ABSTRACT

A cross-sectional survey was conducted on the health status of the villagers in a community under the IIMC catchment areas from 3 – 22 March, 2001. Data collection was performed by personal interview. The main objective was to study the health status of the villages of the Dopha Khali village in Calcutta, India by using the SF-36v2, the “international version”, questionnaire for health survey.

Every house in the studied village was visited. One hundred-twenty three people were interviewed; firstly about socio-economic and demographic characteristics such as age, gender, religion, education, occupation and income, and secondly about the eight-health aspects that the SF-36v2 explores, namely: physical functioning, role physical, bodily pain, general health, vitality, social functioning, role emotional and mental health, and the extra component, the reported health transition.

Means of the study population were used to compare health status. According to the SF-36v2 scoring interpretation, scores above or below 50 are above or bellow the norm population, respectively. Chi-square was used to test for association between the variables, at significance level of 0.05.

The prominent general results of the health status of the study population indicated a score below the general population norm in the components: physical functioning (48.60), role physical (46.55), vitality (49.50), role emotional (44.19) and mental health (44.45), and it was clear that the general health component, which is the conceptualization of own’s health, was very low scored (38.87).

However, the bodily pain component showed a good score and the social functioning component was particularly high (53.12). Younger individuals seemed to be healthier and seemed to report better health than older individuals.

The data was analyzed by the SPSS/PC program. Descriptive statistics were performed (mean, standard derivation, percentage and frequency distribution). Chi-square was applied to test the association between the measured health status components measured and the socio-economic and demographic characteristics of the study population. The data analysis showed significant association between the education and the physical functioning and vitality components, p-values .024 and .046 respectively. A significant association was also found between occupation and the role physical component, p-value .018.
Although the SF-36v2 proved to be a good tool to measure health status in this study, some considerations must be kept in mind during interviews due to cultural and language differences, as well as living conditions in the village.

The results of this study provide important information on the health status of the villagers, which can be used for planning, and implementation, as well as improvements of the health services delivered by IIMC.