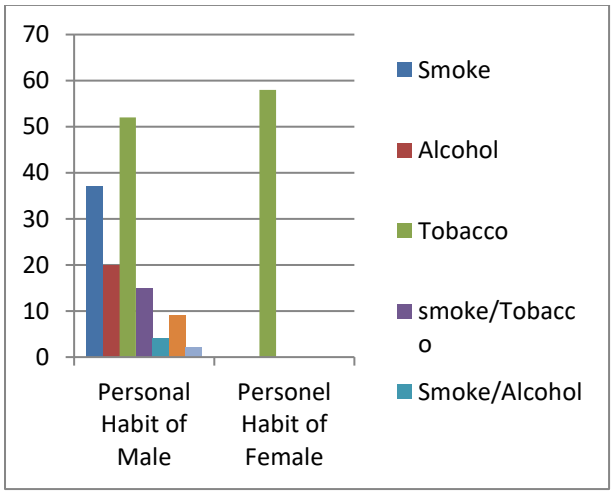
www.jchr.org

JCHR (2026) 16(2), 2850-2855 | ISSN:2251-6727

Total patients collected were 235. The medications followed by them in the past includes: -

- OHA(ORAL HYPOGLYCEMIC AGENT)-38
- ANTI-TB-33
- ANTI-ASTHMATIC-22
- INSULIN-2
- ANTI-EPILEPTIC-1
- ANTI-THYROID-28
- PEPTIC ULCER DRUG-3
- CHOLESTEROL-3
- RHEUMATOID ARTHARITIES-3

3.5 PARSONAL HABIT



TOTAL COLLECTION OF 235 PATIENTS, IN THIS THEIR PERSONAL HABIT RATE were SMOKE-37, ALCOHOL-2, TOBACCO IN MALE-52, BOTH SMOKE&TOBACCO- 13, SMOKE & ALCOhol- 4, SMOKE/ALCOHOL/TOBACCO- 9, ALCOHOL/TOBACCO-2

3.6 TOILET SPECIALITY

Total collection of the patients are 235 members. In this toilet speciality noted were: -

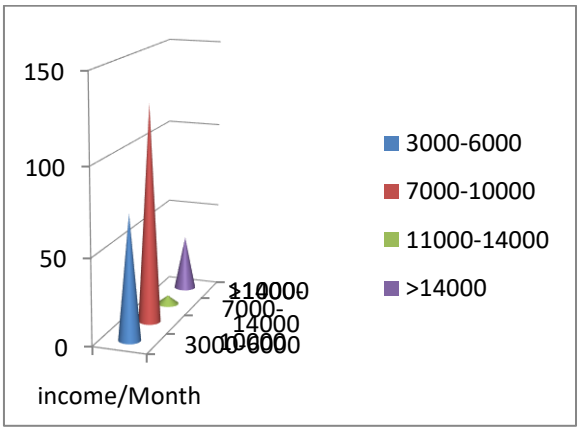
Home toilet using patients are – 134

Open toilets using patients are - 101

This indicates that people are now aware of the various effects faced when using open toilets and have shown to use home toilets.

3.7 PHARMACO ECONOMIC ANALYSIS

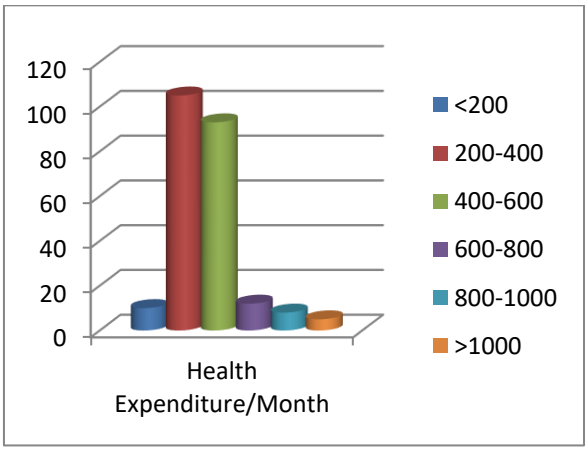
3.7.1 INCOME/MONTH



TOTAL COLLECTION OF PATIENTS were 235 MEMBERS IN THIS PATIENTS EARNED MONTHLY INCOMES ARE CLASSIFIED AS AMOUNT VISE 3000-6000=72

- 7000-10,000=126
- 11,000-14,000=5
- ABOVE 14000=32 MEMBERS

3.7.2 HEALTH EXPENDITURE/MONTH



Expenditure of money: -

- LESS THEN 200-10
- 200 TO 400-105
- 400 TO 600-93
- 600 TO800-12
- 800 TO 1000-8
- ABOVE 1000-5

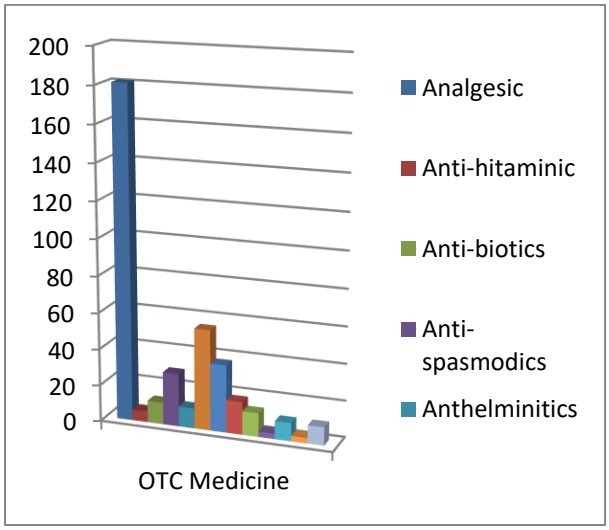
Journal of Chemical Health Risks

www.jchr.org

JCHR (2026) 16(2), 2850-2855 | ISSN:2251-6727

With the increasing health care costs, access to health care services is no more equal. Out of the people who did not visit a doctor regarding a problem, some rural households said financial constraints was a limiting factor. This decreased expenditure for healthcare prevents themselves from treating of the disease and leading to more such complications.[5] Therefore cost effective analysis brings out the problems faced by the rural people for health expenditure.

3.7.3 OTC MEDICINES

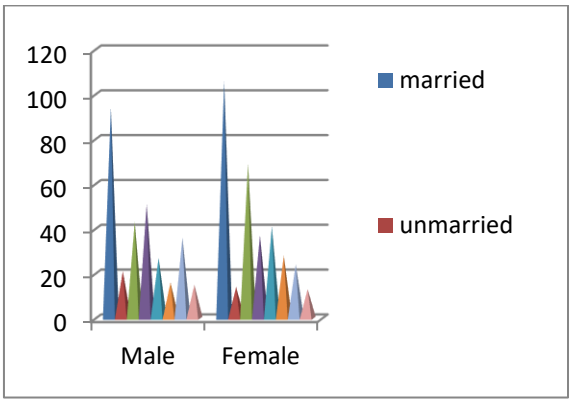


TOTAL 235 PATIENTS ARE USING VARIOUS TYPE OF MEDICINE WITH OUT CONSULTING THE DOCTORS ARE

- ANALGESIC-181
- ANTI-HISTAMINIC – 6
- ANTI-BIOTICS – 12
- ANTI- SPASMODIC-29
- ANTHELMINETIC-11
- ANTACIDS – 55
- NSAID – 37
- LAXATIVE – 18
- ANTI-EMITIC – 13
- ANTI – ANEMIC – 3
- ANTI INFECTIVE & ANTI SEPTIC – 10
- MUSCLE RELAXANT – 3
- VITAMIN & MINARALS – 10

Medication usage is the intake of medicines to prevent, diagnose, or treat illnesses. The health-care practitioners and the patients should monitor the intake of the correct medication and should report any harmful symptoms back to the health-care practitioners, who may further diagnose and prescribe the drugs required to alleviate the unwanted symptoms. Self-medication has been practiced for centuries. There are several reasons for the increasing trend in self-medication, among them need for self-care, sympathy for suffering family members, absence of health services, poverty, ignorance, and false beliefs, and advertisements of drugs at all places and availability out of pharmacies.[6] It can lead to toxicity issues. Media like TV, magazines, and newspapers can raise awareness regarding self-medication.

3.8 MARITAL STATUS



Total Collection of patient are 235 in this divided as male and Female.

In male married – 94

Unmarried – 2

Males married with relatives – 43

In this healthy children – 27

Not healthy – 16

Males Married without relatives – 51

In this healthy – 36

Not healthy -15

In female married – 69

Unmarried – 14

Males married with relatives – 69

In this healthy children –41

Not healthy – 14

Males Married without relatives – 14

Journal of Chemical Health Risks

www.jchr.org

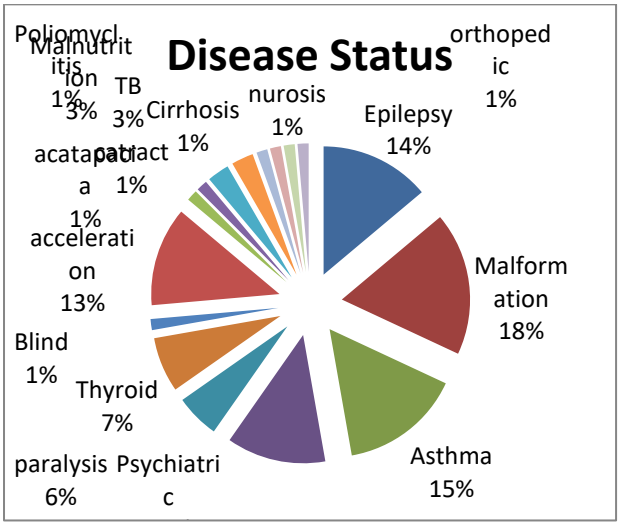
JCHR (2026) 16(2), 2850-2855 | ISSN:2251-6727

In this healthy – 24

Not healthy -13

The people married with relatives have shown to have child complications. Consanguinity is the wedlock or marriage between close blood ties or biological kin. Since early human history, consanguineous marriages have been highly prevalent. Of the world's population, about nearly one billion, roughly 20% or one-fifth of them live in communities preferring consanguineous marriages. Shared alleles can lead to genetic anomalies, adverse pregnancy outcomes, or many reproductive and fertility consequences because of consanguinity, potentially affecting not only mothers but their offspring, families, and society in general. Consanguineous marriages are more significantly related to increased termination rates during pregnancy, the rate of abortions, stillbirths, low birth weight, congenital disorders, and increased mortality.

3.9 CHILD COMPLICATION:

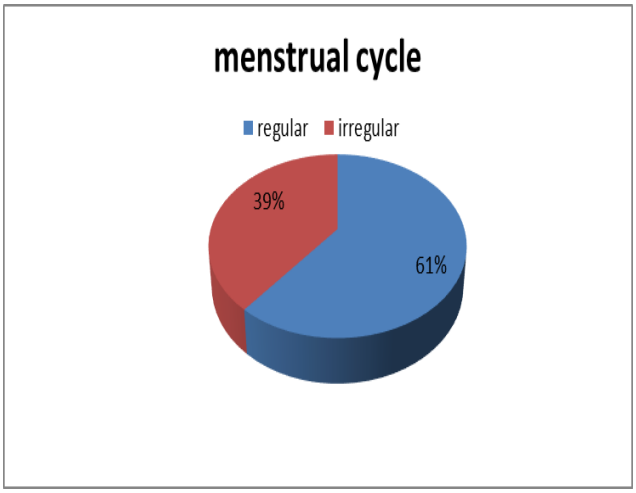


OUT OF 235 PATIENTS, child complications found were: -

- EPILEPCY-10
- MALFORMATION-13
- ASTHMA-11
- PSYCHIATRIC-9
- PARALYSIS-4
- THYROID-5
- BLIND-1
- ACCELERATION-9
- ACATAPESIA-1
- CATRACT-1
- TB-2
- MALNUTRITION-2
- CIRRHOSIS-1
- POLIOMYCLITIS-1,
- NUROSIS-1,
- ORTHOPEDIC-1

Children of consanguineous marriages are more likely to suffer from the recessive disorder and other birth defects including neural tube defect, congenital heart disease, recessive hearing loss disorder, and retrieval dystrophies due to the appearance of autosomal recessive genetic mutations passed down from consanguineous ancestors. However, it would be very difficult to obtain reliable prevalence statistics for many genetic diseases because such statistics are not usually available at the national or state level.[7]

.10 MENSTRUAL CYCLE



TOTAL FEMALES ARE 120 MEMBERS IN THIS MENSTURAL CYCLE REGULAR PERIOD OF WIOMENS ARE -73, AND IRREGULAR PERIODS OF WOMENS ARE – 47.

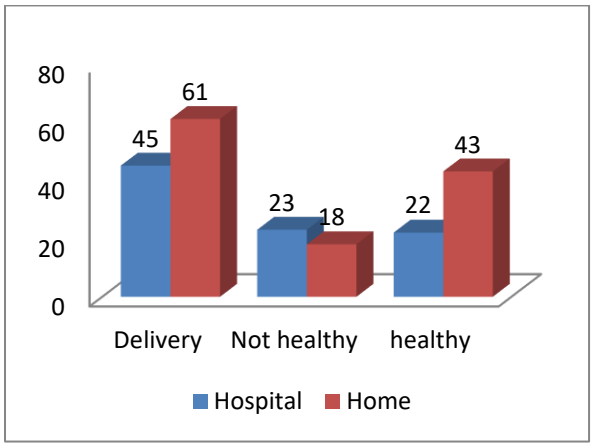
Most female have a regular menstrual cycle because of their healthy food habits. Whereas the females with irregular menstrual cycle is because of the unhygienic practices. This is the main reason of cervical cancer in women of rural area.

Journal of Chemical Health Risks

www.jchr.org

JCHR (2026) 16(2), 2850-2855 | ISSN:2251-6727

3.11 DELIVARY IN HOSPITAL OR HOME



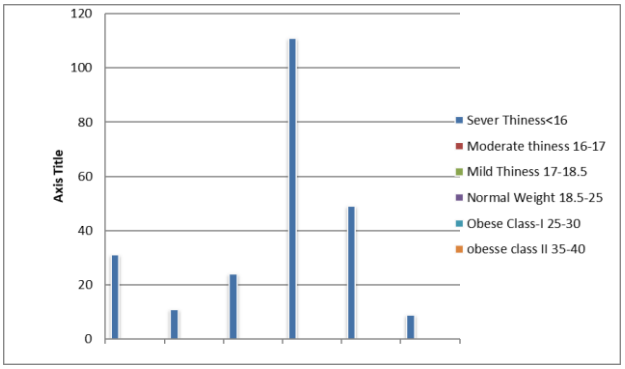
THE TOTAL FEMALES ARE 120 MEMBERS IN THIS MARRIED WOMENS ARE 106 . OUT OF 106 45 WOMENS ARE DELIVERIED IN HOSPITAL-45& 61 WOMENS ARE DELIVARIED IN HOME.

IN THE HOSPITAL DELIVARY CHILDS ARE IN HEALTHY-22,IN NOT HEALTHY – 23.

IN THE HOME DELIVARY CHILDS ARE IN HEALTHY – 43 , IN NOT HEALTHY – 18 .

The time of delivery, illiteracy, women's economic circumstances, natal home customs, transportation, and the location of health personnel' stays are some of the elements that contribute to home deliveries in rural locations. Additionally, the majority of health centers do not employ female medical officers, and understaffed subcenters and hospitals are also significant factors. Among mothers who gave birth at home, maternal factors accounted for over half of the infant deaths. Premature delivery, umbilical cord infections, brain injuries sustained during delivery, breach presentation, severe maternal anemia, etc. are among the reasons why babies die. If women are given quality prenatal care, enough sleep and food during pregnancy, and advice to give birth in a medical facility, these issues might be resolved with ease. Therefore, in order to lower the rate of prenatal and neonatal death, institutional deliveries must be encouraged. Awareness must be created among the rural women population about the home delivery practices.

3.12 BMI CHART



TOATL COLLECTION OF PATIENTS ARE 235 IN THIS

- SEVER THINESS (< 16)-31
- MODERATE THINESS (16 TO 17) – 11
- MILD THINESS (17 TO 18.5) – 24
- NORMAL WEIGHT (18.5 TO 25) – 111
- OBESE CLASS I (25 TO 30) – 49
- OBESS CLASS II (35 TO 40) – 9