

A Study on Effect of Poverty on Child Health and Development with Reference to Palayamkottai Taluk

Dr. A. Aruna Devi¹ and T. Abinaya²

Associate Professor & Head, PG & Research Department of Commerce,
Department of Commerce (Corporate Secretaryship)¹
II – M.com²

Sri Sarada College for Women (A), Sri Sarada College for Women (A), Tirunelveli, India
Affiliated to Manonmaniam Sundaranar University, Tirunelveli- 627012

Abstract: *We can define poverty as the condition where the basic needs of a family, like food, shelter, clothing and education are not fulfilled. It can lead to other problems like poor literacy, unemployment, malnutrition, etc. A poor person is not able to get education due to lack of money and therefore remains unemployed. An unemployed person is not able to buy enough & nutritious food for his family and their health decline. A weak person lacks the energy required for the job. A jobless person remains poor only. Thus we can say that poverty is the root cause of other problems. According to the Noble Prize Winner South African leader, Nelson Mandela- "Poverty is not natural, it is manmade". The above statement is true as the causes of poverty are generally manmade. There are various causes of poverty but the most important is population. Rising population is putting the burden on the resources & budget of countries. Governments are finding difficult to provide food, shelter & employment to the rising population. Poverty affects the life of a poor family. A poor person is not able to take proper food & nutrition & his capacity to work reduces. Reduced capacity to work further reduces his income, making him poorer. Children from poor family never get proper schooling & proper nutrition. They have to work to support their family & this destroys their childhood.*

Keywords: Poverty

I. INTRODUCTION

1.1 OBJECTIVES OF STUDY

- To analyze the demographic profile of the respondents in palayamkottai taluk.
- To analyze the factors how poverty affect the child health and development in palayamkottai taluk.
- To identify the preferences of health drinks among the respondents.
- To offer suggestions based on the study.

1.2 REVIEW OF LITERATURE:

Misiak et al., (2022)¹, Concluded that the overall functioning of the body's multiple physiological regulatory systems is also impaired by children's experiences of poverty. A myriad of SES- related health disparities are first evident in early childhood and persist throughout adulthood, impacting across many of the body's regulatory systems.

Evans & De France,(2021)², Concluded that the it is imperative to note that the associations between childhood poverty and these outcome indicates are often maintained regardless of whether individuals remain in poverty after they enter into adolescence or adulthood, signifying that childhood poverty may have disruptive impacts on the entire trajectory of an individual's development.

Oakes (2021)³, In his author found that the schools have higher poverty levels of the student population compared to others. These high poverty schools need immediate attention because the students who attend these schools lack access to resources, equal education opportunities, and the schools mainly contain a high percentage of students of color. The

children from communities that have high levels of poverty are likely to be exposed to conditions that affect their learning.

1.3 SOURCE AND METHOD OF DATA COLLECTION:

The study is basically an empirical one. The data for the study were collected both from primary and secondary sources. Primary data were collected by administering a structured questionnaire among the selected parameters. Secondary data were collected from the official records of the selected enterprises, literature from the books, journals and research articles.

ANALYSIS:

The variables were analyzed and tables as below:

Table 1: Demographic Profile of Respondents

S.No	Variable		No of Respondents	Percentage
1	Age	6-15	39	35.45
		15-25	30	27.27
		25-35	25	22.73
		Total	110	100
2	Qualification	Middle school	27	24.55
		Higher secondary	35	31.82
		UG	48	43.63
		Total	110	100
3	Gender	Male	49	44.55
		Female	61	55.45
4	Type of family	Nuclear family	63	57.27
		Joint family	47	42.73
5	Marital Status	Married	6	5.45
		Unmarried	104	94.55

According to the above table 35.45% of the respondents belong to the age of 6-15 years. 43.63% of the respondents have UG level Qualification. 55.45% respondents are female. 57.27% respondents are nuclear family and 94.55% respondents are unmarried people.

Table- 2:Reason for preferring health drink

S.No	Reason for preferring health drink	No. Of Respondents	Percentage
1.	Taste	5	4.55
2.	Ingredients	13	11.82
3.	Advertisement	11	10
4.	Easy availability	78	70.90
5.	Any other	3	2.73
	Total	110	100

From the above table it can be inferred that out of 110 respondents, 70.90 percent the respondents choose health drink in easy availability, 11.82 percent the respondents choose health drink in Ingredients, 10 percent the respondents choose health drink in Advertisement, 4.55 percent the respondents choose health drink in Taste and 2.73 percent the respondent choose health drink in Any other reason.

H₀1- There is no significant difference between age and Children prefer the flavour most

Age Wise classification * Children prefer the flavour most					
Age wise classification		Children prefer the flavour most			Total
		Chocolate	Badam	Pista	
	6-15	32	21	11	64
	15-25	16	10	4	30
	25-35	9	4	3	16
Total		57	35	18	110

Chi – Square Test			
	Value	Df	Asymptotic Significance(2-sided)
Pearson chi-square	.641 ^a	4	.958
2 cells (22.2%) have expected count less than 5. The minimum expected count is 2.62.			

The value of chi- square is .641 (df=4) and associated significant value is .958. Therefore, the null hypothesis is rejected. Hence there is significant association between age of the respondents and Children prefer the flavour most. Hence there is a significant association between age and children prefer the flavour most.

II. FINDINGS:

- Majority of the respondents belong to the age group of 6-15 years
- Majority of the respondents have UG Qualification.
- Majority of the respondents are Female.
- Majority of the respondents are living in Nuclear family.
- Majority of the respondents are Unmarried people.
- There is a significant association between age and children prefer the flavour most.

III. SUGGESTIONS

The following strategy can solve the problem of poverty:

- Stimulating Agricultural growth
- Increasing the productivity and job quantity of the unorganized sector
- Improving the share of wages in the process of growth to achieve poverty reduction
- Empowerment of the poor through education and skill formation
- Empowerment through provision of better health
- Empowering the poor through provision of housing
- Empowerment through skill formation for our expanding IT sector
- Providing employment through national rural employment guarantee scheme.

IV. CONCLUSION

Although poverty is a social ill, everyone can contribute to its reduction. For example, we could donate old clothes to the needy, sponsor a child's education, or teach underprivileged students in your spare time. Before we waste food, consider that someone is still sleeping hungry.

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