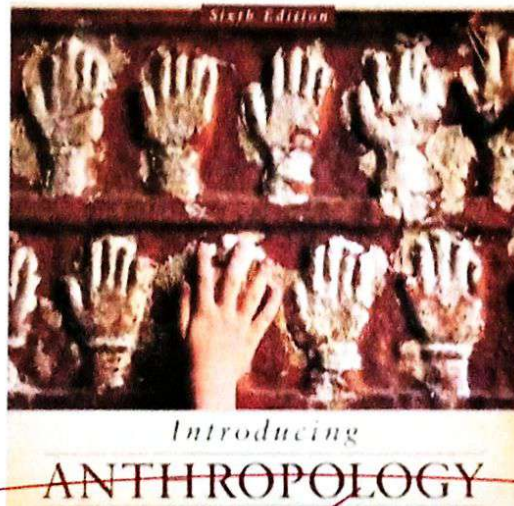


# BANGABASHI MORNING COLLEGE

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~~FIELD NOTEBOOK OF ANTHROPOLOGY~~ ??

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# INTRODUCTION

①

Anthropology is the scientific study of humanity concerned with human behaviour, human biology, culture societies, and linguistics in both the present and past, including past human species. The word Anthropology is derived from the word anthropos meaning man or human and logos meaning thought or reason.

The index of anthropologists is man. Whenever may he be whether on land, air or sea. They study the human beings in all climates and times. Man of the prehistoric as well as the historic past men of the present generation and also of coming future come within the purview of anthropologists. But obviously they are not concerned with a particular man as such; their attention centre on men in group. They perceive man not only as animal but also a social human having a history. People irrespective of their genders, ages and occupations are considered. Anthropologists deal with both male and female - old, middle aged and young. Doctors, lawyer, students and agriculturists, public administrators - bureaucrats, etc all are taken into account. People with different ideologies (democrat, communist, socialist) etc are

②



Different creeds (Hindu, muslim, christian, Jain, zoroastrian, Pagan, ancestor worshiper, atheist, e.t.c. appear to them with same importance. Even the village folk and city people are treated with equal attention. Anthropology offers a total study of all aspects of culture and the society in an integrated and comprehensive manner. All aspects of culture say for example religion, politics, social life, family, kinship, economic, aesthetic, health, technology e.t.c are combined into one whole. The ultimate goal is to evolve certain generalizations which can be applied more or less all human kind. The whole world is an anthropological laboratory it is possible to deduce certain rules of human conduct.

At present although anthropology has been divided into several sub-disciplines where considerable use of laboratory is found, but the discipline itself emerged from the book. The value of fieldwork was realized at the beginning of twentieth-century when the outlook of the anthropologists change. It was understood that an anthropologists should face



the situation by himself in order to get accurate and relevant data. So many anthropologists of this time made themselves engaged with the group of aborigines. These anthropologists started to live among the alien people for a long period of time leaving his family and friends and the whole of the culture setting. This practice helped them to gather some total knowledge about a foreign culture. E. B. Tylor was the first scholar who emphasized the need of direct data collection in anthropology, but the J. Boas was the pioneer to begin with this practice.

In a book the history of anthropology (1954) A. C. Haddon divided anthropologists into two distinct groups.

- (a) The worker in the field who collect the fact.
- (b) The armchair worker who welcome them into distinct groups.

Fieldwork is the part of training in the subject social cultural anthropology, every anthropologists should undergo this training in course of his preliminary study it enables the students to go beyond horizons of his own society and



perceive an alien culture with subjectivity. Learning about two different societies give a student a comparative view i.e. he requires competency to estimate the similarity or dissimilarity between any two societies or culture. Selection of venue is very important prerequisite of field work. By traditional anthropologists select a homogenous ethnic group where the specific sense of identity is maintained on the basis of common language and culture.

### Human Growth and Development :—

The fundamental tenets of anthropology are not restricted only to the analysis of past, present and future of the mankind, it also explains the developmental phases that the individual experience in course of their journey in life.

Change in the characteristic of life from the moment of conception till death human being undergoes a lot of changes. These changes represent growth development or decay that comes automatically with time. How a seed i.e. a fertilised human cell turns into an adult individual with varied potentiality, what typical phases have to be fast passed over, why constraints appear in between and how those



Can be minimized, the necessary precondition of the normal healthy biological development behavioural responsiveness associated with environmental dynamics, etc are the pertinent scientific questions that come under the purview of human development. The structure of needs and path of Psycho-social development of the children do not always follow the same channel. The impacts of genetic and environmental factors are also added to social experience. In fact, the pattern of growing up aging and maturity - all developmental tasks across the life span depends upon both the external and internal stimuli. Hence the scientific knowledge about human development enables us to describe and explain how children grow as adult individuals and what are the other changes that appear with time; what creates the wonderful range of diversity among the people and why inspite of diversity in ethnicity, culture, gender, race, age and ability a regulated pattern of development can be traced from conception to late life in a sequential order.

A basic overall plan for growth is shared by all members of any animal species.



Contrary to the other animals, primates group experiences a special evolutionary step which has been much more special in case of human beings. Human growth and development can be explained both genetic and phylogenetic terms, since homoseplans is the highest form of creature in the animal kingdom, certain direction of development and maturity are obvious ~~from~~ them from phylogenetic terms and point of view. All human beings all over the world are therefore alike in physiological characteristics; they have the same potential to grow and develop although the capability and concern vary from individual to individual.

With the changes of outlook recently human development has been designated as life span. Development which scientifically examines the factors of growth change and stability that occur all along the life span of human beings.

Development means change - a kind of systematic progression from one state to another. This change is irreversible and permanent having a lasting effect on individual. It helps individual to reach to a certain fixed point and to attain maturity.



Defination of Development → Development refers to the series of changes which an organism undergoes in passing from an embryonic stage to the maturity.

Periods of development :-

- Prenatal period (conception to birth)
- Infancy (Birth to 24 months)
- Early Childhood 2-5 years.
- Middle and later childhood 6-11 years.
- Adolescence (10-12) To (18-21) years.
- Early adulthood (20-30) years.
- Middle adulthood (40-50) years.
- Late adulthood (60 onwards years)

The field area which we are going to study is the stages of growth of post natal period of adulthood which mainly comes under Late adulthood. It begins at the age of 60 and extends till death, Physical and Psychological decline fasten up in this period and the period is known as 'Senescence - a time of growing old or advent of ageing. Decline comes partly from physical and partly from Psychological factors.



## Scope of the Study:

Three major goals of the developmental sciences are to describe to explain and to optimize development. In pursuing the goal of description, human developmentalists carefully observe the behaviour of the people different ages seeking to specify how people change over time. Although there are typical pathways of development that virtually all people follow, no two persons are exactly alike. Even when raised in the same home, children often display very different interests, values, abilities and behaviours.

Many believe that such optimization goals will increasingly influence research agendas in the 21st century as developmentalists show greater interest in solving real problems and communicating the practical implications of their findings to the public and policymakers (APA Presidential Task Force on Evidence-based Practice, 2006; Kretschmer, 2007; McCall and Crivello, 2008). Yet this heavier focus on applied issues in no way implies that traditional descriptive and explanatory goals are any less important, because optimization goals often cannot be achieved until



Researchers have adequately described and explained normal and idiopathic ways of development (Schwebel, Hument, & Hick, 2000) further, let's consider some of the development conclusions they have drawn about the character of development. Thus to adequately describe development, it is necessary to focus both on typical patterns of change or (normative development) and on individual variations in patterns of change (or idiosyncratic development). So developmentalists seek to understand the important that developing human resembles each other and how they are likely to differ as they proceed through life. Adequate description provides us with the "facts about development" but it is only the starting point. Developmentalists next seek to explain the changes they have observed. In pursuing this goal of explanation, developmentalists hope to determine why people develop as they typically do and why some people develop differently" than others. Explanation centres both on normative changes within individuals and variations in development between individuals.



## Aims and Objectives of The Study

Fieldwork enables students and researchers to examine the way scientific theories interact with real life. It is important in both the social and natural sciences. Social sciences, such as economics or history focus on people culture and society.

The objective of field work program in social work education is to provide the student with actual experience in applying social work methods and enable him/her to become familiar with the real work of practice that is, to relate the academic theory to concrete reality as found in the agency setting.

→ Following are the objectives of the fieldwork.

1. To offer purposeful learning experience to students through interaction with life situation under a supervisory guidance for professional growth in terms of knowledge skill and attitudes.

To foster attitudes in the students towards professional self development, increasing self awareness, appreciations of both capacities and limitations

To develop in the student the required skill in helping the needy through organizational works



and methods, that is, listening, participating, communication and so on.

To enable the student to develop and deepen the capacity to relate theory to practice, and also to relate the experience to theory.

Development of skill in problems solving at the mean and macro levels.

6. Integration of classroom learning with field practices

7. Development of skill required for professional practice at the particular level of learning.

8. Development of professional attitudes, values and commitments

9. Development of self awareness and professional ideas.

10. Help to examine practical issues that may effect or impede services created by the interaction of personal and professional values and ethics as defined in the NASW code of ethics as well as the professional standards present in the agency settings.

11. To help the childrens to think critically, analytically and evaluative, all which are basic to the teaching of the problems-solving process.

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Field techniques and approaches :-

The techniques are usually the part of the broad method. 'Observation' and 'Interview' are the two broad method of data collection. Each of this method consist of a number of techniques. Techniques of interview can be classified into two distinctive type on the basis of nature and scope of the investigation.

- > Techniques for documentary Interview
- > Techniques for special Interview.

Techniques for documentary Interview :-

The techniques which are devised mainly for the documentation of real facts, are called Documentary Interview techniques. Four different techniques have been distinguished here, namely. Survey with census; Narration of Description of facts; case history recordings; and Representation through the genealogical table. Each of this techniques follow a special procedure typical to its own.

(i) Census Survey techniques :-

The field work usually begins with this techniques. The Community or the area under investigation is surveyed in order to count the people there in. The investigator moves from door to door to get



him introduced with the families and during the visit he collects the primarily information of the respective family. A schedule is essentially used for this purpose. The technique is very useful in gathering a basic data about a people

(ii) Description or Narrative techniques:-

In this technique the informant is required to narrate certain facts on the basis of his experience, no particular case is investigated. As narration differs with the individuals, the content and pattern of analysis vary from man to man due to the variations of individuals psychology. The social cultural anthropologists normally avoid this technique but it is used become inevitable in collecting information on religion. The reason is that the religious attitudes stand on ideas, beliefs and things which occurred in long past; one has to hear them from certain sources where the total matter has been visualised.

(iii) Case history (concrete) techniques:-

This is the techniques where a person (informant) is allowed to state his own experience in reference to the recent past. In this type of investigation a large no of concrete cases are collected.



and analysed in order to draw a conclusion. The technique has proved its worthiness in collecting data on a particular topic, particularly for the cases like birth, marriage and death. It is the most convenient way of data collecting.

#### (iv) Genealogical Techniques :—

In this technique the pedigree of the informant is traced. The genealogical knowledge plays an important role among the non literate peoples; ancestry can be traced back to several generations with the help of standardized symbols and charts. A large no of collateral are known by the name. This method helps to gather huge information relating to the social structures and other institutions of human group.

The functional value of the kinship terminology has been identified by the anthropologists. Genealogical data are therefore, extremely valuable in understanding the nature of clan, the regulation of marriage inheritance, pattern of property, succession of chieftainship etc. The technique was first employed by W.H.R Rivers in his Torres Straits Expedition. He started the genealogical method makes it possible to investigate abstract problems on a



fluently concrete basis. It is even possible by its means to formulate laws regulating the lives of people which they have probably never formulated themselves

Techniques for Special Interviews:—

Documentary interview techniques may not always yield the correct data for final representation. Some special techniques that are employed for the final verification of the data are called Special Interview Technique. These techniques have been chalked basically on two principles -

- Interview in depth
- Repeated (Panel) Interview.

Interview in depth:—

In a general way, an informant is interviewed for a long time but in this method informant is interviewed only once although the corroboration may be sought in a second interview. Under the special technique like 'Interview in depth', an unusually long period is consumed for interview. Such interviews (in-depth) may be of two kinds - single interview in depth and multiple interviews in depth.

(a) Single interview in depth - Here the informant is interviewed for a long time but in a single



Sitting, the interview gets completed. Such an interview is required for a deeper understanding of opinions and attitudes of the subject. The whole personality of the subject may be disclosed by this techniques. Two important type of it are 'focussed interview', and 'clinical interview'.

### Focussed interview:-

The interview which focuses on a typical incident, is called the 'focused interview'. It involves an interrogation to illuminate factors or stimulus acting upon informants, the results of which are reflected on their behaviour. However the central theme of the interview revolves around a particular situation and the questions are common to all people selected for interview. The subjects of social interview are adult education, dowry system, family planning, reading of newspaper, listening to the radio etc. The aim is to study the repercussion of a particular situation in depth and to analyse the effects of communication.

### Clinical Interview:-

The type of interview is quite similar to the 'focussed interviews' but the difference is that the clinical interview is concerned with broad underlying feelings



Or motivations, or with the course of individuals life experience, rather than with the effect of specific experience, as found in focussed interview. It resembles the method of questioning as a doctor ask a sick person in order to diagnose him. Here the investigator does not at all help the informant to express himself and not even guides the informant in choosing the topic.

Multiple Interviews in depth:

Here the informant is interviewed not only over a fairly long period, he has to submit numerous interviews at different dates. There are three types of multiple interview

→ The memoir interview - is considered important for the social cultural interview of anthropologists. They take the help of this sub-techniques for treating the patients which help in psychoanalysis and purely a therapeutic technique for the patients.

Thirdly this technique can applied on the criminals of the prisons who do not normally want to discuss their motivations of crimes.

Repeated panel interview:-

The technique is almost similar to that of the previous one i.e. interview in depth'. But the difference is that here a group of persons are interviewed instead of a single person.



The persons of the groups are subjected to repeated the Interview, at various intervals. A panel is essentially made with an idea that a set of questions can be applied on the same people at regular intervals, throughout the period of inquiry.

### Field Approaches: —

Researchers use different approaches to study human development. Two basic kind of approaches are Macro and micro approaches.

Macro approaches — It is the study of the nature and methodology of Economics, national income, mixed Capitalism, and the market Economy, money and banking and economic growth.

### Micro approaches:

Micro level of approaches looks at small-scale interactions between individuals, such as conservation of group dynamics. A micro theory is one which focuses on individuals and small group of peoples and the interactions between them, rather than focusing on large structures, patterns and conflicts across the whole of society.



(i) Longitudinal Study :-

(ii) Cross sectional study

Longitudinal study describes the age changes and the Cross sectional study describes the age differences. To overcome the limitations of longitudinal and Cross-sectional studies, another study called Sequential study comes under Cross sectional study is designed.

(iii) Sequential Study - where individuals in a Cross section study describes the age differences and are tested more than once over a specific period of time. This is to determine differences in each age cohort over a period of time.

(iv) Cross Cultural Study - where groups of different cultures are studied.

The first three approaches are contrasted with the Experimental approach. The longitudinal, Cross-sectional and Cross cultural studies may be thought of as "Experiments done by nature." The investigator for one reason or another, cannot manipulate any of the variables and must be content to identify important factors and observe relationships between them. However, true exper-



mentation can often be done with childrens. Experiments with childrens like all experiments, involve the manipulation of independent variable, the measurement of a dependent variable and the control of all other variables.

Longitudinal Study (observe one group at different times) → In this approach the same group of people is studied over an extended period of time. It involves re-examining of the same people at intervals. Data is first collected at the commencement of the study. In some cases longitudinal studies can last several decades. It assesses changes in one or more person. Generally one single characteristics eg vocabulary size, IQ level, height, aggressiveness etc are measured. The researchers may look into several aspects at a time to find out inter-relationship among the factors. In fact the researchers follows the same group of subjects through the various stages of the development that are measured.

Longitudinal studies are mainly conducted on relatively small groups of the individuals which mean that it is usually difficult to



relate the results to larger populations. Another problem that is associated with this study is that the participants often quit from the study, which shrinks the size of the sample. This reduces the amount of data even further. A special type of longitudinal study is known as the retrospective study which involves looking back over a period of time. For example the medical records of past years may be studied to establish the existence of a trend.

Advantages of longitudinal study:—

- Sensitive to individual pattern of change
- Permit analysis of development on each case of each group
- Permits the study of growth increments.
- Provide an opportunity to analyze relationship between maturational and experimental processes.
- Creates an opportunity to study the effects of cultural and environmental changes on behaviour and personality.

Disadvantages of longitudinal study:—

- Enormous amount of time is involved.
- Tremendous expensive to carry out.



- Follow-up study is involved in owing to the great length is covered.
- Since data is expensive, cumbersome to handle.
- Sometimes participants drops out of the study, shrinking the sample size and decreasing the amount of data to be collected.
- Sometimes fill-in gaps are required by the retrospective reports.

Cross Sectional Study :- ??

In Cross Sectional study people of different ages are assessed. This type of research aims to compare developmental levels at various ages of backgrounds. Many childrens at different ages are compared studied in groups according to their age, and the results on the same sets of measures are compared for the groups.

This kind of study provides information about differences in development among different age group, rather than features changing with age in the same person. Again a researcher may measure or observe a group of young adult and compare this data with information gathered about a group of elderly participants



Gessell and his co-workers developed norms for the four aspects of human growth - motor-behaviour, language behaviour and personal, social behaviour. They studied large number of children in each age group, ranging from birth to adolescences to determine the approximate age at which stage and step in the growth process normally occur.

Advantages of Cross Sectional Study:-

- It can be done relatively quickly, so saves time and energy.
- Gives a picture of typical characteristics of the different ages.
- Relatively inexpensive to carry out.
- The whole project can be handled by a single investigator.

Disadvantages of Cross-Sectional Studies!:-

- It does not considered individual differences.
- Provides only an approximate representation of developmental process.
- It cannot eliminate cohort or generational influence.
- It does not take into consideration the cultural and environmental changes occurring over time.





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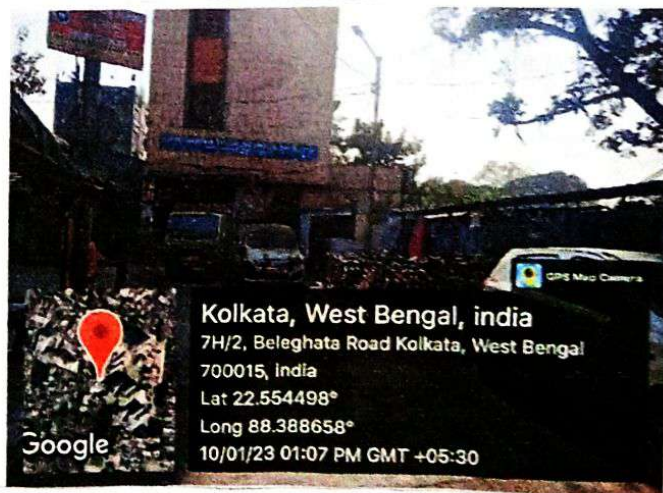


## Area and the People:—

Ward no 36, Kolkata Municipal Corporation is an administrative division of Kolkata Municipal Corporation in Brough No 5, covering part of Beliaghata (Baraakhai), Sealdah and Rasabazar neighbourhoods in north central Kolkata in the Indian state of West Bengal.

The Area where I did the field work is named as 'Lal Bari' which comes under the Ward no-36. The Ward is served by Narkeldanga police station of Kolkata police. Utadanga Womens police station covers all police district under the jurisdiction of the eastern sub-urban jurisdiction of Kolkata police, i.e. Beliaghata, Benisphukur, Entally, Maniktala, Narkeldanga, Utadanga and Phoolbagan. Ward no 36 is bordered on the North by Dr MN Chatterjee Sarani; on the east by the circular canal; on the south by Beliaghata road and on the west by Acharya Jagadish Bose Road and Acharya Prafulla Chandra road (with hump flyover).







Demographics:-

As per 2011 Census of India Ward NO 36 Kolkata Municipal Corporation, had a total population of 27,288 of which 16,743 (61%) were males and 10,495 (39%) were females. Population below 6 years was 2,142. The total no of literates in Ward no. 36 was 16,642 (66.33%) of the population over 6 years. The literacy rate in ward no-36 is 66.34%

Educational Institutes → Some educational institutes

around the area on which I have done the field work are. Sri Balleshwar vidyalaya school is a co-educational Primary level of school under the department of Education. Another one school is Khanna high school for girls it is also a co-educational higher secondary level of school but the classrooms of the department for boys and girls are decided. on the basis of this we can say that the educational facilities are good of this area. on the other hand on the basis of community the people who were residing there are mostly Biharis as well as Bengalis.



Analysis of  
the data and  
Discussion.



Distribution of the population on the basis of age and sex :-

on the basis of age and sex out of total 26 person 50% are male and 50% are females if we compare male and female than it is found females of more than age 100 are found but males are found between the age of 60 to 84.

Sex \ age	Male	Female	Total	%
Below 60				
60-64	⑥	III ⑩	14	
65-69	③		3	
70-74	③	①	4	
75-79		①	1	
80-84	①	①	2	
85-89				
90-94		①	1	
95-99				
100+		①	1	
Total	13	13	26	
Percentage-	50%	50%	100%	



Distribution of the population on the basis of Educational Status :-

Out of 26 persons percentage of Primary level of male Education is 7.69% and female population is 3.84%, on the basis of Secondary level percentage of female population is 7.69% and male population is 15.38%, on the basis of Higher Secondary Male population is 7.69% educated but no one female is found. On the basis of Graduation only 7.69% of males are educated but no one female is Graduated. If we compare male and female on the basis of Literacy rate it is observed that Females are less educated than male even 30.76% of female population cannot sign and only 7.69% of females can sign on the other hand 15.38% of male population can sign and no one male is found who cannot sign.



Age	Illiterate				Literate				Total			
	Can sign		Cannot sign		Primary level		Secondary		Higher sec Level		Quadrupm	
	F	M	F	M	M	F	M	E	M	F	M	E
Below 60												
60-64	11		11	11			11	11			10	5
65-69					11		11					4
70-74			10	10					11			3
75-79			10									7
80-84			10	10								1
85-89												
90-94												
95-99												
100 +			10									1
Total	2		8	4	2		4	2	2		1	13
Percentage	7.69%		30.76%	15.38%	7.69%		15.38%	7.69%	7.69%		3.84%	50%



Distribution of the population on the basis of Marital Status of male and Female population.

We have observed that out of 26 persons 46.15% are Married males, 42.30% are Married females; 3.84% are Widower and 7.69% are Widow.

Age	Married		Unmarried		Widow/Widower		Total	
	Female	Male	Female	Male	Female	Male	M	F
Below 60							5	5
60-64	5						4	4
65-69							3	1
70-74	1				1			1
75-79						1	1	1
80-84	1						1	1
85-89								
90-94	1							1
95-99								1
100+								1
Total	11	12			1	2	13	13
Per Centage	42.30%	46.15%			3.84%	7.69%	50%	50%



### Distribution of the male population on the basis of occupational status:

It is observed that out of 26 person 3.84% are involved in Driving, 7.69% are peons and 15.38% are farmers. 15.38% are involved in some other business, 7.69% barbers and it is observed that they are involved in only some small works.

Age	Driver	Peon	Farmer	Business	Barber	Total
Below 60						
60-64	10	10	110		10	5
65-69		10	10	110		4
70-74			10	110		3
75-79						
80-84					10	1
85-89						
90-94						
95-99						
100+						
Total						13
	1	2	4	4	2	
Person age out of 26	3.84%	7.69%	15.38%	15.38%	7.69%	49.99%



### Distribution of the female population on the basis of occupational status:

Out of 26 persons 46.15% of females are house wives and only 3.84% are involved in farmings

Age	Home maker	Farming	Total
Below 60			
60-64	①		5
65-69			
70-74	①		1
75-79		①	1
80-84	①		1
85-89			
90-94	①		1
95-99			
100+	①		1
Total	12	1	13
Percentage out of 13	92.30 %	7.69 %	100%
Percentage out of 26	46.15%	3.84%	49.99%

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Distribution of the population of female on basis of participation in wellness activity.

out of 26 people the 30.76% percent of females are involved in doing physical exercise and 46.15% are involved in regular walking. no one female is found who is not taking part in any wellness activity.

Age	Regular walking	Physical exercise	Total
20-29	III II ⊕	I ⊕	8
30-39			
40-49			
50-59			
60-64			
65-69			
70-74	I ⊕		1
75-79	I ⊕		1
80-84	I ⊕		1
85-89			
90-94	I ⊕		1
95-99			
100+	I ⊕		1
Total	12	1	13
Percentage	46.15%	30.76%	56%



Distribution of the population of male on the basis of participating in wellness activity.

out of 26 people 42.30% of males are taking part in wellness activity like regular walking but 7.69% are not involved in any wellness activity.

Age	Regular walking	Not taking part	Total
Below 60			
60-64	IIII (4)	10	5
65-69	IIII (4)		4
70-74	II (2)	10	3
75-79			
80-84	10		1
85-89			
90-94			
95-99			
100+			
Total	11	2	13
Percentage	42.30%	7.69%	



### Distribution of the male population on the basis of Requirement of medicine

out of 26 people the 3.84% of male population is taking Homoeopathic medicine, 42.30% is taking Allopathic medicines and 3.84% partange of male population are taking Allopathic medicines along with self medication

Age	Homeopathy	Allopathy	Self medi- cation	Total
Below 60				
60-64	1 0	9		5
65-69		9		4
70-74		3		3
75-79				
80-84			1	1
85-89				
90-94				
95-99				
100 +				
Total	1	11	1	13
Percentage out of 26	3.84%	42.30%	3.84%	



Distribution of the female population on the basis of medicines required :

Out of 26 people it is observed that the 42.30% of female required medicine and 7.69% of female do not required medicine

Age	Medicine required	Medicine not required	Total
Below 60			
60-64	11 (F)	1 (G)	8
65-69			
70-74	1 (G)		1
75-79	1 (G)		1
80-84	1 (G)		1
85-89			
90-94	1 (G)		1
95-99			
100+		1 (G)	1
Total	11	2	13
Percentage	42.30%	7.69%	



Distribution of male population on the basis of preference of food.

out of total 26 people 38.46% is the percentage of <sup>non</sup> Vegetarian and 11.53% are the Vegetarian population of males.

Age	Vegetarian	non-vegetarian	Total
Below 60			
60-64	11 (3)	11 (3)	5
65-69	1 (0)	11 (3)	4
70-74		11 (3)	3
75-79			
80-84		1 (0)	1
85-89			
90-94			
95-99			
100+			
Total	3	10	13
Percentage	11.53%	38.46%	



Distribution of the female population on the basis of habituation of alcoholic substances:

out of 26 people 13 are female and they are not taking any alcoholic substances but 46.15% are habituated of drinking tea and 3.84% are not habituated of tea also.

Age	Habituated of Tea	NOT Habituated	Total
Below 60	⊙	1⊙	
60-64	⊙	1⊙	9
65-69			
70-74	1⊙	1⊙	1
75-79	1⊙	1⊙	1
80-84	1⊙	2⊙	1
85-89			
90-94	1⊙	1⊙	1
105-99			
Total 100	1⊙	1⊙	1
Total	12	1	13
Percentage out of 26	46.15%	3.84%	



Distribution of the female population on the basis of habituation of alcoholic substances:

Out of 26 people 13 are female and they are not taking any alcoholic substances but 46.15% are habituated of drinking tea and 3.84% are not habituated of tea also.

Age	Habituated of Tea	Not Habituated	Total
Below 60	<del>⊙</del>	1 <del>⊙</del>	
60-64	<del>⊙</del>	1 <del>⊙</del>	9
65-69			
70-74	1 <del>⊙</del>	1 <del>⊙</del>	1
75-79	1 <del>⊙</del>	1 <del>⊙</del>	1
80-84	1 <del>⊙</del>	2 <del>⊙</del>	1
85-89			
90-94	1 <del>⊙</del>	1 <del>⊙</del>	1
105-99			
Total 100	1 <del>⊙</del>	1 <del>⊙</del>	1
Total	12	1	13
Percentage out of 26	46.15%	3.84%	



Distribution of the male population on the basis of habituation of alcoholic substances:

out of 26 people 13 are males and in which 11.53% are consuming tea, 11.53% are habituated of tobacco, 3.84% are consuming both tea and tobacco, 19.23% are consuming liquor and tobacco, and 3.84% are involved in consuming liquor, betel leaf and tobacco.

Age	Tea	Tobacco	Tobacco and Tea	Liquor and tobacco	Liquor betel leaf, Tobacco	Total
60-64	1	11		11		5
65-69	1		1	11		4
70-74		1		1	1	3
75-79						
80-84	1					1
85-89						
90-94						
95-99						
100+						
Total	3	3	1	5	1	13
Percentage out of 26	11.53%	11.53%	3.84%	19.23%	3.84%	



Findings:

During fieldwork it is found the literacy rate of both male and female is very low and out of which women are less educated than men only 3.84% of males are graduated and no one female is graduated. On the basis of primary level of education only 7.69% of male population and 3.84% of female population are educated, on the basis of secondary level 15.38% of male and 7.69% of female population are educated. Considering of higher secondary education only 7.69% of male are educated and none are females.

On the other hand we observe that the 46.15% of female is only involved in household chores and only 3.84% is involved in farming. If seen in men then they are also involved in some minor works. Because of being less educated 34% males are Driver, 7.69% are peon, 15.38% are Farmers, 15.38% of males are involved in business and 7.69% are barbers.

On the basis of marital status percentage of married males are 46.75% and percentage of married females



are 42.30%, widowers is 7.84% and widow is 7.69%. On the basis of age and sex if we compare male and female than we observed that females above the age of 80 or 85 is also found but no one male of more than the age of 80 is found in which the 50% of male population is between the age of 60 to 84 but females are between 60 to 100. I found a female who was more than 100 years of old.

On the basis of requirement of medicine as all the persons are above 60 years old so they required medicine along with increasing age. If we distribute the male female on the basis of habituation of male female population on the basis of habituation of alcoholic substances like Tobacco, liquor, betel leaf and betelnut out of 26 people 11.53% is involved in consuming tea, 11.53% are consuming Tobacco, 5.84% are habituated of consuming both betel leaf and tobacco and 19.23% are consuming liquor and tobacco and these are mainly males. Only 5.84% of female population are taking part in physical exercise and 7.69% males



are taking no part in any wellness activity and accept this population all males and female population are taking part in the regular walking.

On the basis of preference of food 30.76% of female population are Vegetarian and 3.84% of female population are Non-Vegetarian. In male population 11.53% of males are Vegetarian and 38.46% are Non-Vegetarian.

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-: GENERAL OBSERVATION :-

During this unique fieldwork I able to understand lots of physical and social sufferings of males as well as females also and I also come to know those reasons of their sufferings. I understand that why males are suffering from more organ related disease more than females.

I observe that because of less education most of the people is not involved in any professional work, it is also observed that many social and domestic reasons are responsible for their less education. From the childhood they are involved in some works like labour, haevear and driver e.t.c. As because of the less economic state and and increasing population of their family they have to involve in works like labour, haevear and driver e.t.c. To run their household they start doing odd jobs from their childhood and from there education stops. But I found some people whose economic state of the family is good but due to bad social environment and conservative mentality they



are involved in taking one or other narcotic substances. on the other hand those people who did not get educational facilities because of economic state they are also involved in taking narcotic substances as they do not get good social environment from their childhood which effect their mental situation and thus they involved in consuming alcoholic substances.

Reasons responsible for such problems are:-

- (i) The age of marriage should be maintained more aged males are married to the girl child.
- (ii) Education is not provided to them and they have no idea about family planning.
- (iii) Due to lack of good social environment and mental conservatism

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## Daily Diary:

We started collecting data from the month of August and continue till the month of November:

Day-1 - At first day I collected the data of a female Bhagwati devi. I started collecting from 10 am till 12 pm as she was discussing her problems of health related so it requires some time.



Day 2 - I collected the data on the month of September. at 5/9/22. I started collecting data from 12 Pm till 2 Pm. I collected the data of total 8 families as they were the neighbours so it does not require much time and they are very comfortable and friendly to me.



Day 3 - I started collecting next date  
from 8/19/2022. I started collecting from  
9:30 pm to 2:30 pm. I collected total  
5 data of the persons it requires some time  
because as they were busy in their house  
hold works so I have to wait for them.



Day-4 - At day 4 I start collecting data on 3/11/2022. I started from 10:45 am and continue till 3 pm. I collected the data of total 12 persons on that day I completed by my data collection as they cooperate with me and help me to completing of my field work.







Case Study :-

Study - I

Bio profile :-

Name - Bhagwati Devi

Age - 60 years

Sex - Female

Address - Belegkata

Diagnosis -

Informant - Patient

Chief Complaints

- Joint pain
- Loss of appetite
- Nerve Sensation
- LE Post operative patient.

History → L'E PHACO WITH ACRIOL (25.00 D) under TA DONE ON 16/10/2022 By Dr Ruby Misra

Vision →

	UCVn	BCVn	PCVn	Near	NCT	AT
RE	6/18 P	6/9		N6	20	
LE	6/12 P	6/9		N6	17	

Observation

	RE	LE
Cornea →	Corneal haze	Corneal haze
Dise →	Glaucomatous optic atrophy	CDR 0.3



Observation :-

	RE	LE
Lens →	Nuclear Sclerosis Grad II and III, Cortical Cortall	Pseudophakia - p/c IOL
Retina →	FR Dux	FOH

Clinical Impression :-

RE → Advance Glaucoma

LE → Pseudophakia

Advice → Glasses prescribed.Tests done :-

ECG with clinical reports

Blood sugar →

Bp check up → 130/90

Heart rate → 86 Bpm

CT scan, Ultrasonography, and Radiology.

Past History :-

She was not suffering from any disease

None eye related problems are there.

She does not have any skin allergy or food

allergy; There is no surgical illness also.

or any other organ related problems.



Environment history:-

Type of family → Joint family

No of family → 6 members.

Type of house → Cemented house

No of rooms → 2

Kitchen → Not separated

Fuel used - LPG

Drinking Water - Tap Water

Toilet -

Drainage system -

Condition

Family history:-

→ Low-middle class family economic state is not so good but general.

→ They do not possess any genetic disease there is no history of Diabetes, asthma etc

Personal history:-

The patient is not involved in any narcotic intakes. She is vegetarian, sleeping pattern is also good but due to not taking part in any wellness activity and increasing age some health related issues can be observed like loss of appetite, Anemia and Nerve sensation c.t.c.



## Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: *Sankhita Kishore*  
 Semester: *V*  
 Place:

Date: *31/8/22*  
 Time: *10:45pm*

1) Personal Information of the Informant:

a. Name: *Bhagwati Devi*      b. Age: *60*      c. Sex: *Female*  
 d. Address: *711/2 Belegala road Kol-15*  
 e. Marital Status: *Married*  
 f. Education: *Can sign*      g. Occupation: *Housewife*

2) Health Problems:

a) Perceived	b) Diagnosed
<i>lower limb and back pain</i>	<i>Hypertension High BP</i>

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EXAMINATION  
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4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy <input checked="" type="checkbox"/> 4. Naturopathy 5. Traditional medicine 6. Any other	<i>NO</i>

5) Food Preference:  Vegetarian /  Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : *NO*

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

*24/8/2022*



# Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Sankriti Kushwaha  
 Semester: 7  
 Place: \_\_\_\_\_

Date: 5/9/22  
 Time: 12 Pm

1) Personal Information of the Informant:

a. Name: Muna Devi      b. Age: 90      c. Sex: Female  
 d. Address: 74/2 Bueghata Road Kol-15  
 e. Marital Status: married  
 f. Education: 4th pass      g. Occupation: Housewife

2) Health Problems:

a) Perceived	b) Diagnosed
Back pain, Constipation	BP low, Migraine Kidney stone Hypertension

3) Requirement of Medicine:

Yes	No
✓	

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy ✓ 3. Allopathy ✓ 4. Naturopathy 5. Traditional medicine 6. Any other	

5) Food Preference:  Vegetarian /  Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
	Junk food Milk, Tea

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :  Tea.

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

S  
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Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Sanskriti Kushwaha  
 Semester: I  
 Place:

Date: 05/09/2022  
 Time: 1:25 Pm

1) Personal Information of the Informant:

a. Name: Mina dewi b. Age: 60 c. Sex: Female  
 d. Address: 7H/2 Beleghala Road Kol-15  
 e. Marital Status: Married  
 f. Education: 8th g. Occupation: Housewife

2) Health Problems:

n) Perceived	b) Diagnosed
Head pain, back pain and Constipation	Heart attack, Kidney stone, uterine operation High BP

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self- Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy <input checked="" type="checkbox"/> 4. Naturopathy 5. Traditional medicine 6. Any other	

5) Food Preference: Vegetarian /Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : / Tea

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

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## Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Sanskriti Kushwaha  
 Semester: V  
 Place: \_\_\_\_\_

Date: 08/09/22  
 Time: 9:30 Pm

1) Personal Information of the Informant:

a. Name: Ramkijas Kushwaha      b. Age: 61      c. Sex: Male  
 d. Address: 7H/2 Belegkata Road Kol-15  
 e. Marital Status: Married  
 f. Education: Nil      g. Occupation: Farmer

2) Health Problems:

n) Perceived	b) Diagnosed
	<p style="font-size: 1.2em;">Sugar Arthritis</p>

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self- Medication
<p>1. Ayurveda                  2. Homoeopathy <input checked="" type="checkbox"/>                  3. Allopathy                  4. Naturopathy                  5. Traditional medicine                  6. Any other</p>	

5) Food Preference:  Vegetarian /  Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
	<p style="font-size: 1.2em;">Sweets and spices,</p>

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : / Tea

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

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## Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Sanskriti Kushwaha  
 Semester: V  
 Place:

Date: 08/09/2022  
 Time: 10:pm

1) Personal Information of the Informant:

a. Name: Shri Kamal Bhagat      b. Age: 65      c. Sex: Male  
 d. Address: Amahi Shivpur  
 e. Marital Status: Married  
 f. Education: 5th      g. Occupation: Farmer

2) Health Problems:

n) Perceived	b) Diagnosed
Chest pain	Sugar, BP High Kidney stone, Hernia, Back- bone operation

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy ✓ 4. Naturopathy 5. Traditional medicine 6. Any other	

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
Bitter guard Juice and Fruits	Potato Sugar Rice

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : / Tea

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.): ✓

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## Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Sanskriti Kushwaha  
Semester: V  
Place:

Date: 08/09/2022  
Time: 10:45 PM

### 1) Personal Information of the Informant:

a. Name: Rajkumari Devi      b. Age: 60      c. Sex: Female  
d. Address:   
e. Marital Status: Married  
f. Education: Nil      g. Occupation: Housewife

### 2) Health Problems:

a) Perceived	b) Diagnosed

### 3) Requirement of Medicine:

Yes	No
	<input checked="" type="checkbox"/>

### 4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy 4. Naturopathy 5. Traditional medicine 6. Any other	

### 5) Food Preference: Vegetarian / Non-Vegetarian

### 6) Food Consumption related to health:

Preference	Restriction

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : / Tea

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

Q  
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Male

Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Ram Milan Bhargal  
Semester:  
Place:

Date: 8/9/22  
Time: 2:30 pm

1) Personal Information of the Informant:

- a. Name: Ram Milan Bhargal
- b. Age: 65
- c. Sex: Male
- d. Address: 711/2 Belegahaki Road KOL 15
- e. Marital Status: Married
- f. Education: 8th pass
- g. Occupation: Security guard

2) Health Problems:

a) Perceived	b) Diagnosed
Cold and cough and lower limb and back pain	Schizophrenia

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy <input checked="" type="checkbox"/> 4. Naturopathy 5. Traditional medicine 6. Any other	

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5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :  No

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

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## Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: *Sanskriti Kushwaha*  
 Semester: *I*  
 Place:

Date: *8/11/2022*  
 Time: *10:45 am*

1) Personal Information of the Informant:

- a. Name: *Kismato Devi*      b. Age: *80*      c. Sex: *Female*  
 d. Address: *711/2 Beleghata Road Kal-15*  
 e. Marital Status: *Married*  
 f. Education: *Nil*      g. Occupation: *Housewife*

2) Health Problems:

a) Perceived	b) Diagnosed
<i>Lower limb and back pain</i>	<i>Presbyopia Arthritis</i>

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

*10: 2*

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy <input checked="" type="checkbox"/> 4. Naturopathy 5. Traditional medicine 6. Any other	

5) Food Preference:  Vegetarian /  Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : *Tea*

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

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# Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Sanskriti Kushwaha  
 Semester: V  
 Place:

Date: 3/11/22  
 Time: 11 am

**1) Personal Information of the Informant:**

a. Name: Bhutiya devi      b. Age: 70      c. Sex: Female  
 d. Address: 11/2 Betaghat Road Kol-15  
 e. Marital Status: Married  
 f. Education: 8th      g. Occupation: Housewife

**2) Health Problems:**

a) Perceived	b) Diagnosed
Headache lower limb and back pain	Asthma, Presbyopia

**3) Requirement of Medicine:**

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

anuloma  
ning  
long  
akina  
oil

**4) Type of Medicine:**

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy <input checked="" type="checkbox"/> 4. Naturopathy 5. Traditional medicine 6. Any other	Take massage by Herbal oil

**5) Food Preference:  Vegetarian /  Non-Vegetarian**

**6) Food Consumption related to health:**

Preference	Restriction
Almond, hazel nut and raw seeds, cucumber veg vegetables Vitamin E	Spicy, Cold food, Lactose based products Fish, Junk food and processed food

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : / Tea

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

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Name of data collector: Sanskriti Kishwaha  
 Semester: II  
 Place:

Date: 8/11/22  
 Time: 12:45

1) Personal Information of the Informant:

a. Name: Raghar Ray b. Age: 60 c. Sex: Male  
 d. Address: 711/2 Beghata Road Kol-15  
 e. Marital Status: Married  
 f. Education: 8th g. Occupation: Peon in Jute mill

2) Health Problems:

a) Perceived	b) Diagnosed
<u>Lower limb and Back pain</u>	<u>Diabetes Migraine Coronary artery disease</u>

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy <input checked="" type="checkbox"/> 4. Naturopathy 5. Traditional medicine 6. Any other	

5) Food Preference:  Vegetarian /  Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<u>Fresh fruits and Vegetables and whole grains</u>	<u>White rice and Wheat day sweets and Sweets, Junk food</u>

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc.:

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):  NO

8/11/22



# Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Somiyoti Mishra  
 Semester: V  
 Place:

Date: 3/11/22  
 Time: 12 am

1) Personal Information of the Informant:

a. Name: Dinamath Ray      b. Age: 72      c. Sex: Male  
 d. Address: 41/2 Belegata Road K01-15  
 e. Marital Status: Married (widower)  
 f. Education: 12<sup>th</sup>      g. Occupation: Farming

2) Health Problems:

a) Perceived	b) Diagnosed
	<p><u>liver swelling</u></p>

3) Requirement of Medicines:

Yes	No
✓	

4) Type of Medicines:

Prescribed	Self-Medication
<p>1. Ayurveda                  2. Homeopathy                  3. Allopathy ✓ <u>under medication</u>                  4. Naturopathy                  5. Traditional medicine                  6. Any other</p>	

5) Food Preference:  Vegetarian /  Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.): NO

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## Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Sanskriti Kushwaha  
 Semester: V  
 Place:

Date: 3/11/22  
 Time: 1:45

1) Personal Information of the Informant:

a. Name: Shree Bhagwan Ray                      b. Age: 70      c. Sex: Male  
 d. Address: 711/2 Betaghata Road Kst-15  
 e. Marital Status: Married  
 f. Education: Nil                      g. Occupation: Works in chili godown

2) Health Problems:

n) Perceived	b) Diagnosed
<u>Acidity, lower limb and back pain</u>	<u>Hernia, Stone in stomach, Kidney stone, Kidney stone, Hydrocele</u>

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy ✓ 4. Naturopathy 5. Traditional medicine 6. Any other	

5) Food Preference: Vegetarian / Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<u>Citrus fruits, leafy vegetables</u>	<u>White rice and wheat, dry fruits, legumes and nuts, Beet, tea, packaged food and food. Spinach</u>

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

S  
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# Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: *Sanskriti Kushwaha*  
 Semester: V  
 Place:

Date: *8/11/2022*  
 Time: *1 Pm*

1) Personal Information of the Informant:

a. Name: *Sikaliya Devi*      b. Age: *60*      c. Sex: *Female*  
 d. Address: *7H/2 Beleghata Road Kol-15*  
 e. Marital Status: *Married*  
 f. Education:       g. Occupation: *Housewife*

2) Health Problems:

a) Perceived	b) Diagnosed
<i>lower limb and back pain</i>	<i>Back bone and lower limb fracture</i>

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy <input checked="" type="checkbox"/> 4. Naturopathy 5. Traditional medicine 6. Any other	

5) Food Preference:  Vegetarian /  Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<i>Dairy products vitamin D, C K and zinc Omega 3 and Fibres</i>	<i>Junk food, fast Food, packaged food, cold drink</i>

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. : */Tea*

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

*24/11/2022*







## Preliminary Health Assessment of Elderly Persons 2022

Name of data collector: Sanskriti Kushwaha  
 Semester: V  
 Place:

Date: 3/11/2022  
 Time: 2 Pm

1) Personal Information of the Informant:

a. Name: Dharamshela Devi      b. Age: 60      c. Sex: Female  
 d. Address: 7H/2 Belegkata Road Kal-15  
 e. Marital Status: Married  
 f. Education: Nil      g. Occupation: Housewife

2) Health Problems:

a) Perceived	b) Diagnosed
<p><u>Lower limb and back pain.</u></p>	<p><u>Stomach Stone and Diabetes</u></p>

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
<p>1. Ayurveda                  2. Homoeopathy                  3. Allopathy <input checked="" type="checkbox"/>                  4. Naturopathy                  5. Traditional medicine                  6. Any other</p>	

5) Food Preference:  Vegetarian /  Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
<p><u>Citrus Fruit leafy vegetable</u></p>	<p><u>White rice and wheat legumes and nuts. Spinaeh,</u></p>

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc. :

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

24/11/2022











Preliminary Health Assessment of Elderly Persons 2022

Name of data collector:  
Semester:  
Place:

Date: 3/11/22  
Time: 2:45 pm

1) Personal Information of the Informant:

a. Name: Sushila Devi Gupta      b. Age: 63      c. Sex:  
d. Address: 7H/140/H/19 Beeghata Road Kor  
e. Marital Status:  
f. Education: *illiterate*      g. Occupation: *Housewife*  
*Sign*

2) Health Problems:

a) Perceived	b) Diagnosed
Head	Diabetes

3) Requirement of Medicine:

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

4) Type of Medicine:

Prescribed	Self-Medication
1. Ayurveda 2. Homoeopathy 3. Allopathy <input checked="" type="checkbox"/> 4. Naturopathy 5. Traditional medicine 6. Any other	NO

5) Food Preference:  Vegetarian /  Non-Vegetarian

6) Food Consumption related to health:

Preference	Restriction
	Sweets, T

7) Habituated to smoke, consume liquor, chewing betel nut, betel leaf, tobacco etc.: *Consume tea*

8) Participating in wellness activity (e.g., regular walking, physical exercise, yoga etc.):

*24/11/2022*



