

HOUSEHOLD EXPENDITURE AND ITS EFFECTS ON FAMILY HEALTH AND RECREATION.



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(Reg # 24-FSS/MSSOC/F08)

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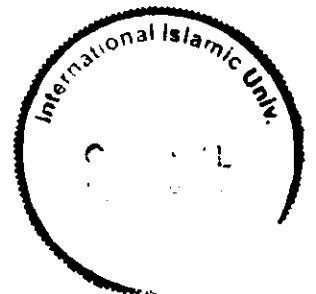
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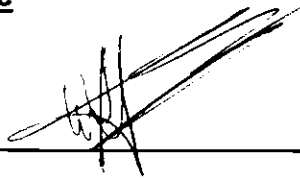
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It is certified that thesis submitted by Ms. Sommiya Arif Reg. No.24-FSS/MSSOC/F08 titled "*Household Expenditures and its effect on Family health and Recreation*" has been evaluated by the following viva voce committee and found that thesis has sufficient material and meets the prescribed standard for the award of Degree of MS in the discipline of Sociology.

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ABSTRACT

This study is an attempt to find out the impact of increasing household expenditures and its effects on family health and recreation. All types of family expenditures such as expenditures on health, education, food and non-food items are very essential and linked with family welfare. However, in order to pay compulsory expenditures like payment of utility services such as gas, electricity and telephone bills, the families have to sacrifice their welfare by cutting down many of the essential expenditures. The prices of utilities of most of the families has increased a lot that consumes major chunk of budget. Due to spending on food items and utility bills, families pay lower attention towards the expenditures on health and recreation activities. The payment of utility bills become compulsory expenditure as these cannot be delayed after a small period of time. In order to get utility services, people cut down expenditure on food and non-food item. The expenditures on recreation and health and there utilization suffers more than any other heads of household expenditure and activities. A total of 360 respondents were interviewed from Islamabad, Rawalpindi and Peshawar on the basis of proportionate random sampling for the purpose of this study. Survey method was employed for data collection in which a predesigned questionnaire comprising of close ended and matrix questions keeping in view the research objectives was used. Statistics Package for Social Sciences was used for data analysis. Univariate and bivariate analysis was done to draw conclusion and results.

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I want to show my deepest thanks to almighty Allah, for bestowing his endless blessings upon me, for his help, guidance and support at every step of my life. And his Prophet (Peace be upon him) for being a constant source of encouragement and motivation for me.

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CHAPTER- ONE

INTRODUCTION

In this era of globalization, inflation has been at a retreat all around the world. It is crossing the borders and affecting both developing and developed countries and now inflation is a major problem of today's world including Pakistan. The term Inflation means sustained increase in the general price level of goods and services against a standard level of purchasing power of consumer, leading to fall in the currency's purchasing power. Inflation is a key indicator of a country's economic health and provides a very brief insight on economy of state and the policies that govern the. It is generally felt that for several years, Pakistan has had double digit inflation (Fahim et al. 2011). In Pakistan, inflation is veering its ugly head, especially food and energy inflation has badly affected the low income and fixed income groups. Inflation always put more burdens on these group of people as compared to rich ones, because they are not able to protect themselves against the rising prices of goods and services.

Pakistan is a developing country with a population of one hundred and eighty seven million (187,342,721) making it the world most sixth populous country in the world (Population Reference Bureau, 2011). Average household size is 6.9 while the average number of income earner per household is 2.13 (HIES, 2011). The poverty level in Pakistan has increased from 25 % in 1993-94 to 34 % in 2011 .The total health expenditures consume 2.6% of GDP, educational expenditures consume only 2.7% of GDP. Unemployment rate is 15.4

% while the inflation rate rises to 13.9 in 2011 which was 7.6 in 2007.(CIA, The World Fact Book,2011). Besides many other factors related to continuous rise in poverty rates are low GDP, public finance crisis and sharp rise in utility rates.

Low family income, large family size, and sharp rise in prices of food and non-food items adversely influenced the health of individual members in families especially in Pakistan. Health is the level of functional or metabolic efficiency of a living being. Due to a rising cost of living in other major sectors such as food and nonfood items, utility bills and education expenditures families have to sacrifice their health budget in order to fulfill other basic needs of household. Similarly, recreation is an important area which is adversely affected by the rising prices of utility services and food and non-food items. The lesser incidence of social gathering and other recreational activities is badly targeting social bonding in society as well as it is affecting the mental and physical health of individuals.

According to Article 24 of Universal Declaration of Human Rights, every human being has a right for rest and leisure , including reasonable limitation of working hours and periodic holidays with pay. But, busy life and economic problems has already squeezed the recreational activities and people are gradually getting restricted to their homes. Most of the out-door activities even the cultural and social activities have also decreased to a greater extent. Holidays, weddings, marriage functions, different birthday parties, get togethers and other ceremonies have also decreased. These collective functions cement social bonds within families and thus build social capital. Hence the social cohesion in the society is also decreasing day by day. Rising cost of living has adversely affected this sector. The increasing inflation have made difficult for the families to manage

their household budget. Consequently, their limited income spending on recreational activities has also decreased.

The monthly income of family remain unchanged for a longer period of time due to a fixed salary in salaried class, uncertainty incase of wage earners and lower earning in case of farming community due to high cost of production. In such scenario families have to adjust the rise in prices in various heads of expenditures. All types of family expenditures such as expenditures on health, education and food and non-food items are very essential and linked with family welfare. However, families have to sacrifice their welfare by cutting down the essential expenditures in order to pay the compulsory expenditures like payment of utility services such as gas, electricity, telephone bills and water charges. This indicates that households have no choice with regard to compulsory expenditures. Gas and electricity are the two utilities that are extremely vital for almost all segments of the people. Energy provided by electric and natural gas utilities has become an essential part of our every day lives. Because of the convenience, we have to rely on the comforts they provided, as it is really very difficult to survive without them and for this purpose people have to pay their bills, no matter what fix prices does the government issued.

Public utilities are typically defined as companies that supply what are considered the basic (essential) services to homes and businesses, such as electricity, gas, telephone, water and sewer connections (Encyclopedia Britannica). Utility services such as electricity, gas and telephone has become an essential part of our everyday lives and no one can deny the importance of these three basic sectors. But the increasing prices of these utility services have created

a great problem for people, especially, for lower class households, as utility bills have been identified as one of the most continuous and essential costs faced by low income and minority households. The total household expenditures on electricity and gas is 46 and 12 percent, respectively (Government of Pakistan, 2010). The prices of electricity in has increased to one rupee and six paisa's in 2010 which was 0.61 paisa's in 2002 (NEPRA, 2010) and in 2012 the power tariffs are set to rise by 39 percent for most of the consumers through out the country, the average rise in tariffs is Rs 3.03 per kilowatt-hour, which is a 39% increase from the Rs.7.83 per unit that the average consumer of the eight state-owned power distribution companies currently pays. The average tariff after the increase is Rs.10.86 per unit (NEPRA, 2012). Electricity prices have registered more than 50 percent increase in the last two years in comparison with the global rates (Daily Times, 2012) while the prices of gas has also increased to 19 percent in 2010 which was 12 percent in 2007 and the gas tariffs increases up to 14 percent in 2012 since last year (OGRA, 2012). The total percentage of household expenditures on electricity and gas is 46.43 and 12.43 percent respectively. So everyone enjoying these three facilities should have to pay the increasing charges of these services, no matter how much it is difficult for them.

Similarly, one of the important inventions of modern age is the invention of telephone. This invention has completely revolutionized the way people use to communicate with others. It has become a major necessity in our daily lives. People can stay in touch with friends, family and the people around; even in case of an emergency telephone play a vital role on the hand it has also lessened face to face interaction. However, todays increasing charges on line rent and call

services by Pakistan telecommunication company Pakistan are also putting more financial burden on families.

Evidence reported that in order to pay these utility bills and to cope with the rising prices, mostly households cut down their household expenditures on various important sectors, most specifically health, education, recreation and on social ceremonies and gifts. So, these trends are indicative of tight budgetary constraints being faced by the households both in urban and rural households (Naqvi and Akbar, 2000). When people adjust their home budget with respect to rising prices, the major sectors from which they cut down their household expenditures are health, recreation and different social cultural activities. The recreational activities are very important for our mental and physical health and different socio-cultural activities such as marriages get together, parties play a very important role in social cohesion in community and society. When people cut down their expenditures on health, they become more vulnerable to various diseases. The prices of food items have also increased a lot, putting a pressure on the shoulders of income earners. Although the minimum wage of individual worker has also been raised by the government, but still with that level of wage or most of the families especially from lower and middle class could not afford the prices of various food and non food items . According to the Famine Early Warning System (FEWS NET), a combination of inflation and chronic food insecurity means many in Pakistan are vulnerable to price increases. Poverty and high food prices threaten food security, and in turn fuel inflation. The high food prices have affected people ability to obtain required calories in order to live a healthy life. The 2008 global financial and economic crisis, the displacement of

about three million people in 2009 by fighting between militant groups and the Pakistani army, and the catastrophic floods in 2010 worsened the situation. Like other food items, the price of wheat has increased three fold since 2008.

Health:

The World Health Organization (1946) defined health as a state of complete physical, mental and social-well being and not merely the absence of disease or infirmity. The WHO's 1986 Ottawa Charter for Health Promotion furthered that health is a positive concept emphasizing social and personal resources , as well as physical capacities. It is a resource for every day living, not just the objective of living. Good health is of prime importance for all of human beings. We need to be healthy, and for this we need healthy living styles with proper food habits and exercise. Good health is maintained through the efforts and intelligent lifestyle choices of the individual and society. According to WHO, the main determinants of health are social and economic environment, the physical environment and person's own individual characteristics.

Promoting and protecting health is of vital importance for the welfare of human beings as well as social and economic development. In developed countries, especially, people rate health as one of their highest priorities, but unfortunately due to an economic concerns such as unemployment, inflation, rising prices, low wages and a high cost of living, people in developing countries are unable to get better healthy conditions and health facilities for themselves as well as for their family members. There are so many ways to promote and sustain good health. Especially, the circumstances in which people generally live, work

and grow as well as housing, education, food and employment, all strongly influence the health of any individual or their family members (WHO, 2010).

The Lalonde Report (1974) suggested that there are four general determinants of health including human biology, environment, life style and health care services. Thus health is maintained and improved not only through the progression and application of the health sciences, but also through the efforts and intelligence lifestyles of individual and society.

Financial barriers are also one of the basic obstacle which lower income groups are encountered while accessing the basic health facilities. Unfortunately, the lower income group in our society are confronting with many problems caused by an increase in prices, they have to accommodate expenses within their limited budget, and have to pay electricity, gas and telephone bills, no matter how much it is difficult for them. As poor people are more vulnerable to diseases, but their increasing expenses on other utility areas compels them to puts a constraint on their health budget. They mostly try to go to the ordinary doctors or they try not to go to any where and rely on self medication because they don't have enough money to bear the treatment cost. The condition of public hospitals is also not good, while lower income group can not afford treatment to go to the private hospitals which comparative provides good services. A person from the poorest quintile of population, despite more health problems, is six times less likely to access hospitalization then a person from richest quintile. This means that the poors are unable to afford and access hospitalization in a very large proportion of illness episodes even when it is seriously and urgently required. (Deogaonkar, 2004).

The Annual World Health Report in 2010 revealed the fact that Rich people are more likely to access better health facilities as compared to poor ones. Women in the richest 20% of the population are 20 times more likely to have births attended by a skilled health worker as compared to the poor women. By closing the gap between the rich and poor in 49 low income countries it would be possible to save the lives of more than 70000 women till 2015. WHO report also stated that children from rich families live much longer as compared to those from poor ones because they are more likely to get best routine immunization, and better health facilities. By removing the gap in the renege of services provided to children less than five years of age, it would save the lives of more than 16 million children.

But unfortunately because of the high economic crisis and unemployment in the country, low income groups of people suffer from more health issues as compared to the higher income groups. Poor environment, unhealthy living conditions, unhealthy food, improper diet and lack of an access to basic medical facilities have made the poor ones more prone to diseases as compared to other classes.

But one important fact is that middle class people are also having health problems, because due to the higher rates of utility prices, rising food and nonfood item prices, have compelled the people to spend more on these expenses and as a result they cut down the proportion of heath expenditures from their household budget. It has been observed that female tend to get more sick as compared to male, because they usually avoid going to doctors or they usually tend to rely on self-medication , resultantly they face severe health problems. It

has been found in study by Balhotra(1998) that there also exists some level of gender discrimination in sharing food and access to health facilities, because males are given more importance as compared to females. As in our male dominated society , males are given more importance than females. Males are considered as earning hands and their contribution to the household budget increased their value in family. Similarly, working male tends to have more share in food as compared to dependent males and females. Because of the busy routine and economic crisis, people usually avoid out door activities and physical activities that have put a negative effect on their mental and physical health.

Recreational Activities:

Recreation is the employment of time in a non profitable way, in many ways also a refreshment of one's body or mind. It is often distinguished from leisure (Webster online dictionary). It is the expenditure of time in such a manner designed for therapeutic refreshment of one's body or mind. As people in the world are living in more inactive life styles, the need for recreation has increased. Leisure and recreation have long been considered important to human and societal health. Recreational activities are very important and vital for healthy living. Social bonds and social cohesion in the society can be improved when families recreate together, and when senior members and disabled members are actively engaged in some recreational activities. Different recreation and park facilities provide a platform for developing social bonds by uniting families, encouraging cultural sensitivity and supporting old ones and disables. Most of the people are living a sedentary life style, that is why they are confronted with many health and social issues such as obesity, diabetes and depression. Health professionals, policy

makers and educators need to give more importance to recreational activities and work to enhance the availability of recreational points as well as contribute to create awareness about the significance and of recreation for family health and well being. Participating in recreational activities also helps develop our youth, improve their education and stops them from negative behavior.

Sociocultural activities involve different functions like marriages, engagement ceremonies, visiting relatives, festivals, birthday parties and family get togethers. Now-a-days because of the increasing prices of utility services, people especially with limited income are cutting down their expenditures on these activities. People remain so much occupied with their work that they are unable to take out time for these activities. Public events like ceremonies and festivals promote sense of coordination among people and help to solve many problems by generating common knowledge and thus play an important role in communicating information (Chwe, 1998). Durkheim (1912) argued that collective celebrations serve as much more important public functions by providing the occasions when communities reunify their group identities. Festivals, parties and public gatherings play a very important role in building social capital but the trend is decreasing gradually. By providing a specific time and place where in which families can signal their commitment to a collective competition for status with others, as festivals and public gatherings have good aspect that go beyond their entertainment. So, festival expenditures can thus be viewed as an investment in social capital (Rao, 2001).

In past families living in urban areas used to go to their villages or relative homes to spend vacations, but now families are reluctant to go due to many fold

increase like high travelling expenses and it will also be difficult for other people to host them. Physical activities have also decreased a lot, instead of going outside for some exercise, play or visiting parks most of the children now spend their leisure time in using internet, playing games on the computer. Instead of any physical activity, most of the time they indulged in sedentary way of living. No doubt recreational activities are very important for the refreshment of mind, but families avoid such activities due to constraints in their household budget. In past people living in urban and rural areas were very much close to their community, share community functions and had a good relations with their neighbors and community resulting social cohesion among families. Now the trend is decreasing. Especially in dual earner families both husband and wife are working members and try to earn more comforts for their families. In such situation they are left with no time to interact with their neighboring community or even close relations. Hence, this trend is badly affecting the social cohesion in society. Children are also prohibited to play outside in parks and streets because of the poor law and order situation and heavy study schedule is squeezing children physical activities.

In low income families, the involvement of family members in recreational activities has decreased a lot. Due to heavy budget constraints, people even hesitate to attend family functions or to take their children outside for refreshment. In order to pay essential expenditures such as utility bills, expenses on food and non food items, children schooling, the families keep no budget allocation for their recreational activities. Both health and recreation are of great importance for physical, social and mental well being of individuals. Heavy work

routine, rising cost of living, increasing utility prices, poor law and order situation in society, insecurity, children educational and other expenses on other heads of expenditures are adversely effecting recreation and health of family members. The rising trend in diseases like high blood pressure, heart problem, mental illness and other major diseases has increased a lot. Little or no attention to promote recreational activities to individual family members and allocation of more finances to compulsory expenditures has been witnessed in the society.

1.1. Problem Statement:

Household expenditures on utility services and food and non-food items influence health and recreational activities within a family.

1.2. Significance of the Study:

Health and recreation are the two important aspects of human life which are quite important for healthy living and strengthening the social ties within a society. People have lessened their out door activities, they have a limited time to interact with others, to attend various family and community functions. As a result, the collective cohesiveness in society is also decreasing.

The purpose of conducting this study is to see the effect of various household expenditures on family health and recreation. In spite of their importance, these two expenditure always remain vulnerable to change and especially in developing countries like Pakistan, they receive a very less attention. The changing rates of utility services and continuous rise in prices of food and non-food items influence health and recreation of family members. The lower expenditures on health influence well being of the children and adult members within a family which in

turn affects their efficiency and performance. In view of the importance of these two important aspects of human life, a study has been planned to explore the effect of rising costs of utility services and food and non-food items on the spending and utilization of health and recreation by family members. The study will also show that how the families cope up with the rising prices and adjust their expenditure.

In view of the importance of health and recreational activities for individual as well as for whole family the study has been planned with the following objectives.

1.3. Objectives:

1. To study the Socio economic conditions of families and their expenditure patterns.
2. To explore pattern of household expenditures on food and nonfood items.
3. To study the effect of expenditures on food and non food items on family health and recreation.
4. To suggest the possible suitable measures for the promotion of recreation and health within family.

CHAPTER- TWO

LITERATURE REVIEW

According to Naqvi and Akbar (2000), decreasing economic growth, growing rate of unemployment, increasing food and non food prices, escalating utility bill rates and the poor supremacy, failing to provide the basic social services to the poor are the basic factors that contribute to the growing poverty ratio and vulnerability of households in recent years. Their analysis showed that households are showing such an expenditure patterns which indicates a tight budget restriction faced by them. The people are increasingly paying higher utility bills such as electricity and gas. The poorest households have a little capability to adjust the day-by-day rising prices as compared to other income groups, especially they are bearing an increasingly burden of higher food prices, electricity and gas bill payments. So, the impact of price hikes in general and especially for food, fuel, and lighting and utilities that consume 85 percent of their household budget, is likely to have a huge impact on these poor households.

Pakistan is facing the worst energy crisis of its history. the shortage of electricity and gas as well as their increasing prices are creating chaos in the country. One important reason for this shortage is the rise in electricity demand due to an increase in production as well as rise in household income (Nasir and Arif, 2009). Initially the short fall of these utilities were small, but with the passage of time and with the rising rates of industries in the country, the gap between demand and supply remains increasing and lesser attention to start new small and mega projects brought the country to the stage where both domestic,

industrial sectors are suffering heavily. This increasing gap between demand and supply along with the rising pressures from national and international lenders compels the government to keep the prices in an increasing mode. Electricity and natural gas are the two major services whose cost increase, from 0.61 paisa per unit to Rupee and 6 paisa per unit (PEPCO, 2010) while natural gas price increases from 12 percent in 2004 to 18 percent in 2009. This continued rise in fuel and power costs adversely influence family expenditures patterns families with a limited income are left with no choices but to pay higher electricity and gas bills through adjustments. In other areas of family expenditures, these may result in lowering expenditure on health, food, clothing, education and even the more squeezing of recreational activities within family and distance from socio-cultural activities, this may result in a lower social contacts and less social cohesion in society (Naqvi, 2008).

Utility bills have been identified as one of the most continuous and essential costs faced by low income and minority households. These groups of people have to bear an increasing prices of these utility bills, therefore cutting down their expenditures on major important issues such as education and health (Schultz 1988). Brown (1987) stated that an inability of low income households to meet their gas and electricity bills posed, in human terms, the most compelling issue facing state utility regulators.

Deogaonkar (2004) conducted a study in India to see the socio economic inequalities and its effect on health expenditure, he revealed the fact that only 17 percent of the health expenditure in the country is borne by the state and eighty two percent comes out of the pocket of common people. As because of so much

income inequalities in India. lower class people especially are unable to benefit even from the basic health facilities: their income is so less that they can not bear health care expenses. According to him, the reduction on public health spending and the growing inequalities in health and health care is badly affecting on the marginalized and socially disadvantaged population. The infant mortality according to him only five other countries in the world are worse off than India regarding public health spending and Pakistan comes in third place.

According to Narayan and Koch (2000), the genuine reason of females disease and their less access to health care is gender discrimination and most specifically when females tend to ignore their health related issues because of financial problems. The health of female in India especially is completely disregarded, an Indian women is less likely to seek an appropriate and early care for diseases, whatever the socio economic status of family might be. This gender discrimination becomes more obvious when females are illiterate, or dependent and mostly when they belong to the lower class families (Parakash, 1997).

According to Rao (2001) festivals serve as mechanisms by which communities cement bonds across families and thus build a social capital. Festivals serve to build a social cohesion and bonding in the society by reinforcing the ties within a community. Furthermore, by providing a specific time and place within which families can indulge and show their commitment to the collective functions and gatherings as well as to compete for status with others, festivals have goods aspects that go beyond a pure entertainment. They provide a socially authorized ground for publically noticeable action system.

Nonetheless, it is also important to note that the type of festivals, its size, its structure and its practices affect the participation and therefore may have different nuances for social capital formation and social bonding. So different festivals and collective functions tend to play an important role in building the cohesion in the society.

According to the World Health Report in 2000, the performance of a health system strongly affects the people's lives and family hood. Increasing utilization of health services is now a days a goal of a lot of developing countries. Without knowing the factors that play an important role in health utilization; it is effortless to promote the demands for health care. The process of determining whether to use or not use the health services depends on the various factors such as individual perception of illness, decision and advice of family and preference of easily accessible health services.

Decisions are more likely to be affected by the purchasing power of customer as various health services are sometimes difficult to afford by the people especially the lower income households. Most of the households while seeking health care make decisions based on these three important factors. Among these three factors, the major factor is the price of health care services on the basis of which household makes decisions of the seeking health care services.

The common perception is that the decision of whether and where to seek health care and the amount of expenditure depends on how serious the illness is. However, the results proved that illness is not the only factor involved in a demand for health care. Other influences, such as individual and household characteristics, are the major factors that contribute in deciding for seeking the

health facilities. As compared to children, adult members report illness more frequently and preference is given to important family members who could ensure household production. (Flessa, Gbangou, Pokhrel and Su, 2006).

Health is a critical development issue at the national level. 30-50 percent of Asia's economic growth between 1965 and 1990 can be attributed to a favorable demographic and health changes (Bloom and Williamson, 1998). Monetary health expenditures by Mexican households are sensitive to changes in household income levels and that the group which is most responsive to the change in income levels is the lower income uninsured group. This suggests that in times of economic crisis, these households reduce cash expenditures on health care by proportionately more than higher income and insured households (Paker and Wong, 1997).

In recent years the concerns about the price and supply of natural gas have grown in recent years, and future options markets forecast high prices as well as the price volatility in future. The results show that resource expansion, in particular increased investments in RE and EE, could help alleviate the threat of high natural gas price over the short term and long term. Conventional economics does not generally support government interference for the only reason of shifting the demand curve for natural gas and thereby reducing gas prices. They suggest that if policy makers are exclusively concerned about the impact of gas prices on consumers or about the potentially adverse macroeconomics impact of higher gas prices, then policies to reduce gas demand might be considered appropriate at a minimum, policy makers might view reduced gas prices as a positive secondary effect of increased RE and EE deployment (Naqvi, 2000).

Traditionally, telecommunications had been regarded as the relatively straightforward public utility. Economies of scale, political and military sensitivities and large externalities made this typical public service believe itself to be a natural monopoly. In Pakistan, as in most developing countries, telecommunications services were run by a government agency, Pakistan Telecommunication Corporation (PTC). Unfortunately these agencies generally fell short of meeting needs, as evidenced by a persistent large unmet demand for telephone connections, call traffic jamming and increasing charges, poor service quality and reliability, limited territorial coverage, demonstrated willingness of users to pay far higher prices to obtain service, the absence of modern business services and users pressures to by pass the system by building their own facilities. So PTC has to pay more focus attention on the problems of its users as well as to make a mechanism for controlling these higher prices. (Looney, 1998).

PIHS (2001) provides information about different socioeconomic indicators. The impact of household size on poverty is very well understood. As the household size increases so does poverty level also increases. PIHS corroborates that larger households have higher incidence of poverty than smaller ones. The incidence of poverty is highest (49) percent in households consisting of 11 persons or higher and it is lowest (2.72 percent) if household size increases.

There are wide differences in the incidence of poverty when compared by urban and rural areas. Larger households are likely to have more young children, which puts so much financial burden on the households due to a high cost of education and health. Urban areas also have larger household size, so it plays a

important role in increasing their poverty level and especially their problem to cope with different price hikes with so much limited budget. (Cheema, 2005).

In a paper presented by Stephen Graham and Simon n Marvin “utilities in the 1990’s”, they stated that until 1980s, the British tended to take their utilities very much for granted. Natural Gas, electricity, water, waste and telecommunications networks were clearly vital foundations to the economy and society. Every one, everywhere used them constantly. Historically the utilities sector played a central facilitating role by literally rising the early development of the industrial city (Tarr & Dupuy 1988). But in the 1970s, the media virtually ignored utilities: Utilities were simply there, as were the massive public monopolies who brought their services to people. Utilities were perpetually seen as tedious, slow moving and technocratic. People in UK paid their bills with a lot of peevish but very little public debate.

Today, however the behaviour of British Gas, The Electricity Companies, British Telecom and the Water companies now routinely fill a sizeable portion of British Media. The reason for this transformation is the privatization and liberalization of utilities in the 1980s. In the space of seven years the orientation of British utilities has been totally re revolutionized. The privatization of British Telecom, British Gas, the water and sewerage industry and electricity supply industry provided one of the main planks of three Thatcher governments.

The impact of the interdependence of gas and electricity markets is an important structural component in today’s economy. There are many factors that are and will affect the gas and electricity markets over the coming year. These

factors include the rate of exploration for natural gas and electricity markets over the years. The demand for gas is increasingly being driven by the demand for electricity, as many regions have become more dependent upon gas-fired generation to produce electricity. The supply of gas is not increasing as fast as demand. Thus gas prices, except for year 2000 levels, are higher than they have been. Electricity prices will also affect from the rise in gas price. In many areas of country today, gas fired generators set the clearing price for electricity in wholesale markets. Consumers, undoubtedly will feel the impact of these higher prices. Policy implications need to be taken on that problem (Arif, 2007).

Stoker (1986) stated that heating, lighting and basic transportation is a relative necessity in family budgets. Poorer families will tend to experience a greater percentage of welfare loss than wealthier families. For a given level of income, larger families will tend to experience a greater percentage loss than the smaller families. So, when energy prices increase, one would expect that welfare impacts will vary over families according to how much energy they consume which is related to each family income. Energy prices have become expensive, it fails to account for several important features of the economic behavior of the families. The researcher further argues that when the price of a particular commodity gains attention because of rapid escalation. All prices must be simultaneously considered, together with relative importance of the associated commodities in the budget.

Caplovitz (1981) stated that the families mostly affected by inflation due to an increase in prices are the less-privileged ones, those of less income, the retired, the semi skilled and unskilled and members of minority groups. Lowering

consumption is almost the universal response to inflation as families in all walks of life reported cutting back on food, clothing and entertainment expenditures.

About one third of Caplovitz respondents reported that financial pressures from inflation are causing problems for their marriage. So the pressure of inflation and increasing prices for energy consumption considerably generate hostility towards government and politicians, who are blamed for economic ills. So different policy measures should be taken by these political institutions to cope up with these increasing prices problems, thereby enabling more people to maintain or even raise their living standards.

According to Horton and Campbell(1991) Women's employment has important effects on the share of food in total expenditure, the share of food-away-from-home in the food budget, cost per calorie. Household size and per capita income both effects food expenditures pattern. Household size has a very strong impact on food consumption. Their research reveals the fact that the larger household spent smaller income on food and try to buy cheaper food products as compared to the small households. Their results show that household that is headed by a female with no husband consume only ten out of twelve nutrients as women have less requirements of most nutrients than males, while the household headed by a single male with no female is more likely to consume eleven out of twelve nutrients. Their study was intended to find out the set of behavior on food expenditures and calories intake on a sample of urban households in Canada. They found that family income, family size, higher educational level are correlated with a proper concentration of health in food selection. Women

employment status leads to a higher share in restaurant food consumption and higher cost per calorie of home cooked food.

Bhalotra and Attfield(1998) made a study on intrahousehold resource allocation in rural Pakistan, in order to see the impact of household composition and consumption patterns. Their specific interest was to observe the age and gender patterns in consumption. It was observed that in developing countries like in Pakistan, morbidity and mortality rate is higher in females as compared to males. According to them there has been discrimination against females in the intra household allocation on food and health, but their study doesn't reveal any systematic gender differential in the intra household consumption among children. But their findings revealed that working boys tend to consume more food share as compared to dependent boys and girls. While in rural households in Pakistan, secondary importance is given to on child goods, such as their toys and furniture, pocket money because it is considered as luxuries rather than necessities.

The World Health Report 2000 highlighted the fact that the performance of any health system highly affects the lives and living conditions of people. Most of the developing countries are trying to increase the utilization of health care systems, because if increase would be seen in the access of health care systems according to the needs in these countries, it will automatically endorse increase equity and efficiency that will automatically reduce per capita health care costs.

Su and Gibanghou (2006) argued that without understanding the basic factors that play a significant role in the utilization of health care, the efforts to promote the demand for health care will be of no use. The process of deciding whether to use health care services or not depend upon various factors such as

personal conception of illness, felt need of the individual, the influence of family and gender based preferences in family. Moreover, a preference of using a specific type of health services as well as accessibility to the health services is also an important factor. So the decisions are strongly affected by the affording power of the consumer whether they can afford the price of health services or not. According to these researcher the perception found among the people is that the decision of where to use health services, or which type of health services depend upon how much serious the illness is but that has not been proved true because various factors such as individual and household characteristics are the other major factors that determine the magnitude of expenditures on health services.

Saith and Tankha (1972) attempted to find out the logic that underlies the economic decision making on poor peasant and poor non peasant category of people in a village in Aligarh district India. They also observed the crucial and important role played by the evaluation of the cost of labour power in decision making. They had chosen their study on peasant household because they are the major production unit as well as consumer of their own products. According to their findings, poor peasant often goes in loss, while saving their money and making various economic decisions while selling their outputs. They use to sell their money at low price by the hiring agents, which take their products to the market and sell them at much higher price.

Thomas (1993) argued that most model of the household assume whether all members share the same preference or one member makes a resource allocation decision for all. They tested this assumption by making research on both male and female decision makers, i.e whether the income in the hand of male

member or in the hand of female member has same impact on the household commodity demands. The researcher drew his data from Brazil and found that the distribution of income among male and female members within the household affects the demand pattern. When income is in the hand of female they tend to spend more money on human capital i.e. health, education, household items and even on recreational activities, and spend a little less on food consumption as compared to male members. But their findings also reveal that if both men and women earn some amount of money then less different effect has been seen on household commodity consumption. Because when both members would be earning money then they will combiningly run the budget fulfilling the same household demands.

The remarkable increase in the prices of food items and fuel has been of a crucial problematic issue for the developing countries. The segment of society that is more vulnerable to this price shock is lower income groups and this price hike ultimately leads to the increase rate of poverty in these countries specially Pakistan. In a paper by Theresa and Azam Chaudhary (2008), they also discussed the same issue. The researcher took the information by (PLSM) and (MICS) data, the basic information taken from these surveys were household size, income, location and provincial location of household and disaggregated expenditures on household. The expenditures were divided into five categories, food expenditures, energy expenditures (on gas, electricity, cooking and heating oil and other fuel expenditures, medical and other expenditures.

Majority of the household expenditure were food expenditures that made up of sixty percent of total household expenditures in Pakistan and seventy

percent at lowest income people in Punjab. The second major expenditures were on energy expenditures with ten percent, third was medical which constitutes five percent of the total expenditures while the educational expenditures were ranked the lowest averaging less than five percent of total household expenditures. Researcher's findings revealed that the prices of food and energy have an important impact on the increasing level of poverty in Pakistan. Their findings also shows that the impact of increasing food prices on poverty level is more as compared to the impact by the higher energy prices in Pakistan. This impact of food inflation is found more in rural areas as compared to the urban ones, whereas the increasing prices of food items can lead to a higher poverty level in this country. i.e twenty percent increase in food prices would automatically lead to eight percent increase in poverty head count. A ten percent increase in food prices pushes up the poverty head count to five percent, while twenty percent increase pushes up to almost ten percent increase in poverty head count. So the prices of increased food items have great impact on rural poverty level. This shows the importance of maintaining food prices considerably in any country. Pakistan's record high inflation has lead to the increase in prices of various food and nonfood items. According to World Food Programme, half of Pakistan's population is considered to be "food insecure". Even after flood in 2011, the population in Sindh Province is undergoing a process of food malnutrition.

According to one of the World Bank working paper(2008). Pakistan is considered as one of the twenty countries that are at higher risk because of the estimated impact of food prices on urban poverty (Dessus et all, 2008). The price

of gas, oil and electricity and food items has increased a lot and it has become very difficult for Pakistani government to maintain the highest fiscal dearth

The rising food prices could increase the poverty level of up to 100 million people world wide. It reported that twenty million children are at risk. The prices of food has made it unaffordable especially for the lower segment of society. According to World Bank the demand for food is expected to get double by 2030. The global food prices have increased up to eighty three percent from February 2005 to February 2008. The prices of wheat has also increased globally. In Pakistan twenty percent increase in wheat prices has been found between 2007-2008. While according to Federal Beareau of Statistics, the prices in food and beverages prices has risen to near fifteen percent from 2006-2007. In Pakistan 2011 flood, has badly affected the food crops in wheat because of which the price of wheat is still very high . According to Wolfgang Herbinger, World Food Programme officer, the crop outlook is not bad but the problem is that that the food security remains very difficult because of very high prices. People are paying a double price of wheat as compared to three years ago, this is a big problem faced by local consumers. Malnutrition levels in the southern province of Sindh had reached 21 to 23 per cent that is above African standards. The emergency standard is 15 per cent,” the WFP official said. A recent survey found that in some flood-hit areas 70 per cent of people were taking out loans to pay for food.

One of the UN report (2011) .related to the cost of food in Pakistan due to an increasing prices states that the higher cost of power, gas and petrol all contribute to the higher cost of food and grocery items in Pakistan. Pakistan's

food crisis is increasing and food inflation is also increasing day by day. This report states that in Pakistan, forty six percent of the total income of Pakistanis are spent on food items, and this ratio is highest in the world, whereas India spent thirty six percent, United States seven percent, UK nine percent and Australia spent only eleven percent of their total income on food items. So it is very obvious from the data that when Pakistani spent too much expenditures on food then less of the amount will be left for other expenditures such as health, education, clothing, housing, utility bills. And for this reason lawlessness is increasing in the country day by day among population as they strive to make both ends meet even through the negative means.

In the policy brief of Save the Children (Dec, 2011), the impact of higher energy cost on low income has been discussed especially in Britain. According to this brief, the higher energy prices in Britain are forcing its low income group to cut down their expenditures on essential items and they are living in fear of going back, or being pushed into debt. This brief also throws light on an important issue that the higher energy prices are putting the well being and health of children at greater risk. This brief uses findings from a survey on more than thousand parents to examine how the cost of energy affects family budget. Their findings revealed that a lot of parents have cut down their budget on other essentials just to pay the energy cost. These families are suffering from fuel poverty (the household who spend more than ten percent of their income to attain warmth in their homes are living in fuel poverty). So they have to under-heat their homes in an effort to meet fuel costs, and as a result they are having more cold homes that badly affects the health of children specially young ones as well as other members of family in low

income families. There is a great link between living in cold conditions and higher health risks of children specially as well as their education.

The Marmot Review concluded that the major health risk among children is in the form of lower than average weight gain in infants, higher hospital admission rates, feeble physical development and asthmatic symptoms and especially children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems as children living in warm homes. Cold homes are also affecting the adults, and as result they are at a higher risk of much mental and physical illness.

14.5.2.4
Young children whose parents can not afford to live in warm houses, faces difficulties in attaining their education, doing homework in cold conditions, low attendance at school because of health issue as well as low educational attainment. The survey also reveals that households that struggle to pay their heating bills abstain from spending on other essentials to balance their budgets. This means that families are reducing their expenses on food, clothes or other bills, which has an obvious impact on the physical and mental well-being of family members.

The current escalating food prices is attracting attention globally and alleviating the negative impacts at the household and national level. Poor households are particularly vulnerable to the higher costs of food and governments of low-income food importing countries face higher import bills and higher energy prices. However, there has been little attention given to the effects of higher food prices at the intra-household level, and specifically its effect on children and child wellbeing. (Manzoor et al,2011).

Rebecca H. et al (2008) explored that most of the households experienced shock from high food prices. Most of the household have tried to cope with this scenario by cutting down their expenditures on other nonfood items. The rising prices of food has badly affected their purchasing power. Most of the poor families are spending seventy percent on food while they compromise on basic essential expenditures like health and education. While this situation has also lessened the power of lower income group to seek better health care, enjoy recreational activities as well as children education.

In a study on the impact of inflation on household consumption, Manzoor et al (2011) findings indicate that more than half of the household surveys found the price hikes shocking, especially the poorest household needs to spend a major part of their income on food while their ability to meet with the basic such as health and education has been severely compromised. It is negatively affecting the access of these families to health, education, recreation and other social services. The researchers also explained that most of the respondents used public services such as transportation and health care during inflation that put an extra burden on it. So, the researchers statistics have shown the momentous impact of inflation on household consumption.

Public spaces are often occupied by a bunch of people connected through their family ties. Similarly, family members move in and outside their residence, their experiences are organized not only by the family ties but also the social context in which they are living. Parents responsibility of developing their child extends outer in the social world that surrounds each household. The worlds surrounding each household are fairly different, sometimes welcoming for

parents, sometimes drab and dangerous and so is the capacity of parents to move with their children beyond the local settings. So some children very easily gain a sense of knowledge, comfort and mastery in world wide, while others live in the social world that is more constrained (Devalut,2000).

Families are always considered to be a fundamental unit of society. It is one of the most important and oldest of all human institutions. There has been always found a positive relationship between family recreation and aspects of family functioning such as satisfaction, comfort and bonding. (Hawkes, 1991; Holman & Epperson, 1989; Orthner & Mancini, 1991). In modern times, leisure is a single most force that develops cohesion and healthy relationship between members of the family i.e between husbands and wives, parents and their children. (Couchman(1988) as cited in Canadian Parks/Recreation Association, 1997).

Researchers have examined leisure activities and recreation patterns for over sixty years and consistently finding a positive relation between family leisure involvement and positive family outcomes (including family satisfaction, family interaction and stability). (Hawkes, 1991; Holman & Epperson, 1989; Orthner & Mancini, 1991). Most of this research addresses family satisfaction, usually marital satisfaction. A lot of research related to family satisfaction especially marital satisfaction revealed that husband and wife who spend some leisure time together, participating in joint recreational activities are more likely to have a marital satisfaction(happy with their marriage) as compared to those who do not spend time together(Holman, 1981; Holman & Jacquart, 1988; Miller, 1976; Orthner, 1975; Smith, Snyder, & Monsma, 1988). This type of relationship has

been proved consistent in many countries such as Australia, England and Korea. (Ahn, 1982; Bell, 1975; Palisi, 1984).

Indeed this marital satisfactory relationship is so invasive that there does not appear to be any study that fails to find a connection between joint leisure activities and marital satisfaction. Shaw (1999) found that most of the parents professed the family leisure as an opportunity for family recreation, bonding, cohesion, children development and their learning. Shared recreational activities are always beneficial and helpful for the development of social skills among children such as dealing in society, problem solving, compromising and negotiating. Family who spend more time together, jointly participate in leisure activities are more likely to have a strong bonding, cohesion, stability and adaptability as compared to other families. There has been a constant relationship between family leisure involvement and aspects of family functioning (Zabriskie& McCormick, 2001).

Proper housing is the right of every individual. it is an asset class of principal importance for middle class home owners. In fact, houses are long-term chattels that deliver a stream of housing services to their owners. Houses are basically long term bonds for middle class owners (Pelizzon and Weber (2005), Sinai and Souleles (2005). But houses are illiquid asset , so home owners find it costly to adjust their utilization of housing services in response to economic shocks.. This situation may discourage homeownership and financial risk taken by home owners (Campell, 2006) .

In1992, the Carnegie Commission report revealed the fact that approximately fourty percent of the waking hours of American youth has an

unrestricted time and most of this time is spent in unstructured, unsupervised and unproductive activities. Research have shown that the positive out of school programs are very beneficial and provides a positive opportunity for more structured, organized, supervised and productive use of that leisure time. The role of recreational activities in promoting positive youth development during their out of school time has received very less importance and attention by youth development professionals and educators, however positive recreational programs are an important need to properly utilize the leisure time of young class.(Witt,2002). Children lives are spent in three major context, home, school, play and recreation. The latter received very less attention by the researchers and policy makers. Play and recreation is very important for the health, well being, social and physical development of children.

Recreational activities play a very major role in promoting social inclusion. Social inclusion is the process through which talent; skills and capacities are developed and enhanced so that all should be given an equal opportunity to realize their potential, and to fully participate in social and economic mainstream. Physical recreation also plays an important role in building social cohesion. It includes all forms of recreational physical activity from gardening and hiking to art classes and joining clubs, form organized to casual aspect of participation. Participating in physical recreational activities such as joining clubs, art classes, music etc provides a platform for the youth to meet with their community, to develop their communication skills, and that automatically promotes social bonding and building social network in the society.

Patherick and Safai (2000). observed that children participation in physical recreational develops a lot of the skills in them .For example the children can learn valuable skills related to the quality of life, inter personal and intrapersonal communication, confidence, citizenship, leadership role, motivation, goal orientation and personal satisfaction.

CHAPTER-THREE

RESEARCH METHDOLOGY

Social research is an organized and calculated method of verifying old facts or exploring new ones, their significance, interrelationship, explanations and natural laws that preside over them. By methodology we mean the philosophy of the research process. This includes the notions and values that serve as a basis for research and the standards, the researcher uses for the interpretation of data and drawing conclusions. A research methodology determines various factors, as a researcher writes hypothesis, makes objectives and decides what type of evidence necessary to make the decision and to reject or accept hypothesis. The specific objective of this chapter, therefore, is to throw light on various research tools, techniques procedures, study design and various statistical tests being used in this research study.

3.1. Research Method

The current study was conducted by using a quantitative approach of social science research method that emphasizes on objective measurements and numerical analysis of collected data. It relies on statistical approaches to generate valid and empirical results.

3.2. Research Tool

In the present research study, survey approach was employed for data collection. Survey method is a descriptive research method of collecting

human population. In a survey, direct or indirect contact is made with the unit of analysis by using the systematic methods of measurement such as questionnaires and interviews. The present study used cross sectional survey method to gather the data at a single point in time. It is a useful approach to descriptive studies of certain phenomenon or population.

3.3. Research Instrument

A predesigned questionnaire comprising of close ended and matrix questions was developed keeping in view the research objectives. The questionnaire was composed of five sections: general characteristics, family information, household expenditures, educational expenses, family health and recreational activities.

3.4. Independent Variable

Household expenditures, Educational expenses, expenditures on food and non food items and utility bills were independent variables.

3.5. Dependent Variables

Family Health and Family Recreation were dependent variables.

3.6. Study Design

The study was intended to find out the effect of increasing prices of utility bills, food and nonfood items on household expenditures more specifically on family health and recreation. Married females were selected from three major cities such as Islamabad, Rawalpindi and Peshawar formed respondents of the study. The

respondents were selected on the basis of the requirement of study as females are more responsible for running the household budgets.

3.7. Universe of the Study

The selection of the study area was limited to three cities; Rawalpindi, Peshawar and Capital city of Pakistan (Islamabad). Only three major cities were selected because of the limited resources and time constraint. Respondents from major cities of Pakistan were selected from each city using a proportionate random sampling technique. Model Town, G-7/2 and Barakahu were selected from Islamabad, Iqbal Town, Muslim Town and Lalazar Colony were selected from Rawalpindi, and I.D.S colony, Hayatabad and Gulbahar city were selected from Peshawar.

3.8. Sample Size

A random sample of 360 respondents were selected for the study from the selected cities. A total of 195 respondents were selected from Rawalpindi, 84 from Islamabad and 81 respondents were selected from Peshawar on the basis of a proportionate sampling technique.

3.9. Sampling Technique

Random sampling technique was employed to choose the three major cities such as Islamabad, Peshawar and Rawalpindi. Three localities from each city were chosen through random sampling technique. Respondents (married females) were chosen on the basis of proportionate stratified sampling technique from each city.

3.10. Pre-Testing

A very important part of the questionnaire construction process is its piloting called as pretesting before a full scale survey. It is always useful and important to make a test of the questionnaire before giving final touch to the questionnaire, so that a researcher may come to know about the weaknesses, strength, and workability of the questions. Pre testing refers to advance test of questionnaire before starting large scale study. In the current study pre-testing method was used to test the validity of questionnaire. The researcher herself interviewed the respondents rather than asking them to simply fill questionnaire themselves. Respondents were also requested to give their suggestions and feedback about the questions being asked, their nature and wording. This is a very helpful way of knowing that whether the questionnaire is easily understandable to the respondents. The questionnaire was also tested by experts from different universities and social science research centre, and then it was being finalized in the light of their suggestions and comments. Different changes in the questionnaire were made accordingly.

3.11. Field Work

The field experience during data collection was very exhilarating, demanding, time consuming and tough as well. As in social research, the researcher has to stumble upon a lot of hurdles and obstacles related to the respondents specially the level of respondents cooperation, trust and their attitude. The study was based on three cities; therefore, it was difficult for the individual researcher to collect a reliable data by herself. A research team was hired on payment to collect the data from Peshawar, Rawalpindi and Islamabad.

However, the researcher also accompanied her research team. Training was given to the hired team to better understand the questionnaire and its objectives in order to get reliable data. They were also being trained of dealing with the respondents and encouraging and motivating them to provide the correct information.

Due to law and order condition in Pakistan, most of the families hesitated to give time to researcher and answer the questions. When respondents hesitated to give interview or answer certain questions they were persuaded through motivation, encouragement and explanation for their better understanding and building their trust.

3.12. Editing

At the end of each day the completed questionnaires were carefully checked to ensure that responses were recorded correctly. All questionnaires were checked and numbered properly. The edited questionnaires were rechecked before entering the data in to SPSS.

3.13. Data Analysis

The data was analyzed to draw the major conclusions form study. Data analysis is very important as it provides very useful information to the researcher and also helps in making the decisions of whether to verify or negate the existing theories. Different statistical techniques were employed for data analysis.

3.14. Uni-variate analysis

Uni-variate analysis was worked out to describe the general information

about different independent and dependent variables. Frequency, percentages, mean, Standard deviation were calculated for different variables.

3.15. Bi-variate Analysis

Bi-variate analysis was also carried out to test the hypothesis and to find out the relationship between the expenditures patterns about food, non food items and utility prices with family health and recreation.

3.16. Percentage

Percentage was obtained by using formula i.e. $P = F/N * 100$ (Where P is percentage, F is frequency and N is total number of frequency)

3.17. Chi Square

Chi square test is used to find out the relationship between dependent and independent variable. Following formula was used to calculate the values of above mentioned test

$$\text{Chi square} = \sum (O-E)^2/E$$

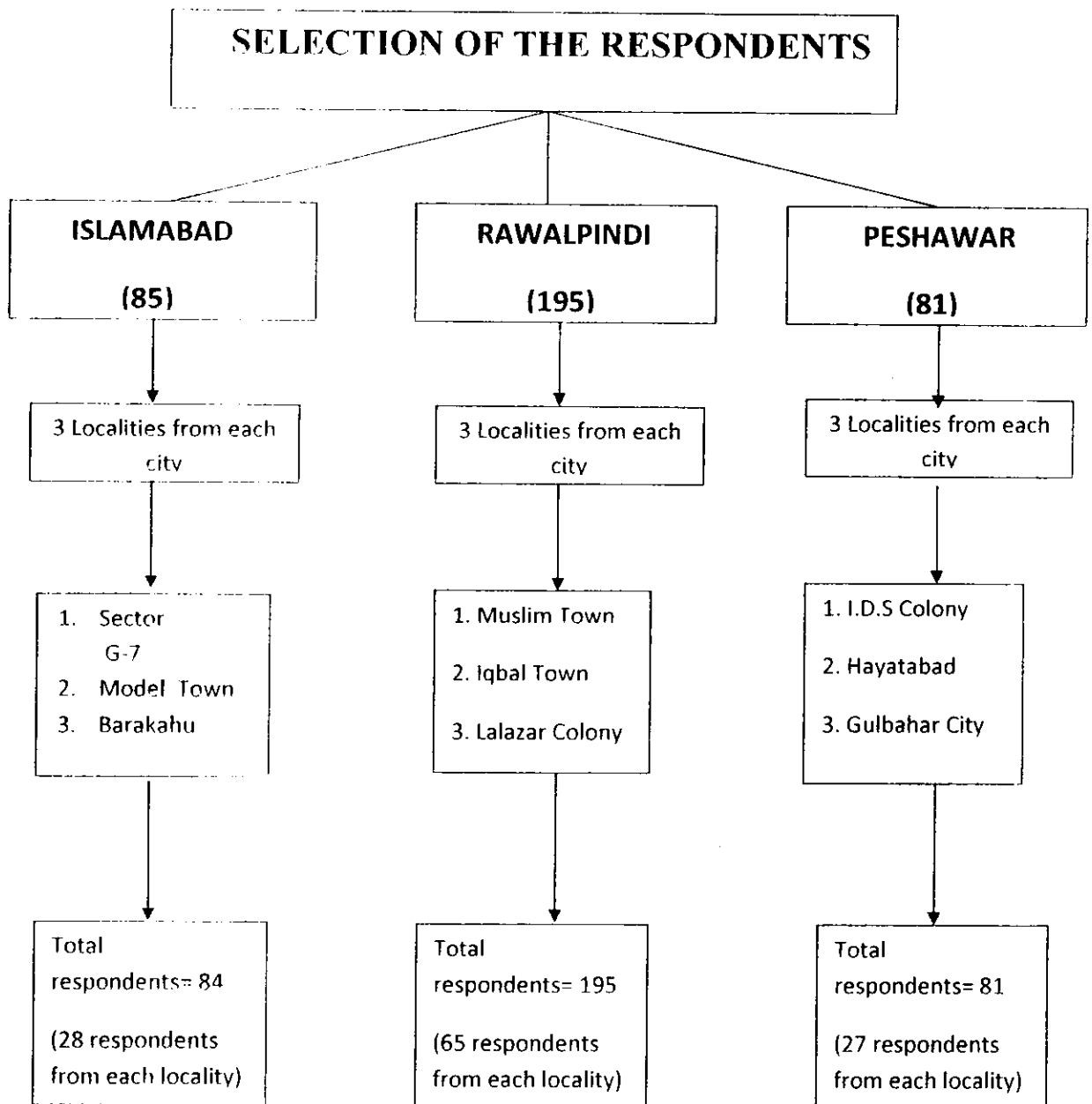
(Where O stands for observed values, E for expected values and E for total summation)

3.18. Gamma

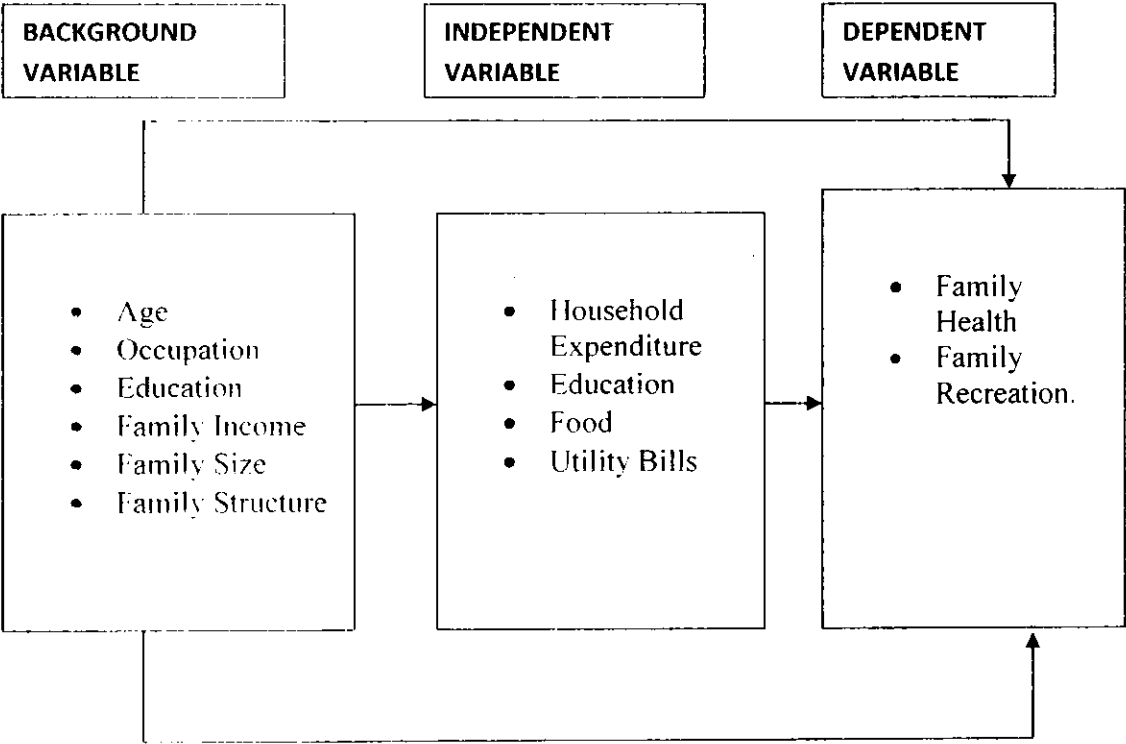
The values of Gamma was calculated using following formula

$$R = NS - ND / NS + ND$$

(Where NS is same order pair and ND is different order pair).



CONCEPTUAL FRAMEWORK



CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

The most important and significant part of this present study is the analysis of data collected from households included in the study sample. This chapter includes the discussion on analysis of data by applying two technical techniques uni-variate and bi-variate analysis with the help of Statistical Package for Social Sciences (SPSS).

4.1. Uni-variate Analysis

It is a method for analyzing data on single variable at a time. It provides a general information about independent and dependent variables. Uni-variate shows a trend in data mean value, standard deviation and other statistics and general information about respondents, their age, husbands age, type of family, total family members, their academic qualification, husbands academic, employment status, husband's employment status, monthly income, husbands monthly income, family income, number of income earners, expenditures on various food and non food items, utility bills, educational expenditures and health condition of family members, medical facility, health expenditures, recreational trends in family and expenditures on any recreational activity.

4.1.1. SOCIO ECONOMIC CHARACTERISTICS

Socio economic characteristics play a significant role in relation to the allocation of household budget on various sectors. The main socio economic

characteristics include educational level, current age, duration of married life, total number of family members, monthly income, type of profession and total number of income earners in family. These variables affect the decision making of any family about their household expenditures. The academic qualification of respondents and their husbands help in attaining better job opportunities. The higher the academic level, the higher will be the chance to get better job that will help to run their families in much better conditions providing all the necessary facilities to them. The occupational level also improves their status and standard of living in a society. The status of family is always represented through the profession of husband, but profession of both male and female is important because it is closely related to the family income, as well as the number of income earners in a family is also very important in contributing to family income. The increasing age level develops a much better sense of responsibility and better decision making at a household level. The total number of family members also affect the decision of budget runner in a family, the more the number of members, more difficult it would be to balance the budget in the current scenario of rising prices of various food and nonfood items and socially the utility bills. The type of family and the employment status of both husband and wife strongly affect the expenditures pattern of any family. The current data also indicates that due to rising prices, most of the families try to adjust their budget by cutting down expenditures on various important sectors such as family health and recreation.

Table 4.1.1. Distribution of Respondents and Their husbands by Their Academic Qualification and Their Age at the time of interview.

Variables	Frequency	Percentage
Respondent's Academic Qualification		
i) Middle	38	10.6
ii) Matric	65	18.1
iii)Intermediate	66	18.3
iv)Graduation & Above	191	53
Total	360	100
Mean: 12.78	S.D: 3.294	
Husband's Academic Qualification		
i) Middle	05	1.4
ii) Matric	19	5.3
iii) Intermediate	27	7.5
iv) Graduation& Above	309	85.6
Total	360	100
Mean :15.18	S.D:2.396	
Age of the Respondents		
i) Less than 26	46	12.8
ii) 26 - 30	63	17.5
iii) 31 - 35	61	16.9
iv) 36 -- 40	40	11.1
v) 41 - 45	51	14.2
vi) Above 45	99	27.5
Total	360	100
Mean: 37.96	S.D: 10.364	
Husbands Current Age		
i) Less than 25	05	1.4
ii) 26 to 30	47	13.1
iii) 31 to 35	58	16.1
iv) 36 to 40	64	17.8
v) 41+	186	51.7
Total	360	100
Mean: 43.12	S.D:10.828	

The table 4.1.1 shows respondents and their husbands academic qualification and current age of both respondents and their husbands. According to the table, a total of 10.6% respondents were educated up to middle. 18.1% respondents were educated till matric and 18.3% were having an intermediate level of education.

Almost 24.7% of females were graduate, 20% have done post graduation and 8.3% were holding an above postgraduate degree as their highest qualification. The respondents' husbands' academic qualification shows that 1.4% were middle pass, 5.3% had done matriculation, 7.5% were intermediate, while 26.4% were graduate, 36.1% were MA/MSc and 23.1% respondents' husbands were having an above post graduation degree. The above table also indicates the age pattern of respondents, almost 12.8% of the respondents were of less than 26 years, 17.5% were between 26-30 years, 16.9% were of age group of 31-35, 11.1% were of 36-40, 14.2% of the respondents were 41-45, while 27.5% of the respondents were above 45 years of age. As regards to the Husbands' age, only 1.4% of husbands were of less than twenty six years, 13.1% husbands were of age group of 26-30, 16.1% were of 31-35 years of age. While 17.8% of respondents were 36-40 years and 40.6% of respondents were above forty five years of age.

It is really encouraging that all the respondents and their husbands were educated. More than half of the respondents (52%) had graduation and above level of qualification whereas more than 85% of the respondents' husbands had that level of education. As regards to the age of the respondents and their husbands is concerned more than half of the respondent and a reasonable majority (86%) of husband were more than 35 years of age at the time of interview.

Table 4.1.2. Distribution of Respondents According to their Duration of married Life, Type of Family, Family Members and Number of Children.

Variables	Frequency	Percentage
Duration of Married Life (in years)		
i) Less than 6	96	26.7
ii) 6 - 10	79	21.9
iii) 11- 15	32	8.9
iv) 16 – 20	31	8.6
v) 21 – 25	55	15.3
vi) Above 25	67	18.6
Total	360	100
Mean: 14.58	S.D:10.597	
Type of Family		
i) Nuclear	208	57.8
ii) Joint	125	34.7
iii) Extended	27	7.5
Total	360	100
Total Family Members (in numbers)		
i) Less than 6	196	54.4
ii) 6 - 7	96	26.7
iii) Above 7	68	18.9
Total	360	100
Mean: 5.65	S.D: 2.194	
Respondents Number of Children		
i) No Child	57	15.8
ii) 1-2	121	33.6
iii) 3-4	137	38.1
iv) Above 4	45	12.5
Total	360	100
Mean: 2.56	S.D: 1.776	
Total Number of Family Members By Their Age		
	%(frequency)	
Age (in years)	Male	Female
i) <1	11.1 (40)	8.3 (30)
ii) 1-5	29.4 (106)	21.1 (76)
iii) 6-14	34.8 (125)	26.7 (96)
iv) 15-60	99.3 (357)	99.1 (356)
v) Above 60	18.9(68)	21.5 (77)
Total	100(360)	100(360)
(Male) Mean: 2.99	S.D: 1.521	
(Female) Mean: 2.68	S.D: 1.409	

4.1.2. Family life

The table 4.1.2 indicates the total duration of married life of respondents, their type of family, total number of family members, total number of children and distribution of total members by their age group. The table shows that 26.7% of the respondents were married for less than 6 years, 21.9% were between six to ten years, 8.9% marriage duration was between eleven to fifteen years, 8.6% were between sixteen to twenty years and 15.3% were between twenty one to twenty five years. Only 18.6% of the respondent's marriage duration was above twenty six years.

As now-a-days, the trend of two pay earner families are increasing a lot. Due to the rising cost of living both family members are striving to meet up their demands. The data also indicates that 57.8% of respondents were living in nuclear family, 34.7% were living in joint family, whereas the trend of extended family is decreasing, only 7.5% of respondents live in extended family. This shows that the trend of living in nuclear family is increasing day- by- day.

The average household size in our country is 6.9, whereas the above table signifies that almost 55.5% of the household comprises of less than six number of members, 26.7% were having members between six to seven number, while only 18.9% of the families comprises of more than seven family members. It has been found in the above table that 15.8% of the respondents were having no child, while 33.6% were having one to two number of children, 38.1% had between three to four number of children and 12.5% of respondents had more than four children. This shows that more than half of the respondents (55.5%) comprise of less than six family members, whereas 38.1% were having 3-4 number of children.

The above data also indicates the distribution of family members according to their age. it has been found that almost 11.1% male children and 8.3% of female children were of less than one year, 29.4% male and 21.1% female children were of age group between one to five years. Near about 34.8% male and 26.7% female were between six to fourteen years of age, 99.3% of males and 99.1% of females were of between fifteen to sixty years of age, while 18.9% males and 21.5% females were above sixty years of age.

Table 4.1.3. Distribution of Respondents and Their Husbands by their Employment status, Profession and Total Number of Income earners in a family.

Variables		Frequency	Percentage
Respondent's Employment Status			
i.	Housewife (Non Working)	253	70.3
ii.	Employed	107	29.7
	Total	360	100
Respondents Profession			
i.	Self Employed	08	2.2
ii.	Business	03	0.8
iii.	Government service	63	17.5
iv.	Private service	33	9.2
v.	Non Working (Housewife)	253	70.3
	Total	360	100
Husbands Profession			
i.	Self Employed	35	9.7
ii.	Business	66	18.3
iii.	Public Sector Job	177	49.2
iv.	Private Job	82	22.8
	Total	360	100
Total Number of Income Earner in a Family			
i.	One	185	51.4
ii.	Two	137	38.1
iii.	Three and above	38	10.5
	Total	360	100
Person Responsible for Running Household Budget			
i.	Husband	110	30.6
ii.	Wife	133	36.9
iii.	In-laws	56	15.3
iv.	Both Husband & Wife	62	17.2
	Total	360	100

4.1.3. Professional status and income earners in the family.

The table 4.1.3 represents the employment status of respondents, their profession, husband's profession, total number of income earners in a family and the person responsible for running the household budget. It has been found that

employed in different sectors. Almost 2.2% females were self employed. 0.8% were involved in business. 17.5% were employed in public sector jobs, whilst 9.2% respondents were doing jobs in private sector. In case of husbands profession, it shows that 9.7% of husbands were self employed, 18.3% were doing their business. On the other hand, 49.2% were employed in a public sector job and 22.8% in private jobs. Almost 51.4% of families were having only one number of income earner, 38.1% were having two number of earners, 6.9% were having three whereas only 3.6% of families had more than three income earners in their families.

Husband and wife both are an important wheel of family. Husbands are considered to be responsible for earning and females are considered to run household budget. Our data also shows that 36.9% wives were running household budget, nearly 30.6% husbands were responsible for controlling household budgets, whereas in 17.2 % families, husbands and wives both were responsible for running their household budget and only in 15.3% families, home budget was run by in laws.

This shows that majority of the females (70.3%) were housewives, whereas most of the males and females (17.5% and 49.2%) were employed in government service. More than half of the families (51.4%) were having only one income earner in the family whereas the data shows that most of the household budget was run by wives in the family with 36.9% respectively.

Table 4.1.4. Distribution of Respondents and Their Husband's by Their Monthly Income and Total Family Income per month

	Variables	Frequency	Percentage
Respondents Monthly Income (Rs)			
i.	Non Working (Housewives)	253	70.3
ii.	Up to 10000	17	4.7
iii.	10001-15000	20	5.6
iv.	15001-20000	27	7.5
v.	20000+	43	11.9
	Total	360	100
Mean:6266.67		S.D:10947.571	
Husbands Monthly Income (Rs)			
i.	Less than 10000	16	4.4
ii.	10000-20000	46	12.8
iii.	20001-30000	89	24.7
iv.	30001-40000	87	24.2
v.	40001-50000	69	19.2
vi.	Above 50000	53	14.7
	Total	360	100
Mean:38222.22		S.D:18403.798	
Total Family Income per Month (Rs)			
i.	Less than 25000	35	9.7
ii.	25000-35000	63	17.5
iii.	35001-45000	71	19.7
iv.	45001-55000	65	18.1
v.	55001-60000	34	9.4
vi.	60000+	92	25.6
	Total	360	100
Mean:52261.11		S.D: 21650.680	

4.1.4. Economic Status of Family

The table 4.1.4 signifies the income pattern of households, female monthly income, husbands monthly and total family income per month. As 70.3% respondents were housewives, so almost 4.7% females were receiving less than thousand rupees per month, 5.6% were receiving monthly stipend between eleven to fifteen thousand. Whereas, 7.5% females were getting their monthly income between sixteen to twenty thousand and only 11.9% females were getting more than twenty thousand rupees as their monthly income. Where as in case of

husbands, 4.4% were only getting less than ten thousand as their monthly income, 12.8% were taking between eleven to twenty thousand rupees and 24.7% were having monthly income between twenty thousand one to thirty thousand rupees. Nearly 24.2% husbands were getting money between thirty one thousand to forty thousand rupees whereas 19.2% husbands were receiving money between forty one thousand to fifty thousand, while only 14.7% husband were getting more than fifty thousand rupees as their monthly income.

The table also denotes the total family income of house hold per month. It shows that 9.7% of families were getting less than twenty five thousands rupees as their monthly income. Almost 17.5% families were having their monthly income between twenty five thousand to thirty five thousands rupees, 19.7% families receives between thirty five thousand one rupee to forty five thousand rupees, 18.1% were having income between forty five thousand one to fifty five thousand rupees whereas, 9.4% receives between fifty five thousand one to sixty thousand rupees, while 25.6% families were receiving above sixty thousand rupees as their monthly income. So the trend shows that only 25.6% of the families were having more than sixty thousand rupees as their family income.

EXPENDITURES ON FOOD, NON FOOD ITEMS AND UTILITY BILLS

Expenditures on various food and nonfood items and utility bills are important variables that strongly affect the household expenditures pattern. The rising prices of various food and non food items is constantly affecting each and every individual in our society. On the other hand the rising rates of utility bills have created havoc in a country. The following data will indicate the effect of

rising prices on the household budget; it also indicates an increase in amount of utility bills as compared to the past.

Table 4.1.5 Distribution of Respondents According to the Effect of Increasing Prices on Household Budget, Amount of Utility Bills per month, Increase in Utility Bills as Compared to Past.

	Household Expenditures	To a great extent %(frequency)	To some extent %(frequency)	Not at all %(frequency)
i.	Food items	70.3(253)	26.1(94)	3.6(13)
ii.	Non Food items	60(216)	35.6(128)	4.4(16)
iii.	Utility Bills	68.3(246)	29.2(105)	2.5(09)
Amount of Respondents Monthly Utility Bills (Rps)				
	Amount of utility Bills	Electricity Bills %(frequency)	Gas Bill %(frequency)	Telephone Bill %(frequency)
i.	Less than 500	2.5(09)	10.6(38)	10.9 (39)
ii.	500-1000	15(54)	38.6(139)	37.2(134)
iii.	1001-3000	60.6(218)	38.6(139)	40.8(147)
iv.	Above 3000	21.9(79)	12.2(44)	11.1(40)
	Total	100(360)	100(360)	100(360)
Increase in Utility Bills (in rupees)as Compared to Past				
	Amount of utility Bills	Electricity Bills %(frequency)	Gas Bill %(frequency)	Telephone Bill %(frequency)
i.	Less than 500	34.7 (125)	50.8(183)	47.5(171)
ii.	500-1000	40.8 (147)	32.5(117)	35.8(129)
iii.	1001-3000	20.3 (73)	15 (54)	14.2(51)
iv.	Above 3000	4.2(15)	1.7(06)	2.5 (09)
	Total	100 (360)	100 (360)	100(360)

The table 4.1.5 indicates the effect on increasing prices of food, non food items and utility bills on household budget, amount of utility bills per month and increase in the amount of utility bills as compared to past. More than 70% of the respondents show that increasing prices of food items effect their household budget to a great extent. 26.1% show an effect of some extent while a small percentage i.e 3.6% indicates that there has been no effect on their home budget.

In case of non food items 60% respondents indicates an effect on budget to a great extent, 35.6% to some extent and only 4.4% respondents had no effect on their budget. About 68.3% shows that the increasing prices of utility bills had put a great effect on their budget, 29.2% were having some extent of effect, whilst only 2.9% did not have any effect on their budget at all.

The above illustration indicates the amount of monthly utility bills of respondents per month. In case of electricity bills 2.5% families pay less than five hundred rupees, 15% families paid between Rs.500-1000, 60.6% had monthly bill of Rs. 1001-3000, where as 21.9% paid more than three thousand rupees of electricity bills per month. In case of gas bills, 10.6% families were paying less than five hundred rupees, 38.6% between Rs.500-1000. Also 38.6% had their bill of Rs.1001-3000, while 12.2% paid more than three thousand rupees per month. A small percentage i.e.10.9% were paying their telephone bills less than five hundred rupees, 37.2% between Rs. 500-1000, 40.8% paid Rs. 1001-3000 and 11.1% of respondent families paid more than three thousand rupees per month.

The table also signifies an increase in the amount of utility bills of respondent's families per month. It has been found that almost 34.7% families had an increase in their monthly electricity bills, 50.8% gas bills and 47.5% telephone bills worth of less than five hundred rupees, 40.8% electricity, 32.5% gas, and 35.8% telephone bills were increased up to Rs.500-1000. Almost 20.3% electricity bills, 15% gas and 14.2% telephone bills of families were increased between 1001-3000 rupees, whilst only 4.2% of electricity, 1.7% gas and 2.5% telephone bills observed more than three thousand rupees increase.

Table 4.1.6 Distribution of Respondents by their Opinions about Sectors that Costs them more Expenditures from Household Budget and Their Opinion about Effect of Rising Prices of Food Items.

Sectors Costing more Expenditures from Household Budget			
	Sector	Frequency	Percentage
i.	Education	69	19.16
ii.	Utility Bills	153	42.5
iii.	Food Items	105	29.17
iv.	Health	07	1.94
v.	Recreational Activities	06	1.67
vi.	All of them	20	5.56
	Total	360	100

Respondents Opinion about Effect of Rising Prices of Food Items.						
	STATEMENTS	Strongly Agree	Agree	No. Opinion	Disagree	Strongly Disagree
		(1)	(2)	(3)	(4)	(5)
	It has become difficult to buy quality products due to rising prices.	55.0 (198)	41.7 (150)	0.8 (03)	1.9 (07)	0.6 (02)
	Due to increasing prices of fruits it has become difficult to buy them from limited income.	42.2 (152)	55.6 (200)	0.6 (02)	0.8 (03)	0.8 (03)
	People cut down the usage of every day dairy items.	35.3 (127)	55.6 (200)	1.7 (06)	6.4 (23)	1.1 (04)
	Meat products have become more expensive than before.	62.8 (226)	35.3 (127)	0.3 (1)	1.1 (04)	0.6 (02)
	The prices of daily usage items have increased that compels to cut down expenses from other major food items.	46.9 (169)	47.5 (171)	2.5 (09)	2.8 (10)	0.3 (01)

The table 4.1.6 shows various heads of household expenditures from their family budget. The data denotes that 19.16% families were paying on education sector, 42.5% on utility bills, 29.17% on food items, 1.94% on health, 1.67% on recreational activities, and only 5.56% families were paying more on all the above sectors. The data shows that respondent families spent 19.16, 42.5 and 29.17 percent of their household monthly budget on education, utility bills and food items respectively.

The table also show the opinion of respondents about the increasing prices of food items. In case of the statement, it has become difficult to buy quality products due to increasing prices 55% respondents strongly agreed, 41.7% agreed, 0.8% gave no opinion, 1.9% disagreed and 0.6% respondents strongly disagreed.

Due to an increasing prices it has become difficult to buy quality products, almost 42.2% respondents strongly agreed, 55.6% agreed, 0.6% gave no opinion, 0.8% disagrees whereas 0.8% strongly disagreed with the statement.

People cut down the usage of every day dairy items, 35.3% respondents strongly agreed, 55.6% agreed, 1.7% gave no opinion, 6.4% disagreed and 1.1% strongly disagreed. Meat products have become more expensive than before 62.8% strongly agreed, 35.3% agreed, 0.3% gave were of no opinion, 1.1% disagreed and 0.6% strongly disagreed.

The prices of daily usage items have increased that compels to cut down expenses from other major food items 46.9% strongly agreed, 47.5% agreed,

2.5% gave no opinion, 2.8% disagreed and only 0.3% strongly disagreed with the above statement. So most of the respondents agreed that rising prices of various food items has strongly affected their household budget.

MONTHLY EXPENDITURES ON FOOD &NON FOOD ITEMS

Table 4.1.7. Distribution of Respondents on the Basis of Monthly Expenditures on Food & Non Food Items

	Food items	<500	501-1000	1001-2000	2001-3000	3000+	No.Users
i.	Wheat	7.5(27)	33.9 (122)	43.9 (158)	10.8 (39)	3.9(14)	00
ii.	Rice	47.7 (172)	38.9 (140)	(39)10.8	1.1 (04)	0.8(03)	0.6 (02)
iii.	Bakery products	50.5 (182)	33.1 (119)	12.2 (44)	0.8 (03)	0.6(02)	2.8 (10)
iv.	Pulses	52.5 (189)	39.7 (143)	6.7 (24)	0.6 (02)	0.6(02)	00
v.	Beef	18 (65)	37.8 (136)	28.1 (101)	5.6 (20)	2.8(10)	7.8 (28)
vii.	Mutton	(20)5.5	38.1 (137)	18.9 (68)	6.9 (25)	3.9 (14)	26.7 (96)
viii.	Chicken	20.3 (73)	50 (180)	19.2 (69)	05 (18)	3.1 (11)	2.5 (09)
ix.	Fish	30.5 (110)	21.4 (77)	4.7 (17)	1.1)04)	0.6 (02)	41.7 (150)
x.	Eggs	77.3 (278)	17.8 (64)	3.6 (13)	0.6 (02)	00	0.8 (03)
xi.	Sugar	52.5 (189)	35.8 (129)	10.8 (39)	0.6 (02)	0.3 (01)	00
xii.	Gurr	25.8 (93)	3.6 (13)	1.9 (07)	(00)	0.8 (03)	67.8 (244)
xiii.	Vegetables	25.3 (91)	39.7 (143)	28.6 (103)	5.3 (19)	1.1 (04)	00
xiv.	Fruits	22.2 (80)	37.5 (135)	35 (126)	3.6 (13)	1.7 (06)	00
xv.	Cooking Oil	5.3 (19)	18.9 (68)	52.8 (190)	14.7 (53)	8.3 (30)	00
Non Food Items							
i.	Transport	3.9 (14)	9.7 (35)	28.3 (102)	21.1 (76)	36.9 (133)	00
ii.	Clothing	11.1 (40)	21.9 (79)	(103)28.6	13.1 (47)	21.7 (78)	3.6 (13)
iii.	Personal Effects	35.8 (129)	33.6 (121)	14.7 (53)	2.2 (08)	00	13.6 (49)
iv.	Medical Care	22.5 (81)	25 (90)	24.2 (87)	9.2 (33)	11.4 (41)	7.8 (28)
v.	Educating Children	(07)02	05 (18)	10 (36)	10.3 (37)	48.1 (173)	24.7 (89)
vi.	Recreational Activity	21.4 (77)	18.3 (66)	15.6 (56)	2.2 (08)	3.3 (12)	39.2 (141)
vii.	House Rent	(00)	0.3 (01)	1.4 (05)	1.1 (04)	29.2 (105)	68.1 (245)
viii.	Repair	22.5 (81)	17.8(64)	6.9 (25)	1.4 (05)	2.2 (08)	49.2(177)

4.1.7. Expenditures on food and non food items

The rising prices have strongly affected the allocation of family budget on various food and non food items. The table 4.1.7 illustrates the monthly expenditures of respondents families on various items. In case of expenditures on

Wheat, only 7.5% families spent less than five hundred rupees, 33.9% spent Rs 500-1000, 43.9% spent 1001-2000 rupees. While 14.9% spent more than two thousand rupees on consuming wheat per month.

Only 0.6% respondents families were non users of rice, 47.7% spent less than five hundred rupees per month, 38.9% spent Rs.500-1000. Around 12% of the respondents spent more than two thousand rupees on rice per month. In case of bakery products, 2.8% were non consumer of bakery products, 50.5% spent less than five hundred rupees, 33.1% spent Rs.500-1000, whereas 13.6 % of the respondents were paying more than two thousand rupees on bakery products. On pulses, 52.5% spent less than five hundred rupees, 39.7% between five hundred to one thousand, 7.9 % spent more than two thousand rupees per month. almost 18% of the respondent families spend less than five hundred rupees on buying beef per month, 37.8% spent Rs.500-1000, 28.1% spend Rs.1001-2000, while 8.1 % spent more than two thousand rupees per month. Where as 7.8% of families were the non users of beef per month.

In case of mutton meat approximately 26.7% families were non consumers, around 5.5% spent less than five hundred rupees, 38.1% spent Rs.500-1000, 18.9% spent by Rs.1001-2000, whereas 10.8% of the respondents were spending more than two thousand rupees per month. Approximately 2.5% families were non consumers of chicken, around 20.3% spent less than five hundred rupees, 50% spent Rs.500-1000, 19.2% spent Rs.1001-2000, whilst 8.1% spent more than two thousand rupees per month. About 41.7% families were non consumers of fish, nearly 30.5% spent less than five hundred rupees, 21.4% spent

Rs.500-1000, whereas 6.4% spent more than two thousand rupees on fish per month.

On using eggs, more than half of the respondents i.e. 77.3% spent less than five hundred rupees, 17.8% spent Rs.500-1000 and only 4.2 % of the respondents spent more than one thousand rupees and 0.8% did not use eggs per month. Almost 52.5% families spent less than five hundred rupees on sugar per month, 35.8% between Rs.500-1000, 10.8% spent between one thousand one to two thousand, whereas 0.9% spent more than two thousand rupees on consuming sugar per month. On using gurr around 25.8% spent less than five hundred rupees, 3.6% spent Rs.500-1000, about 2.7% spent more than two thousand rupees per month while 67.8% did not use gurr at all.

The above table also shows the expenditure pattern on vegetables. Nearly 25.3% spent less than five hundred rupees, 39.7% between Rs.500-1000, 28.6% spent between 1001-2000, whereas 6.4% of the respondents spent more than two thousand rupees on vegetables per month. About 22.2% spent less than five hundred rupees on buying fruits, 37.5% spent less than Rs. 1000 , 35% spend between Rs.1001-2000, while 5.3% of the respondents spent more than two thousand rupees per month. In using oil, 5.3% spent less than five hundred rupees, nearly 18.9% spent Rs. 500-1000, almost 53% spent money on buying oil worth of Rs.1001-2000 whereas 5.3% spent more than two thousand per month.

The above data also illustrate monthly expenditures on non food items, 13.6% respondent families spent less than one thousand rupees on transportation per month, 28.3% spent money worth of Rs.1001-2000, 21.1% between Rs. 2001-

3000. Whereas 36.9% spent more than three thousand rupees on availing transportation facility per month.

About 3.6% respondents did not spend money on buying clothes per month. Almost 11.1% spent less than five hundred rupees, 21.9% spend Rs.500-1000, 28.6% spent Rs.1001-2000. Nearly 13.1% between two thousand one to three thousand rupees and 21.7% spent more than three thousand rupees on shopping cloths per month. On using products for personal effects, 35.8% spent less than five hundred rupees, 33.6% spent Rs.500-1000, 16.9% spent more than one thousand rupees. Whereas 13.6% did not spent on buying cosmetics per month. On medical care only 22.5% spent less than five hundred rupees, 25% spent Rs.500-1000, 33.4% spend between Rs.1001-3000. Approximately 11.4% spent more than three thousand rupees on vegetables per month while 7.8% did not spent money on medical care per month.

The expenditure pattern on children education in the above table shows that 2% of the respondents spend less than five hundred rupees per month. Only 05% spend between five hundred to one thousand rupees, 10% of the respondents spend Rs.1001-2000 and 10.3% spend Rs.2001-3000. Almost 48% respondents spend more than three thousand rupees on their children education. And 24.7% of the respondents didn't have any children and in some families were not studying. Nearly 39.2% didn't spend monthly expenditures on seeking recreational activities per month, 21.4% spent less than five hundred rupees, 18.3% respondents spend Rs.500-1000, 17.8% spent Rs.1001-3000. Whereas only 3.3% spent more than three thousand rupees on recreational activities per month. On paying house rent, 2.8% of the respondents spent Rs.1000-3000. While 29.2%

paid more than three thousand rupees house rent per month. Whereas 68.1% respondents did not seek house rent facility. Around 49.2% did not spent monthly expenditures on home repairance, 22.5% spent less than five hundred rupees, 17.8% spent Rs.500-1000, 6.9% spent between one thousand one to two thousand rupees. Only 2.6% spent more than two thousand rupees per month.

Table 4.1.8 Distribution of Respondents by the Effect of Rising Food & Non Food Items on Their Household Budget

	Food items	To some extent	To a great extent	Not at all	Non User
			%(frequency)		
i.	Wheat	32.5 (117)	55.6 (200)	11.9 (43)	00
ii.	Rice	35.6 (128)	51.75 (186)	12.2 (44)	0.6 (02)
iii.	Bakery products	33.6 (121)	54.7 (197)	8.9 (32)	2.8 (10)
iv.	Pulses	31.9 (115)	58.3 (210)	9.7 (35)	00
v.	Beef	23.6 (85)	58.3 (210)	10.3 (37)	7.8 (28)
vii.	Mutton	20.6 (74)	44.4 (160)	8.3 (30)	26.7 (96)
viii.	Chicken	29.2 (105)	58.1 (209)	10.3 (37)	2.5 (09)
ix.	Fish	18.9 (68)	31.1 (112)	8.3 (30)	41.7 (150)
x.	Eggs	27.2 (98)	60 (216)	11.9 (43)	0.8 (03)
xi.	Sugar	28.3 (102)	63.6 (229)	8.1 (29)	00
xii.	Gurr	10 (36)	21.4 (77)	0.8 (03)	67.8 (244)
xiii.	Vegetables	29.7 (107)	61.1 (220)	9.2 (33)	00
xiv.	Fruits	28.3 (102)	62.2 (224)	9.4 (34)	00
xv.	Cooking Oil	26.1 (94)	65.3 (235)	8.6 (31)	00
Non Food Items					
i.	Transportation	27.2 (98)	65.8 (237)	6.9 (25)	00
ii.	Clothing	25.8 (93)	60 (216)	10.6 (38)	3.6 (13)
iii.	Personal Effects	23.9 (86)	51.7 (186)	10.8 (39)	13.6 (49)
iv.	Medical Care	26.4 (95)	56.4 (203)	9.4 (34)	7.8 (28)
v.	Educating Children	19.2 (69)	49.4 (178)	6.7 (24)	24.7 (89)
vii.	Recreational Activity	17.8 (64)	36.4 (131)	6.7 (24)	39.2 (141)
viii.	House Rent	8.3 (30)	19.4 (70)	4.2 (15)	68.1 (245)
ix.	Repair/Maintenance of house	18.9(68)	28.3 (102)	3.6 (13)	49.2 (177)

4.1.8. Effect of Rising prices of food and non food items on household budget

The table 4.1.8 shows the effect of rising prices of various food and non-food items on the household budget of respondents per month. The data of 32.5% respondents indicates that rising price of wheat had put an effect of some extent on their budget, 55.6% to a great extent while 11.9% did not feel any significant effect on their budget at all. Incase of rice, 35.6% experience an effect of some

extent, 51.75% to a great extent and 12.8% didn't feel any effect on their household budget. On using bakery products, 33.6% show an effect of some extent, 54.7% to a great extent and 11.7% not at all.

The above data indicates that about 31.9% respondents agreed to some extent on the effect of rising prices of pulses on budget, 58.3% to a great extent while 9.7% didn't feel any effect on budget. In case of beef, 23.6% experience an effect of some extent, 58.3% to a great extent and 18.1% not at all. On mutton prices effect, 20.6% experience effect to some extent, 44.4% to a great extent and 35% not at all

When respondents were asked about the impact of increasing prices of chicken on their home budget, almost 29.2% observed an effect of some extent, 58.1% to a great extent while 12.8% found no effect at all. The price of fish put an effect of some extent on 18.9% respondents, effect of great extent on 31.1% respondents while no effect on 50 % users. Almost 27.2% respondent experienced the effect of some extent by the increasing price of eggs, 60% to a great extent and 12.7% not at all observed any effect. On sugar, about 28.3% to some extent, 63.6% to a great extent and 8.1% respondents did not had any effect on their budget. The price of gurr (brown sugar) left an effect to some extent on 10% respondents, 21.4% to a great extent and 68.6% no effect at all. The increasing prices of vegetables affected 29.7% respondents, to great extent on 61.1% respondents and no effect at all on 9.2% respondents. While in case of fruits price, it affected 28.3% respondents to some extent, 62.2% to a great extent and 9.4% respondents observed no effect at all. Incase of oil prices, it put no effect at all on

8.6% respondents, to some extent on 26.1% respondents while 65.3% observed an effect to a great extent.

The above diagram also signifies the effect of non food item prices on household budget. In transportation expenditures 27.2% respondents experienced an effect to some extent, 65.8% to a great extent while only 6.9% respondents did not observe any effect at all. The increasing prices of clothes also put an effect on budget, 25.8% agreed to some extent, 60% to a great extent while 14.2% didn't agree at all. In case of using personal effects, it put an effect of some extent on 23.9% respondents, to a great extent on 51.7% respondents and no effect at all on 14.4% respondents.

In case of medical care expenses, it put an effect of some extent on 26.4% respondents, 56.4% to great extent while 17.2% did not put any effect. The price of children education did not put any effect on 31.4% respondents, 19.2% to some extent whilst about 49.4% experienced an effect of great extent on their household budget. On recreational activities expenses, 17.8% had an effect of some extent on their budget, 36.4% to great extent and 45.9% respondents had no effect on their budgets. In paying house rents, almost 8.3% respondents experienced an effect of some extent, 19.4% respondents had an effect to a great extent, while 72.3% didn't had any effect on their budget. And the prices of house repairing items put an effect of some extent on 18.9% respondents, 28.3% to a great extent and 49.2% did not undergo any effect.

Table 4.1.9 Distribution of Respondents by the Changes in the Consumption of Food & Non Food Items on their Food Budget

	Food items	Increase	Decrease	Same	Non user
i.	Wheat	47.8 (172)	11.9 (43)	40.3 (145)	(00)
ii.	Rice	44.4 (160)	13.3 (48)	41.7 (150)	0.6 (02)
iii.	Bakery products	48.6 (175)	22.5 (81)	26.1 (94)	2.8 (10)
iv.	Pulses	46.9 (169)	20.3 (73)	32.8 (118)	(00)
v.	Beef	41.1 (148)	25 (90)	26.1 (94)	7.8 (28)
vii.	Mutton	35.6 (128)	19.2 (69)	18.6 (67)	26.7 (96)
viii.	Chicken	46.1 (166)	23.1 (83)	28.3 (102)	2.5 (09)
ix.	Fish	22.5 (81)	15.8 (57)	20 (72)	41.7 (150)
x.	Eggs	43.6 (157)	25 (90)	30.6 (110)	0.8 (03)
xi.	Sugar	49.4 (178)	22.2 (80)	28.3 (102)	(00)
xii.	Gurr	17.2 (62)	8.3 (30)	6.7 (24)	67.8 (244)
xiii.	Vegetables	49.2 (177)	25 (90)	25.8 (93)	(00)
xiv.	Fruits	46.4 (167)	26.9 (97)	26.7 (96)	(00)
xv.	Cooking Oil	49.7 (179)	22.5 (81)	27.8 (100)	(00)
Non Food Items					
i.	Transportation	53.3 (192)	16.7 (60)	30 (108)	(00)
ii.	Clothing	43.9 (158)	30.6 (110)	21.9 (79)	3.6 (13)
iii.	Personal Effects	32.2 (116)	31.1 (112)	23.1 (83)	13.6 (49)
iv.	Medical Care	16.1 (58)	65.8 (237)	10.3 (37)	7.8 (28)
v.	Educating Children	40 (144)	10.3 (37)	25 (90)	24.7 (89)
vii.	Recreation	1.4 (05)	54.2 (195)	5.3 (19)	39.2 (141)
viii.	House Rent	18.6 (67)	2.2 (08)	11.1 (40)	68.1 (245)
ix.	Repair of house	20.3 (73)	16.9 (61)	13.6 (49)	49.2 (177)

4.1.9. Changes in Consumption of Food and Non Food Items

The table 4.1.9 shows the changes in the consumption pattern of various food and non food items of respondents. It indicates that 47.8% respondents had increased their consumption of wheat per month, 11.9% decreased, while the consumption pattern remains the same in 40.3% respondents. In case of using rice, the consumption pattern increased in 44.4% respondents families, 13.3% decreased, 41.7% remained the same while 0.6% were non users of rice . In case of bakery

products, the consumption pattern increased in 48.6% respondents, decreased in 22.5% and remained same in 26.1% respondents whereas 2.8% respondents were no users.

The consumption pattern of pulses increased in 46.9% respondents, decreased in 20.3% while remained the same in 32.8% respondents. In using beef, 41.1% observed an increase, 25% decreased, 26.1% consumption pattern remained same and 7.8% were not the users. On using mutton per month, its consumption pattern increased in 35.6% respondents, decreased in 19.2% and remained same in 18.6% respondents, while 26.7% didn't consume meat per month. In case of chicken, almost 46.1% increased their consumption pattern, 23.1% decreased, 28.3% remained same whereas 2.5% were non users of chicken. In buying fish meat, 22.5% increased their consumption, 15.8% decreased while of 20% respondents it remained same. On the other hand 41.7% respondents were no consumers of fish per month.

The above table shows that the consumption pattern of eggs increased in 43.6% respondents, decreased in 25% respondents and remained the same in 30.6% respondents, whereas 0.8% were the non-users. The consumption pattern of sugar had increased in 49.4% respondents, decreased in 22.2% and remained same in 28.3% respondents. On the other hand 17.2% increased their usage of gurr, 8.3% decreased, 6.7% remained the same while 67.8% were not the users. In using vegetables, its consumption pattern increased in 49.2% respondents, decreased in 25% respondents and remained the same in 25.8% respondents.

Where as in case of fruits consumption, it increased in 46.4% respondents, decreased in 26.9% while remained the same in 26.7% respondents. In using

cooking oil per month, its consumption pattern increased in 49.7% respondents, decreased in 22.5% while remained the same in 27.8% respondents. The above data also indicates the changes in consumption pattern of various non food items. As in case of transportation, 53.3% respondents show an increase in their expenditure pattern, decreased in 16.7%, while remained same in 30% respondents. The expenditure pattern on clothing had increased in 43.9% respondents, decreased in 30.6% and remained same in 21.9%, whereas 3.6% didn't spend on clothing per month. The consumption pattern of products of personal effects increased in 32.2% respondents, decreased in 31.1%, same in 23.1% and 13.6% were non consumers per month.

The table indicates that the expenditure on medical care increased in 16.1% respondents, decreased in 65.8% respondents and remained same in 10.3% respondents, while 7.8% didn't spend monthly on seeking medical care. In education children, its expenditures increased in 40% respondents, decreased in 10.3% respondents, remained same in 25% respondents whereas 24.7% respondent's children were not getting education.

The expenditure pattern on recreational activity increased in 1.4% respondents, decreased in 54.2%, remained the same in 5.3% respondents whereas 39.2% didn't spend monthly. The house rent increased in about 18.6% respondents, decreased of only 2.2% respondents, remained the same of 11.1% respondents whereas 68.1% did not pay house rent at all. The spending on home repairance and maintenance had increased in about 20.3% respondents families, decreased in 16.9%, remained same in 13.6% respondents families, whereas 49.2% were not paying money per month on this item. This shows that as the prices of

other food and non food items increases people tend to decrease their expenditures on health and recreation.

EDUCATIONAL EXPENDITURES

Education is very important for individual's success in life. It provides teaching skills that prepare individuals physically mentally and socially for the world of work in his life. Education is generally seen as the foundation of society which brings economic wealth, prosperity and political stability. Education is a major aspect of development in any society since if there is a deficit of educated people then society will stop its further progress. Education in Pakistan could be seen as the foremost factor shaping the lives of 160 million people in our country. The society as a whole is suffering due to a lack of education. We are the victims of lowest literacy rates, lower education standard, different mode of education, and lower growth that our country has witnessed during the last 60 years. Yet the rising prices and inflation in our country are still affecting the education rate in our society. Due to the rising prices various families in general and the lower income groups in particular are suffering very badly as a result the education of their children is also affected. Many of the families have shifted their children from private to public schools because they could not afford their expenses. However there are other families who are sacrificing in other major sectors just for the sake of providing better education to their children. The following data shows the trend of educational expenses of respondents on their children.

Table .4.1.10 Distribution of respondents by Their Total Number of Children Getting Education and Effect of Increasing Prices on Their Education.

Total Number of Children Getting Education			
	No of children	Frequency	Percentage
i.	No Child	94	26.1
ii.	1-2	130	36.1
iii.	3-4	106	29.5
iv.	Above	30	8.3
v.	Total	360	100
Effect of Increasing Prices on their Allocation of Budget towards Their Children Education			
	Responses	Frequency	Percentage
i.	Yes	244	67.8
ii.	No	116	32.2
	Total	360	100

The table 4.1.10 indicates the total number of respondent's children getting education and effect of rising prices on the budget allocation towards children education. About 26.1% of the respondents were childless. 36.1% were having one to two children, 29.5% comprised of three to four children whereas 8.3% of the respondents had more than five children. A total of 67.8% respondents agreed that the rising prices have strongly affected the allocation of their budget towards the education of their children while 32.2% did not feel any special effect on their children education. The data shows that most of the respondents (36.1%) were having one to two number of children. While most of the respondents i.e. 67.8% found a great effect of rising prices on the allocation of budget towards their children education.

Table 4.1.11 Distribution of Respondents By Their Children's Educational Level, Type of Institutions, Changes in Institutions, Monthly Expenditures and Affordability of Expenses.

Educational Level of Children								
	Level	Child 1	Child2	Child3	Child4	Child5	Child6	%(frequency)
i.	PreClass	5.3 (19)	2.2 (08)	1.1 (04)	0.3 (01)	(00)	(00)	8.9 (32)
ii.	1-5	31.9 (115)	20 (72)	9.8 (35)	4.1 (15)	3.1 (11)	1.1 (04)	70 (252)
iii.	6-10	14.2 (51)	13.1 (47)	13.3 (48)	3.9 (14)	1.6 (06)	0.3 (01)	46.4 (167)
iv.	11-14	13.1 (47)	15.8 (57)	9.2 (33)	2.5 (09)	1.6 (06)	0.8 (03)	43 (155)
v.	15-18	10 (36)	7.5 (27)	4.4 (16)	9.2 (33)	3.1 (11)	1.4 (05)	35.6 (128)
vi.	No child	25.5 (92)	41.4 (149)	62.2 (224)	80 (288)	90.6 (326)	96.4(347)	396 (1426)
Type of Institutions								
	Type of Inst.	Child1	Child2	Child3	Child4	Child5	Child6	Total
i.	Public	25.6 (92)	27.2 (98)	18.6 (67)	9.2 (33)	4.4 (16)	1.7 (06)	86.7 (312)
ii.	Private	48.6 (175)	31.4 (113)	18.9 (68)	10.8(39)	5.0 (18)	1.9 (07)	116 (420)
iii.	Distant Learner	0.3 (01)	(00)	0.3 (01)	(00)	(00)	(00)	0.6 (02)
Changes in Institution due to High Prices								
	Type of Institute	Child1	Child2	Child3	Child4	Child5	Child6	Total
i.	Yes	12.5 (45)	12.2 (44)	7.2 (26)	4.7 (17)	3.3 (12)	1.4 (05)	41.3 (149)
ii.	No	61.9 (223)	46.4 (167)	30.6 (110)	15.3(55)	6.1 (22)	2.2 (08)	162.5(585)
Monthly Expenditures on Children Education								
	Expenses	Child1	Child2	Child3	Child4	Child5	Child6	Total
i.	Upto1000	21.9 (79)	21.4 (77)	16.4 (59)	10.0 (36)	5.0 (18)	1.9 (07)	76.6 (368)
ii.	1001-2000	18.9 (68)	16.7 (60)	10.3 (37)	6.1 (22)	1.3 (05)	0.6 (02)	53.9 (194)
iii.	2001-3000	12.2 (44)	7.2 (26)	4.7 (17)	1.7 (06)	0.6 (02)	0.6 (02)	27 (97)
iv.	3001-4000	7.5 (27)	4.4 (16)	1.7 (06)	0.3 (01)	1.4 (05)	(00)	15.3 (55)
v.	4001-5000	5.3 (19)	5.0 (18)	2.2 (08)	1.1 (04)	1.1 (04)	0.3 (01)	15 (54)
vi.	5000+	8.6 (31)	3.9 (14)	2.5 (09)	0.8 (03)	(00)	0.3 (01)	16.1 (58)
Affordability of Educational Expenses								
		Child1	Child2	Child3	Child4	Child5	Child6	Total
i.	To some extent	47.8 (172)	36.1 (130)	25.3 (91)	13.1 (47)	6.4 (23)	2.5 (09)	131.2 (472)
ii.	To great extent	21.9 (79)	19.2 (69)	9.2 (33)	4.7 (17)	2.2 (08)	0.6 (02)	57.8 (208)
iii.	Not at all	4.7 (17)	3.3 (12)	3. 3 (12)	2.2 (08)	0.8 (03)	0.6 (02)	14.9 (54)

The table 4.1.11 indicates that approximately 9% of the respondents children were studying in pre class, 70% were between one to five class, 46.4% studied between six to ten class. Only 43% of the respondents children were studying between first year to fourth year, while 35.6% of the children were studying in postgraduate and above post graduate level. So the data signifies that most of the children of respondents were studying between one to five class. The data also show the type of institutions in which their children were studying. Only 0.6% were getting education through the distant learning program, whereas 116% of the children were studying in private institutions where as 86.7% were getting education in public institutions. It has also been observed in the present study that whether the scenario of high prices has compelled the parents to change the institutions in which their children were getting education. About 162.5% did not change the institutions of their children while 41.3% of the children's institutions were changed. 76.6% of the children fee were below one thousand rupees, 53.9% between one to two thousand rupees, 27% between two to three thousands, 15.3% between three to four thousands. Whereas the respondents were paying between four to five thousand fee of their 15% children and 16.1% fee were above five thousand rupees per month. Parents responded that they could afford a total of 131.2% of their children fee to some extent, 57.8% to a great extent while 14.9% could not afford their children expenses.

HEALTH EXPENDITURES

Health is an important dependent variable in the current study that is being affected badly by the rising prices. Promoting and protecting health is of vital importance for the welfare of human being as well as social and economic

development. In our country people rate health as one of their highest priorities, but unfortunately due to an economic concerns such as unemployment, inflation, rising prices low wages and high cost of living , people are unable to get better healthy condition and health facilities for themselves as well as for their family members. Due to the rapidly rising prices in this major sector always get affected. Due to allocation of household budget on various essential expenditures such as food items, utility bills and education, income earner families especially middle class and lower class families are impelled to cut down their budget on their family health. Though, there is a great need for recreational and healthy activities in our society, for physical, social and mental well being of individuals. Heavy work routine, rising cost of living day by day, increasing utility prices, poor law and order situation in society, insecurity, children educational and other expenses, family problems , these are the main factors that are very much responsible for affecting the health of family members especially an income earner group. The following data indicates the health status of respondents and their family members, their frequency of regular checkup, their pattern of walk and exercise, and effect of increased expenditures on their dietary intake.

Table 4.1.12. Distribution of Respondents By Their Health Status, Their Checkups and Walk/Exercise.

Health Status of Family Members									
Health status		Self	Old Male	Old female	Adult male	Adult Female	%(frequency)		
							Male Child	Female Child	
i.	Poor	7.2 (26)	8.6 (31)	8.3 (30)	1.7 (06)	00	1.1 (04)	1.1 (04)	
ii.	Satisfactory	43.3 (156)	17.8 (64)	15.3 (55)	26.9 (97)	2.8 (10)	9.7 (35)	6.4 (23)	
iii.	Good	49.4 (178)	7.2 (26)	7.8 (28)	67.2 (242)	15.3 (55)	70.3 (253)	63.6 (229)	
iv.	No Member	00	66.4 (239)	68.6 (247)	4.2 (15)	81.9 (295)	18.9 (68)	28.9 (104)	
	Total	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)	
Frequency of Regular Check ups									
Health status		Self	Old male	Old female	Adult male	Adult Female	Male Child	Female Child	
i.	Weekly	3.1 (11)	4.2 (15)	3.9 (14)	0.6 (02)	00	0.6 (02)	(00)	
ii.	Monthly	17.5 (63)	15.8 (57)	11.4 (41)	11.7 (42)	2.5 (09)	24.7 (89)	18.6 (67)	
iii.	4-6 months	38.1 (137)	8.9 (32)	10.6 (38)	37.5 (135)	6.9 (25)	34.2 (123)	31.9 (115)	
iv.	Once a year	41.4 (149)	4.7 (17)	5.6 (20)	46.1 (166)	8.6 (31)	21.7 (78)	20.6 (74)	
v.	Nil member	(00)	66.4 (239)	68.6 (247)	4.2 (15)	81.9 (295)	18.9 (68)	28.9 (104)	
	Total	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)	
Frequency of Walk/Exercises									
Health status		Self	Old male	Old female	Adult male	Adult Female	Male Child	Female Child	
i.	Regularly	13.6 (49)	9.7 (35)	3.9 (14)	23.3 (84)	3.3 (12)	9.7 (35)	4.7 (17)	
ii.	Some times	34.4 (124)	10 (36)	7.2 (26)	24.7 (89)	5.0 (18)	14.2 (51)	9.2 (33)	
iii.	Not at all	51.9 (187)	13.9 (50)	20.3 (73)	47.8 (172)	9.7 (35)	57.2 (206)	57.2 (206)	
iv.	Nil member	(00)	66.4 (239)	68.6 (247)	4.2 (15)	81.9 (295)	18.9 (68)	28.9 (104)	
v.	Total	(360) 100	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)	

It was being found from the above data that almost 7.2% respondents health status was very poor, 43.3% respondent's condition was satisfactory while about 49.4% respondents were perfectly healthy. In 66.4% families, there were no old age male and in 68.6% families none old age female members were present. However, in rest of the families 8.6% males and 8.3% females were in poor health state, 17.8% male and 15.3% female's health condition was satisfactory, while only 7.2% old males and 7.8% old age females were in a perfectly good health form. In case of adult males and females in a family, 1.7% males were in poor health state while in 26.9% males and 2.8% adult female's health was satisfactory. Whereas 67.2% males and 15.3% females were in a good health condition and there were no male and female members in 4.2% and 81.9% families respectively.

The above table indicates that the health condition of children in families were quiet good. Almost 70.3% male and 63.6% female children were in a perfectly good health form. Only 1.1% male, female children health was poor and about 9.7% and 6.4% male and female health was satisfactory and the ration of families where male and female children were not present was 18.9% and 28.9% respectively.

The table also shows the frequency of regular checkups by respondents and their family members. The data signifies that the adult male and female member of family less often visit doctors for their regular checkups, their frequency of going through medical checkups once in a year is more as compared to other family members. Nearly 3.1% respondents visit for their checkup every week 1% , 17.5% go on monthly basis, 38.1% in four to six months while 41.4% visit only once in a year.

Almost 4.2% Old age male and 3.9% old age female members visit doctors on weekly basis, 15.8% and 11.4% visit on monthly basis, 8.9 and 10.6%

visit every four to six months and only 4.7% and 5.6% male and female members visit doctors once in a year. Almost 0.6% adult males visit doctors weekly, 11.7% adult male and 2.5% female visit monthly, 37.5% and 6.9% male female visit every four to six month, however 46.1% male and 8.6% adult female in a family visit doctors once in a year for their medical checkup. Incase of children in respondents family, on weekly basis only 0.6% male children were taken for checkup, 24.7% and 18.6% male and female children were taken every month for their checkup, whereas 34.2% male and 31.9% female children visited doctor with In between four to six months. Only 21.7 male and 20.6% female children visited doctor once in a year. Walks and exercise are the major components in maintaining good health.

The above table exemplify the trend of walks and exercises among respondents and their members. The data indicates the declining trend of walks and exercises among members. The habit of regular walk and exercise has been seen in 13.6% respondents, 9.7% old age males, 3.9% old age females, 23.3% and 3.3% adult males and females and in 9.7% male and 4.7% female children.

However 34.4% respondents, 10% old male, 7.2% old females, 24.7% adult males, 5% adult females and 14.2% male and 9.2% female children go for walks and exercises sporadically. While the trend of doing no walk and exercise has been seen in 51.9 respondents, 13.9% and 20.3% old males and females, 47.8% and 97.8% adult males females and 57.2% both male and female children.

So the data shows that almost half of the respondents, adult males and females and children were in a good healthy condition with 49, 67, 15, 70, 64

percent respectively. While the health status of most of the old age male and female (17.8% and 15.3%) were quiet satisfactory. It has been found from the above figure that majority of the respondents, females and males(41.4% and 46.1%) visit doctor for their checkups once in a year. Whereas, old age male and females almost 15.8% and 11.4% visit doctor monthly for their checkups. While incase of both and female children, they were being usually taken for checkups from every 4-6 months. It is quiet astonishing to find that majority of all the respondents, adult male and females, old age members and children, did not go for walk or doing any type of exercise at all with 51.9, 47.8, 9.%, 13.%, 20.3 and 57.2 percent respectively.

Table 4.1.13. Distribution of Respondents By Their Expenditures per Visit to Doctor, Affordability in Treatment and Effect of Increase Expenditures on Dietary Intake

Expenditures per Visit (₹/vis)							
Rupees	Self	Old male	Age	Old age female	Adult male	Adult Female	Male Child Female Child
%(frequency)							
i. Upto 500	60.0 (216)	81.9 (295)	84.7 (305)	66.7 (240)	93.6 (337)	78.6 (283)	83.1 (299)
ii. 501-1000	29.4 (106)	12.5 (45)	9.4 (34)	29.4 (106)	5.3 (19)	19.4 (70)	15 (54)
iii. 1001-2000	9.7 (35)	3.3 (12)	4.2 (15)	3.1 (11)	0.8 (03)	1.4 (05)	1.7 (06)
iv. 2001-3000	0.6 (02)	1.9 (07)	1.4 (05)	0.6 (02)	0.3 (01)	0.3 (01)	0.3 (01)
v. Above 3000	0.3 (01)	0.3 (01)	0.3 (01)	0.3 (01)	(00)	0.3 (01)	(00)
Total	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)
Affordability in Treatment							
Variables	Self	Old Age male	Old age female	Adult male	Adult Female	Male Child	Female Child
i. To some extent	66.4 (239)	17.8 (64)	18.9 (68)	65 (234)	11.1 (40)	56.4 (203)	49.7 (179)
ii. To a great extent	23.3 (84)	13.1 (47)	9.4 (34)	20.6 (74)	4.2 (15)	16.9 (61)	15 (54)
iii. Not at all	10.3 (37)	2.8 (10)	3.1 (11)	10.3 (37)	2.8 (10)	7.8 (28)	6.9 (25)
iv. Nil member	00	66.4 (239)	68.6 (247)	4.2 (15)	81.9 (295)	18.9 (68)	28.3 (102)
Total	(360) 100	(360) 100	(360) 100	100 (360)	100 (360)	100 (360)	100 (360)
Effect of Increased Expenditures on Dietary Intake							
Variables	Self	Old Age male	Old age female	Adult male	Adult Female	Male Child	Female Child
i. To some extent	60.3 (217)	19.7 (71)	18.6 (67)	60 (216)	11.4 (41)	15.2 (188)	46.7 (168)
ii. To a great extent	28.1 (101)	12.5 (45)	10.3 (37)	22.8 (82)	4.4 (16)	19.2 (69)	16.1 (58)
iii. Not at all	11.7 (42)	1.4 (05)	2.5 (09)	12.8 (46)	2.2 (08)	9.7 (35)	8.9 (32)
iv. Nil member	(00)	66.4 (239)	68.6 (247)	4.2 (15)	81.9 (295)	18.9 (68)	28.9 (104)
Total	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)	100 (360)

The table 4.1.13 shows that most of the respondents were paying less than five hundred rupees on their visit to the doctor. The data shows that sixty percent respondents of the respondents paid less than five hundred rupees per visit, whereas 81.9% old males and 84.7% old females were also paying same money, 66.7% adult males, 93.6% adult females, 78.6% male and 83.1% female children were also giving same amount. About 29.4% respondents were paying between five hundred to one thousand rupees on every single visit. This same pattern was followed by 12.5% old age males, 9.4% old age females, 29.4% adult males, 5.3% adult females, 19.4% male and 15% female children. The number of respondents paying between rupees one to two thousand was 9.7% respondents, 3.3% old males, 4.2% old females, 3.1% adult males, 0.8% adult females, 1.4% male and 1.7% female children respectively.

The data indicates that between two to three thousand rupees, nearly 0.6% respondents, 1.9% and 1.4% old age male and females, 0.6% and 0.3% adult males and females, and 0.3% of both male and female children come under this category. Whereas, 0.3% each of respondents, old age male and females, adult males and male children were paying more than three thousand rupees on every single visit for medical checkup.

The table shows that most of the respondents afford their medical treatment to some extent. As 66.4% respondents, 17.8% and 18.9% old age male and female members, 65% and 11.1% adult male and female, and 56.4% and 49.7% male female children afford their medication to some extent. Whereas, 23.3% respondents, 13.1% and 9.4% old age male and female members, 20.6% and 4.2% adult male and female, and 16.9% and 15% male female children could

afford their treatment to a great extent. While the proportion of respondents who could not afford their medical care were 10.3% respondents, 3.1% and 2.8% old age female and male members, 3.1% and 10.3% adult male and female, and 7.8% and 6.9% male female children correspondingly. The data also signifies the fact that due to day-by-day increasing prices and rising cost of living, many of the respondents found a significant effect of this situation on their dietary intake. Almost 28.1% respondents, 12.5% and 10.3% old age male and female members, 22.8% and 4.4% adult male and females and 19.2% and 16.1% male female children found an effect of great extent on their diet and health. Whereas, 60.3% of the respondents found an effect of some extent, around 19.7% old male and 18.6% old age female members, 60% adult male, 11.4% adult female and 15.2% and 46.7% male female children also had a same effect. While the Respondents who did not find any effect at all were as follows, 11.7% respondents, 1.4 % old age male, 2.5% old females, 12.8% and 2.2% adult male and female, 9.7% male and 8.9% female children respectively.

Table 4.1.14 Distribution of respondents By The Type of Medical Facility They Avail

	Response	Frequency	Percentage
i.	Private	218	60.6
ii.	Public	142	39.4
	Total	360	100

The table 4.1.14 show that more than half of the respondents i.e.60.6% were availing private medical facility and only 39.4 %respondents were availing public medical facility.

**Table .4.1.15 Distribution of Respondents On the Base of Availing Private,
Public Medical Facility**

People Availing Private Medical Facility %(frequency)					
	STATEMENTS	Strongly Agree (1)	Agree (2)	Disagree (4)	Strongly Disagree (5)
i.	Doctors check the patients carefully.	33.9 (122)	23.3 (84)	3.3 (12)	(00)
ii.	In public hospitals the attitude of staff is inadequate.	26.1 (94)	(32.5)117	1.7 (06)	0.3 (01)
iii.	It economizes the time of patients.	25.8 (93)	29.7 (107)	(13)3.6	1.4 (05)
iv.	Private doctors are more capable.	23.3 (84)	25.8 (93)	10 (36)	1.4 (05)
v.	Public doctors recommend them to visit them privately.	29.4 (106)	26.7 (96)	3.6 (13)	0.8 (03)
vi.	There is no specific system of cleanliness in public hospitals.	32.5 (117)	25.6 (92)	1.9 (07)	0.6 (02)
vii.	In Public hospitals outdated equipments are used.	23.3 (84)	26.9 (97)	9.2 (33)	1.1 (04)
viii.	Public hospitals lack well trained staff.	20.6 (74)	22.2 (80)	16.1 (58)	1.7 (06)
ix.	In public hospitals patients are not given treatment at proper time	30.3 (109)	26.9 (97)	2.8 (10)	0.6 (02)
x.	Public Hospitals do not provide better nursing care.	29.2 (105)	27.7 (100)	2.5 (09)	1.1 (04)
People Availing Public Medical Facility					
	STATEMENTS	St. Agree (1)	Agree (2)	Disagre (4)	St.DA (5)
i.	People have to pay less/no fee.	18.1 (65)	20.3 (73)	1.1 (04)	0.6 (02)
ii.	Medicines are easily available with little or no cost.	10.3 (37)	14.5 (52)	13.6 (49)	1.7 (06)
iii.	Family members are entitled by the government	13.9 (50)	18.1 (65)	6.4 (23)	1.7 (06)
iv.	People can not afford private medical facility.	20.6 (74)	17.8 (64)	1.7 (06)	(00)
v.	Doctors in public hospitals are more capable.	13.6 (49)	21.7 (78)	3.9 (14)	0.8 (03)
vi.	Patients are given proper treatment at proper time in public hospitals.	9.2 (33)	16.7 (60)	11.7 (42)	2.5 (09)
vii.	Private hospitals lack experienced staff.	10.8 (39)	18.3 (66)	9.2 (33)	1.7 (06)
viii.	Private hospitals are just money makers.	19.7 (71)	15 (54)	4.4 (16)	0.8 (03)
ix.	Private hospitals do not provide quality treatment.	11.4 (41)	16.9 (61)	10 (36)	1.7 (06)
x.	Public hospitals have well trained staff	12.8 (46)	22.8 (82)	3.1 (11)	1.4 (05)

The respondents who were availing private medical facility gave their opinions on various statements as the basic reason of availing that type of facility. Nearly 57.2 %agreed that the doctors in private hospitals/clinics check the patients very carefully, only 3.3% of respondents disagreed with the following statement. Regarding the attitude of staff members in public hospitals , 58.6% agreed that the attitude of staff is inadequate whereas only 02% respondents disagreed with this fact. Most of the respondents agreed with the fact that in order to save time, its better to avail private medical facility, as data shows that 56.5% of the respondents agreed with this verity whereas 05% respondents disagreed. Almost 49.1% respondents agreed that private doctors are more capable, while 11.4% disagreed with this reason.

Mostly it has been observed that doctors in public hospitals often refer their patients to visit them in their clinics as well as there is no specific system of cleanliness in public hospitals. The above data also verifies this reality. As 56.1% of the respondents agreed that their doctors ask them to continue their treatment from them privately and only 05% disagreed with this statement as the major reason of availing private medical facility. And incase of cleanliness situation, 58.1% respondents agreed that cleanliness condition in public hospitals is extremely poor, whereas 2.5% disagreed with this statement. Regarding the use of technical equipments in public hospitals, 50.2% agreed that there in public hospitals outdated equipments are used, whereas 17.8% disagreed. The nursing care facilities and availability of doctors and their treatment at proper time was found to be a major reason for availing medical treatment. Only 3.4% disagreed

with the statement that in public hospitals patients are not given treatment at proper time but 57.2% agreed. And in provision of nursing care 56.9% of the respondents agreed that private hospitals provide better nursing care as compared to public hospitals, whilst only 3.6 % disagreed with this statement. While in seeking public medical facility, it has been found that most of the people who avail public medical facility because of their entitlement in hospitals or either of money issue that they are unable to pay fee for private medical care. Almost 38.4% respondents agreed that they avail public medical facility because they have to pay either less or no fee at all and only 1.7% disagreed. Approximately 32.0% respondents agreed that they go to public hospitals because they are being entitled by government, whereas 8.1% disagreed with this reason. About 15.3% respondents disagreed that medicines in public hospitals are available with little or no cost, however 24.8 % of the respondents agreed with that statement.

The data strongly indicates the fact that most of the people avail public facility because of non affordability of private medical treatment. As 38.4% agreed with the affordability reason whereas only 1.7% of the respondents disagreed. Being the capability of doctors as a major reason, 35.3% respondents agreed that public doctors are more capable than private ones whereas 4.7% disagreed with this reasoning. About 14.4% disagreed that in public hospitals patients are given treatment at proper time, whilst 25.9% respondents agreed with this statement.

Regarding the treatment provided in private hospitals, 11.4% respondents strongly agrees that private hospitals do not provide quality treatment, 16.9% agrees whereas 11.7% disagreed with this statement. Almost 35.6% of the

respondents agreed that public hospitals have well trained staff, only 4.5% disagreed with this reasoning.

Table 4.1.16 Distribution of Respondents by their Opinion of whether the Prices of Food & Non Food Items have Affected Their Expenditures towards their Family Health.

Effect of Increasing Prices on Family Health Expenditures				
	Responses	Frequency	Percentage	
i.	To a great extent	186	51.7	
ii.	To some extent	142	39.4	
iii.	Not at all	32	8.9	
	Total	360	100	
Respondents Opinion About Various Factors that are very Important for Health of Every Individual				
	Items	Very Important	Important	Less Important
%(frequency)				
i.	Regular Exercise	68.6 (247)	28.1 (101)	3.3 (12)
ii.	Proper Diet	71.4 (257)	28.3 (102)	0.3 (01)
iii.	Healthy food	71.9 (259)	27.5 (99)	0.6 (02)
iv.	Proper rest	63.6 (229)	36.1 (130)	0.3 (01)
v.	Emotional well being	54.4 (196)	39.2 (141)	6.4 (23)
vi.	Psychological well being	55.6 (200)	38.6 (139)	5.9 (21)
vii.	Proper hygiene	64.7 (233)	32.5 (117)	2.8 (10)

The table 4.1.16 shows that 39.4% respondents agreed to some extent that increasing prices has put an effect on their family health expenditures, 51.7% agreed to a great extent while 8.9% did not find any effect at all on their family health. There are various factors that contributes in the maintenance of good health, when respondents were asked to give their opinions about the importance of various variables, 68.6% respondents considered regular exercise to be very important for good health, 28.1% considered it just important, whereas 3.3%

ranked it as less important. In case of proper diet, 71.4% ranked it important, 28.3% just important and only 0.3% pointed it to be less important for health. Proper hygienic conditions are very critical for better health, 64.7% considered it to be very important, 32.5% important and only 2.8% ranked it to be less important.

According to 63.6% respondents: seeking proper rest plays a vital role in maintaining healthy lifestyle, while 36.1% respondents gave their views about this factor to be important and only 0.3% considered it as less important. While for 54.4% and 55.6% respondents, emotional and psychological well being plays a very important role in everyone's life, 39.2% and 38.6% considered it just important, whereas 6.4% and 5.9% considered emotional and psychological well being as the less important factor. The table shows that all the respondents have shown their agreement on the various factors such as proper diet, hygiene, rest, healthy food, emotional and psychological well being contributing to a good healthy conditions, whereas more than half of the respondents i.e. 51.7% found a great effect of rising prices on their health expenditures.

RECREATIONAL ACTIVITIES.

Family recreation is also another dependent variable being strongly affected by the rising prices. Recreational activities are very important for the physical, social and psychological well being of individuals. Recreation is the employment of time in a non profitable way, in many ways also refreshment of one's body or mind. Participating in recreational activities also helps develop our youth, improve their education and stops them from negative behavior Leisure and

recreation are very important to human and societal health. Recreational activities are very important for healthy living. Social integration and cohesion in the society can be improved when families recreate together. Physical activities have also decreased a lot, instead of going outside for some exercise, play or to visit parks most of the children now spend their leisure time in using internet, playing games on the computer; So instead of any physical activity they are most of the time indulged in a sedentary way of living. As recreational activities are very important for the

Healthy mind, but most of the families are avoiding such activities, especially because of their household budget limitations. Despite the importance of recreational activities, in the current scenario of rising prices this sector is badly affected, as families cut down their allocation of budget on this sector, while adjusting with the prices of other essential items. The following data indicates the frequency of respondents attending different functions outside home, arrangement of different get together, frequency of attending marriage functions, place of functions, arrangement of marriage function themselves, and the opinion of respondents on the major reasons behind the lessening of social activities.

Table 4.1.17. Distribution of Respondents on the Basis of whether They Go Out for Some Outdoor Activity, Type of Activities and Frequency of Going Outside for Recreational Activity.

Respondent Go out for Out door Activity			
	Response	Frequency	Percentage
i.	Yes	289	80.3
ii.	No	71	19.7
	Total	360	100
Type of Activities They Usually Go Out For			
	Response	Frequency	Percentage
i.	Going to a park	88	24.4
ii.	Visiting relatives	147	40.8
iii.	Watching films	07	02
iv.	Parties& Get together	37	10.3
v.	Hotelling	03	0.8
vi.	All of them	07	02
vii.	No Activity	71	19.7
	Total	360	100
Frequency of Going Out for Some Outdoor Activities			
	Response	Frequency	Percentage
i.	Once in a week	97	26.9
ii.	Twice a week	33	9.2
iii.	Once in a month	159	44.2
iv.	Not at all	71	19.7
	Total	360	100

The table 4.1.17 shows that even in this scenario of rising prices and busy routine, almost 80.3% of the respondents usually go out for some recreational activities, whereas 19.7% usually avoid going in a quest for such activities. The data indicates that the most common activity found among respondents was

visiting relatives as it had been seen in 40.8% respondents. The other common activity that comes after it was going to parks with 24.4%. Only 10.3% respondents attend different parties and get together, 0.8% go for hotelling, whereas only two percent of the respondents get themselves indulged in these types of activities. The table also indicates the respondent's frequency of going outside for some recreational activities. About 26.9% of the respondents go for outdoor activities every week, 9.2% twice a week and 44.2% of the respondents only go once in a month for any recreational activity.

A majority of respondents i.e 80% go out for some out door activities, most of them (40.8%) prefer to visit relatives and parks (19.7%) as some outdoor activity whereas only 0.8% of the respondents go out for hotelling. Most of the respondents go out for these activities once in a month with a percentage of 44.2 respectively.

Table 4.1.18. Distribution of Respondents on the Basis of Their Arrangement of Parties at Home, Frequency of Arrangement, Attending Outside Functions, Frequency of Attending Outside Functions

Arrangement of Parties at Home/Hotels			
	Variable	Frequency	Percentage
i.	Yes	188	52.2
ii.	No	172	47.8
	Total	360	100
Frequency of Arranging Some Gathering Functions			
i.	Once in a month	137	38.1
ii.	Twice a month	32	8.8
iii.	Thrice a month	11	3.1
iv.	More than three times	08	2.2
v.	Not at all	172	47.8
	Total	360	100
Whether Respondent/Family Members Regularly Attend Different Functions Outside Home			
i.	Yes	233	64.7
ii.	No	127	35.3
	Total	360	100
Frequency of Attending Different Functions Outside Home			
i.	Once in a month	188	52.2
ii.	Twice a month	66	18.3
iii.	More than two times	31	8.6
iv.	Not at all	75	20.8
v.	Total	360	100

The above illustrations 4.1.18 shows the frequency distribution of respondents on base of the arrangement of parties at home as well as attending them outside and how many times they arrange and attend them also. The data shows that 52.2% of the respondents arrange different parties and get together

function at their homes while 47.8% do not do so. Whereas, 38.1% respondents attend these functions once in every month, 8.8% twice and only 3.1% attend thrice a month and only 2.2% attend more than three times. Almost 64.7% respondents regularly attend different functions outside home. 52.2% attend only once in a month, 18.3% twice a month, 8.6% thrice a month, while 20.8% do not regularly attend these functions at all.

Above tables signifies the fact that half of the respondents i.e 52.2% usually arrange some gathering function, while majority of them arrange these functions only once in a month . While attending different functions outside home 64.7% of the respondents regularly attend them whereas, more than half of respondents usually attend these functions once in a month with 52.2% respectively.

Table 4.1.19. Distribution of Respondents According to the Extent of Marriage Functions They Attend, Place of Attending Function, Arrangement of Marriage Function at Home, Place where Function Has been Arranged.

Whether Respondents Attend Marriage Functions			
	Response	Frequency	Percentage
i.	Yes	360	100
ii.	Total	360	100
The Usual Place of Attending Marriage Functions			
	Response	Frequency	Percentage
i.	Marriage halls	176	48.9
ii.	Community Centers	57	15.8
iii.	Hotels/ Restaurants	89	24.7
iv.	At home	36	10
v.	All of them	02	0.6
	Total	360	100
Whether Respondents Arrange Marriage Functions of any of Their Family Member			
	Response	Frequency	Percentage
i.	Yes	160	44.4
ii.	No	200	55.6
	Total	360	100
Place Where Respondents Arrange Marriage Functions.			
	Response	Frequency	Percentage
i.	Marriage halls	70	19.5
ii.	Community Centers	23	6.4
iii.	Hotels/ Restaurants	24	6.7
iv.	At home	43	11.9
v.	Not at all	200	55.6
	Total	360	100

The above table 4.1.19 shows that all of the respondents attend different marriage functions outside home. About 52.2% of the respondents attend marriage function once in a month, 18.3% twice a month, 8.6% more than two times, while 20.8% do not attend regularly attend these functions. Nearly 49% of the respondents mostly attend wedding functions at marriage halls, 24.7% attend in hotels/ restaurants, 15.8% mostly attend in community centre and only 10% attend these functions arranged at home, while only 0.6% of the respondents

attend various wedding functions in all of the above mentioned places. A total of 44.6% of the respondents arranged the marriage functions of any of their family members, while 55.6% did not. The data indicates that most of the respondents have mostly arranged the wedding functions at marriage halls, behind the fact of rising rates of these halls. About 19.5% arranged such functions at marriage halls, 11.9% at home, 6.7% at hotels/restaurants while only 6.3% have arranged the function at community centers.

The table indicates that all of the respondents attend different marriage functions. Most of them (52.2%) usually attend these functions once in a month, this shows that trend of attending marriage functions have not lessened. On the other hand only 44.4% of the respondents had arranged marriage functions of their family members, while most of them had arranged these functions at marriage halls and at homes with 19.5% and 11.9% respectively.

Table 4.1.20. Distribution of Respondents By Their Opinion about Lessening Social Activities

S r	STATEMENTS	St. Ag (1)	Agree (2)	No. Op (3)	D.A (4)	St. Dg (5)	Total
%(frequency)							
i	People don't have time to arrange these activities.	30 (108)	54.2 (195)	7.8 (28)	7.5 (27)	0.5 (02)	100 (360)
ii	People avoid outdoor activities because of law and order situation.	29.4 (106)	42.8 (154)	10.6 (38)	15.8 (57)	1.4 (05)	100 (360)
iii	Rising expenditure made difficult for people to spend on any recreational activities.	41.1 (148)	48.6 (175)	05 (18)	4.7 (17)	0.6 (02)	100 (360)
iv	Due to limited time people use media/internet as a source for entertainment.	35 (126)	46.4 (167)	11.7 (42)	5.8 (21)	1.1 (04)	100 (360)
v	Due to limited budget people usually avoid going for any outdoor activities.	39.2 (141)	50.8 (183)	6.7 (24)	2.8 (10)	0.6 (02)	100 (360)

The following table 4.1.20 shows the view point of respondents about the basic reason of lessening socio cultural activities in our society. Almost 84.2% of the respondent agreed that people don't have time to arrange these functions, while 8.1%disagreed with this reason while 7.8% gave no opinion regarding that.

High security risk in our country now a day is a big problem with which every citizen is confronted now a day. A total of 72.2% of respondents agreed that social activities are lessening now a day because people use to avoid outdoor activities because of high security risk, 16.2% disagreed with the statement whereas 10.6% of the respondents gave no opinion regarding that. The rising expenditures now a days is impelling the people to cut down their budget on various sectors specially recreation, 89.7% agreed with this statement, while 5%

did not give any opinion and 5.3% disagreed with the statement. Media and internet has also become a source of recreation and enjoyment for the people, 90.0% of the respondents agreed that due to limited time, people use media/internet as a source for entertainment. About 50.8% of the respondents agreed that due to limited budget people avoid going for any of these recreational activities, 39.2% strongly agreed, 3.4% disagreed while 6.7% did not give any opinion.

Table 4.1.21. Distribution of respondents on the basis of their opinion about the importance of recreational activities.

Sr	Statements	To Some extent	To a great extent	Not at all	Total
%(frequency)					
i.	Recreational activities serve as a means of relaxation.	56.7 (204)	42.8 (154)	0.6 (02)	100 (360)
ii.	Physical activities (exercise, walk) play a major role in weight control.	36.1 (130)	63.1 (227)	0.8 (03)	100 (360)
iii.	Outdoor activities keep one in mentally healthy condition.	43.1 (155)	54.4 (196)	2.5 (09)	100 (360)
iv.	Meeting other people helps in promoting social integration in the society.	46.7 (168)	48.1 (173)	15.3 (19)	100 (360)
v.	Recreational activities play a major role in stress reduction.	48.6 (175)	48.9 (176)	2.5 (09)	100 (360)
vi.	For busy life style, leisure activities play a very important role for reduction of anxiety and tension related illness.	51.1 (184)	45.3 (163)	3.6 (13)	100 (360)
vii.	It helps to regulate social contact and support in a society.	54.2 (195)	44.4 (160)	1.4 (05)	(360)100
viii.	It provides a better mean of decreasing some of the family problems.	54.2 (195)	41.7 (150)	4.2 (15)	100 (360)

Recreation plays a vital role for physical and psychological well being of any individual. The above table 4.1.20 signifies the respondents opinion on various statements regarding the importance of recreational activities. The table shows that almost all of the respondents show their agreement on the importance of recreational activities. In terms of the role of recreational activities as a source of relaxation in social stress ,data shows that 99.5% of the respondents agreed on this aspect including 43% to great and 57% to some extent. However less than one percent stated that recreational activities are not important at all. Incase of the role of physical activities in the weight control. 99.4% of the respondents agreed on its importance including 63% to great extent and 36% to some extent while less than one percent of the respondents did not agreed with the above fact.

Almost 98% of the respondents agreed that outdoor activities keep one in mentally healthy condition, with 54% to a great extent and 43% agreed to some extent and almost 3% did not agreed with this statement. Incase of their opinion about the major role of recreational activities with the stress reduction, 98% of the respondents including 48.9 %and 48.6% of the respondents agreed to great and some extent with this and only 2.5% do not agree on the major role of recreational activities in stress reduction. Almost 95% of the respondents agreed that recreational activities also plays a vital role in strengthening social bonds in society and leads to a social integration with 48.1% of the respondents agree to a great extent and 46.7% agree to some extent, while 15% did not agree at all. In a period of high price, 96.4% of the respondents agreed that leisure activities play a very important role for anxiety and tension related illness, in which 51.1% agree

to some extent, 45.3% to a great extent, whilst 4% didn't agreed with this justification. Recreational activities helps to regulate social contact and support in a society and provides a better mean of escaping from one's problems.54.2% of the respondent agree to some extent with both reasons , while 44.4 and 41.7% agreed to a great extent with both statement and only 1.4% and 4.2% did not agree at all.

4.2. BIVARIATE ANALYSIS

(Testing of Hypothesis)

Besides univariate analysis, bivariate analysis was also carried out for testing of the study hypothesis and to examine the relationship between different interacting variables, especially the independent and dependent variables. Different cross-tabulation was made during bivariate analysis and chi-square and gamma statistic were applied to confirm and verify the association as well as the direction of association. The hypothesis tested through bivariate analysis has been indicated in each case.

Hypothesis No.1 Household expenditures under the rising prices is associated with family medical care

1(a) Higher the change in household expenditures under rising prices lower will be the use of healthcare by family members

Table 4.2.1 shows the results of cross tabulation carried out between independent and dependent variables. The independent variables included in the analysis were (i) effect of rising prices on household expenditures of food items (ii) effect of rising prices on household expenditures of non-food items. The

dependent variable used was healthcare. Five different factors of healthcare were used which included (i) frequency of check up by doctor (ii) effect on dietary intake by the respondents (iii) perceived health status of the respondents (iv) extent of effect of rising prices on family health expenditure and (v) actual expenses on family healthcare. Each aspect of dependent variable was individually crosstab with each aspects of independent variable. The values of chi-square and their significance levels confirmed the existence of association between independent and dependent variables. The gamma statistics was applied to verify the association or otherwise. The value of gamma statistic and mathematical sign with the value not only confirm the existence of association as pointed earlier by chi-square but also revealed the direction of association. The analysis and application of different statistics confirmed that changing household expenditures under the rising prices resulted lower healthcare use by the family members. The household expenditures (food and nonfood items) under the rising prices sufficiently delayed the medical checks ups, negatively effective the dietary intake and perceived health status, extent of effect medical expenses and actual expenditures on family healthcare. Hence, the study hypothesis has been accepted.

Hypothesis No.2 Household expenditures under the rising prices is associated with the family recreation.

- 2(a)** Higher the change in household expenditures under rising prices the lower will be the recreation activities within family.
- 2(b)** Higher the change in expenditures of food items under rising prices, lower will be the recreation activities outside the family.

Table 4.2.2 shows the result of bivariate analysis wherein dependent variable family healthcare and independent variable, effect of rising prices on household budget of individual food and nonfood items. In food, meat group (extent of effect on budget of chicken), food group (pulses, vegetables and fruit) and non-food (transport expenses) were included in the analysis whereas family healthcare was comprised of five different items comprised of (i) frequency of check up by doctor (ii) effect on dietary intake by the respondents (iii) perceived health status of respondents (iv) extent of the effect of rising prices on family health expenditure and (v) actual expenses on family healthcare. The response categories of each of the independent and dependent variables have been indicated above for better understanding of interaction. Different factors of independent variable were crossed tabled with each of the factor of independent variables. The value of chi-square and gamma statistics confirmed and verified the existence of relationship between the interacting variables. The mathematical sign with gamma statistic further indicated the direction of interaction. Thus bivariate analysis confirmed that expenses on different food and non-food items under the influence of rising prices resulted lower health care adoption by family members. These results also confirmed the general and specific hypothesis framed for the study and indicated 1, 1(a) and 1(b).

Table 4.2.3 shows the result of cross-tabulation made between independent variables which include house hold expenditures on food and non-food items and dependent variable recreational activities.. The dependent variable comprised two various aspects i.e. (i) effect of rising prices on household budget of food items (ii) effect of rising prices household budget of food items of non-food items. The

dependent variable was explored through five different factors which included (i) going for an outing by family (ii) participation in parties/get together outside home (iii) arrangement of parties/get together within family and (iv) involvement of family in recreational activities. Each aspect of dependent variable was individually crosstabbed with the aspects of independent variable. The values of chi-square and their significance levels confirmed the existence of association between independent and dependent variables. The gamma statistics was applied to verify the association or otherwise. The value of gamma statistic and mathematical sign with the value not only confirmed the existence of association as pointed earlier by chi-square but also revealed the direction of association. The analysis and application of different statistics confirmed that changing household expenditures under the influence of rising prices resulted the lower recreational activities within and outside family. The household expenditures (food and – nonfood items) under rising prices sufficiently decreased the recreational activities within and outside family, hence, the hypothesis framed for the study and as indicated above has been accepted.

The consumption pattern of food items generally changes under the influence of rising prices, especially which individual household has limited or fixed income to meet these expenses. Table 4.2.4 shows the result of bi variate analysis wherein a cross-tabulation of five individual factors of family recreation (going for outing by family (ii) participation in parties/get together outside home (iii) arrangement of parties/get together within family and (iv) involvement of family in recreational activities.) was carried out with three factors of independent variables: food group (wheat and pulses), meat group (beef, mutton and chicken)

and vegetable, and fruit representing changes in their consumption pattern. Two statistical tests namely, chi-square and gamma were applied during the cross tabulation. The value of chi-square and their significance level confirmed the presence of association between independent and dependent variables. Although gamma statistics was non-significant in certain cases but its mathematical sign indicated the direction of interaction between independent and dependent variables and pointed out that changes in consumption patter under the rising prices resulted in lower a utilization of recreational activities within and outside family and lead to accept the study hypothesis.

Table 4.2.2 Bivariate Analysis with Family Healthcare as Dependent Variable													
Independent Variables		Dependent variables											
Consumption pattern	Check up by doctor	Effect of Expenses on Dietary intake		Perceived health status		Effect on family health expenditures		Expenditures on family healthcare (Rs.)					
		i. Not at all	ii. To some extent	iii. To great extent	i. Poor	ii. Satisfactory	iii. Good	i. Not at all	ii. To some extent	iii. To great extent	i. No	ii. >500	iii. 501-1000
i. Same Increase Decrease	Gamma	Chi-square	Gamma	Chi-square	Gamma	Chi-square	Gamma	Chi-square	Gamma	Chi-square	Gamma	Chi-square	Gamma
i. Transport	15.350***	0.145**	18.147***	0.0210**	11.807**	-0.137**	11.856**	0.177**	23.151***	-0.389***			
ii. Pulses	10.540***	0.135**	10.319**	0.028 ^{NS}	10.122**	-0.066 ^{NS}	30.660***	0.078 ^{NS}	22.04***	-0.235***			
iii. Vegetables	6.732**	0.103NS	13.821***	0.13 ^{NS}	14.024**	-0.075**	36.633***	0.066 ^{NS}	25.683***	-0.252***			
iv. Fruit	9.350	0.079	57.721***	0.0371***	10.658**	-0.015 ^{NS}	31.230***	0.056	21.124***	-0.156**			
v. Chicken	11.406 ^{NS}	0.114 ^{NS}	16.692***	0.0371**	12.755**	-0.135 ^{NS}	23.642***	0.103 ^{NS}	28.220***	-0.222***			

** Represents significance level at 5%

*** Represents significance level at 1%

NS represents Non-significant

** Represents significance level at 5%

*** Represents significance level at 1%

^{NS} represents Non-significant

Table 4.2.3 Bivariate analysis with recreational activities as dependent variable

Independent Variables	Dependent variables							
	Outing		Participation in Parties/ Get together outside home		Arrangements of parties /get together at home		Involvement in recreational activities	
	i. Once a week ii. Twice a week iii. Once a month iv. Not at all		i. Yes ii. No		i. After One month ii. Two months iii. Three months iv. More than three v. Not at all		i. Increase ii. Same iii. Decrease iv. Non	
Changes in household expenditures of food items under rising prices i. Not at all ii. To some extent iii. To great extent	Chi-square	Gamma	Chi-square	Gamma	Chi-square	Gamma	Chi-square	Gamma
	20.648***	0.169***	8.580**	0.279**	24.699***	0.188**	13.098**	0.217**
Changes in household expenditures of non-food items under rising prices i. Not at all ii. To some extent iii. To great extent	Chi-square	Gamma	Chi-square	Gamma	Chi-square	Gamma	Chi-square	Gamma
	14.670***	0.110 ^{NS}	12.540***	0.178***	30.793***	0.087NS	15.142***	0.248***

** Represents significance level at 5%

*** Represents significance level at 1%

NS represents Non-significant

Table 4.2.4 Bivariate analysis with recreational activities as dependent variable								
Independent Variables	Dependent variables						Involvement in recreational activities i. Increase ii. Same iii. Decrease iv. None	
	Outing i. Once a week ii. Twice a week iii. Once a month iv. Not at all	Participation in Parties/ Get together outside home i. Yes ii. No	Arrangements of parties/get together at home i. After One month ii. Two months iii. Three months iv. More than three v. Not at all					
Changes in consumption Pattern i. Same ii. Increase iii. Decrease								
i. Wheat	35.394***	0.200***	25.235***	0.217***	19.350***	0.125**	43.998***	0.263***
ii. Pulses	46.144***	0.061 ^{NS}	17.912***	0.136**	17.233**	0.073 ^{NS}	47.761***	0.204**
iii. Vegetables	12.712****	0.111 ^{NS}	6.732**	0.103 ^{NS}	18.241**	0.77 ^{NS}	49.033***	0.299***
iv. Fruit	12.248**	0.120 ^{NS}	14.540***	0.169***	25.231***	0.151**	46.580***	0.197**
v. Beef	23.290***	0.158**	21.908***	0.295***	19.112**	0.027 ^{NS}	35.534***	0.079 ^{NS}
vi. Mutton	16.416	0.241***	14.032***	0.145**	20.673***	0.094 ^{NS}	38.130***	0.186**
vii. Chicken	18.253**	0.208**	12.924***	0.108 ^{NS}	21.339**	0.055 ^{NS}	38.506***	0.186**

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

The aim of the present study is to explore the effect of rising prices of food and non food items and utility services on the spending and utilization of health and recreation by the families. Three main cities Islamabad, Peshawar and Rawalpindi were selected as a study area and married females were selected as respondents. A random sample of 360 respondents i.e married females were selected for the study from the selected cities. Three middle class localities were selected from each city and respondents were chosen on the basis of a proportionate random technique. After drawing the sample size, the data was collected through the help of pro-designed interview schedule. The questionnaire was divided into various sections, such as family information, expenditures on utility bills, food and non food items, educational expenses, family health and family recreational activities. All the 360 respondents were interviewed through convenient sampling technique.

Data analysis was conducted by using SPSS (Statistical Package for Social Science). Discriptive statistic such as the frequency distribution, bivariate analyses were made to see the relationship between different variables. Chi-square, lambda and gamma statistics were applied for the analysis of the data and drawing conclusion.

5.1. Major Findings:

- 1) Respondents husband's were more academically qualified as compared to their wives i.e 59% husbands were having post graduation and above degree as compared to 28.3% of the respondents who were holding the same level of degree. About 29% of the respondents and 7% husbands were educated up to matric.
- 2) As regards to the age of the respondents and their husband, more than half of the respondents (i.e. 53%) and a reasonable majority (86%) of their husbands were more than 35 years of age at the time of interview.
- 3) There were 49% of the respondents duration of married life was up to ten years. 18% marriage duration was between 11-20 years, while 40% of the respondents were married for more than twenty years at the time of interview.
- 4) Majority of the respondents i.e 58% were living in a nuclear family system, 35% in joint families and only 8% were living in extended families. This shows that the trend of living in nuclear families is increasing while other two types are in decreasing trends.
- 5) The average household size in our country is 6 members. Whereas, the data reveals this fact that more than half of the respondents i.e 55% were having less than six family members and 19% were having above seven members.
- 6) In case of children 38% of the respondents were having 3-4 children, 33% were with 1-2 children, whereas 16% of the respondents were childless.
- 7) Majority of the respondents i.e 70% were housewives and 30% were employed in various sectors. Almost 18% of the respondents and 49% of their

husbands were in government service, 10% respondents and 23% husbands were employed in private sector and only 1% of the respondents and 18% husbands were running their own business.

- 8) More than half of the respondents i.e 52% were having only one income earner in families, 45% were having two and only 4% of the respondents were having more than three earners in their family.
- 9) A reasonable number of respondents i.e. 37% (married females) were running their household budget, 31% of the respondents husbands and 15% of their in laws were responsible for managing household budget.
- 10) Almost 19% of the respondents were earning less than Rs.20,000 month and 11% were getting more than Rs.20,000. Almost 34% of their husbands were getting more than Rs.40,000 per month only 10% were getting less than Rs.25,000. This shows that earning of females is lower as compared to their spouses.
- 11) As regards to the total family income per month, 35% of the respondents families were getting more than Rs.55,000 per month, 56% were having their monthly family income between Rs. 25000-55000, whereas 10% reported less than Rs.25,000 as their monthly family income
- 12) A majority of respondents i.e 70, 60 and 68 percent found an effect up to great extent of the rising prices of utility bills, food and non food items respectively on their household budget.
- 13) The prices of utility bills have increased many times and families have to meet their essential expenditures in any case. The data shows that majority of the

respondents i.e 83, 51 and 52 percent were paying more than Rs.1000 as electricity, gas and telephone bills per month.

- 14) As regard to the amount of increase in utility bills as compared to past 35, 51 and 48 percent of the respondents found an increase up to Rs.500 in their electricity, gas and telephone bills, respectively whereas 17, 25 and 17 percent respondents observed an increase of more than Rs.1000 in their monthly gas, electricity and telephone bills, respectively.
- 15) Respondents families spent 43, 30 and 20 percent of their household monthly budget on utility bills, food items and education of their children.
- 16) As regard the effect of rising prices of food items on household budget, about 57, 52, 55, 58, 58, 44, 58, 31, 60, 64, 61, 62 and 65 percent respondents agreed that rising prices of wheat, rice, bakery products, pulses, beef, mutton, chicken, fish, eggs, sugar, vegetables, fruits and cooking oil have an effect up to great extent on their household budget, respectively. While 3, 8, 27, 3, 42 and one percent of the respondent did not buy various food items such as bakery products, beef, mutton, chicken, fish, eggs respectively on monthly basis, respectively.
- 17) In case of the non-food items, most of the respondents agreed that the rising cost of transportation (66%), medical care (57%), educating children (50%), recreational activities(36%) and house rent(19%) has an effect up to a great extent on their household budget. While 8 and 39 and 25% respondents did not spend monthly on medical care, recreation and children education, respectively. There were 68% of the respondents were living in their own homes.

- 18) With respect to the monthly expenditures on various food items, 43% respondents spend Rs.1000-3000 on wheat, 48, 50, 53, 31, 78 and 53% respondents spend less than Rs.500 on rice, bakery items, pulses, fish, eggs and sugar, respectively. Another 38, 50, 38, 40, and 38% spend Rs.500-1000 on beef, chicken, mutton, vegetables and fruits, respectively.
- 19) In case of monthly expenditures on non food items 28% spend Rs.1000-2000 on transportation, 25% spend Rs.500-1000 on medical care per month. Around 48% of the respondents spend more than Rs.3000 on their children education, whereas 21% and 23% spend less than Rs.500 on recreation and home repairance per month, respectively.
- 20) Regarding the changes in consumption pattern of food items of majority of respondents reported increased, whereas the monthly spending on recreational activities and medical-care decreased in case of 55-60 percent of the respondents.
- 21) Two children of 19 percent of respondents were getting education, while more than three children of 20 percent of the respondents were getting education in educational institutions
- 22) Nearly 68% of the respondents found a effect of increasing prices up to a great extent on the allocation of their budget on children education.
- 23) Majority of respondents children were getting education in private institutions. While many of them had changed their children institutions due to increasing expenses. More than half of the respondents reported that they could afford their children education up to some extent.

- 24) Most of the respondents were living in nuclear family system, 66 and 69 percent of the respondents were having no old age member at their home, 82 percent had no other adult female in their homes while, 19 and 29 percent of the respondents had no male and female child in their homes.
- 25) Adult male and female members of family less often visit doctors for their regular checkups comparatively. their frequency of going through medical checkups once in a year is more as compared to others with 41 and 46 percent. Whereas in case of old age male and females almost 15.8% and 11.4% visit doctor monthly for their checkups. While both male and female children were usually taken for checkups from every 4-6 months.
- 26) All the respondents agreed that physical activities like walk and exercise plays a major role in weight control. However, it is quiet surprising to find that all the respondents. adult male and females, old age members and children, did not go for walk or did any type of exercise at all 20.3 and 57.2 percent respectively
- 27) The trend of availing private medical facility in our society is increasing, due to lack of proper functioning and people's lower trust on public hospitals. Nearly 61% of the respondents were availing private medical facility, whilst 40 % were availing public facility.
- 28) A major number of respondents agreed that they can afford their medical treatment only up to some extent with 66, 18, 19, 65, 11, 56 and 50 percent in respondents, old age male and females, male and female adults and children.

Whereas, 10, 3, 3, 10, 3, 8 and 7 percent could not afford the treatment of these members at all.

- 29) The increased expenditures on various essential items have an effect up to a some extent on the dietary intake of most of the respondents, old age, adults and children (male and female) of their family with 60,20,19,60,11,15 and 47 percent, respectively.
- 30) More than half of the respondents agreed that the rising prices of various food and non food items has greatly affected their expenditures on family health.
- 31) A great majority of respondents i.e 80% go out for some out door activities, most of them (40.8%) prefer to visit relatives and visiting parks (19.7%).
- 32) Most of the respondents i.e 44% go out for some recreational activity once in a month and only 9% go out twice a week for such activities
- 33) More than half of the respondents i.e 52% usually arrange some gathering function at their homes or hotels while 48% do not arrange any such functions. Majority of them arrange these functions only once in a month with 38% and only 2% arranged these function thrice a month.
- 34) Sixty five percent of the respondents regularly attended different functions outside home and 35% do not. Whereas, more than half of respondents attended these functions once in a month with 52% and 9% of the respondents attended different functions more than two times in a month.
- 35) All of the respondents attend different marriage functions. Most of them (52%) usually attend these functions once in a month, while 9% more than two times in a month. This shows that trend of attending marriage functions is encouraging as it promotes social cohesion in society.

- 36) Nearly 56% respondents do not arranged the marriage functions of any of their family members while, 44.4% of the respondents arranged such functions. Most of them had arranged these functions at marriage halls and at homes with 19.5 and 11.9%, respectively.
- 37) Regarding the respondents opinions about the lessening of social events, 84% agreed that people don't have time for recreational activities. Almost 72% agreed that people usually avoid these activities because of law and order situation. 82% agreed that due to limited time they use media/internet as a source of entertainment for them.
- 38) Majority of respondents i.e. 90% agreed that because of the rising expenditures of various essential items it has become difficult to spend money on any recreational activity.
- 39) Almost all the respondents agreed on the importance of recreational activities in social life. Almost 98% agreed that recreational activities plays a major role in promoting social integration and reducing stress, tension and anxiety.

5.2: Conclusion:

On the basis of data analysis and descriptions conclusion has been drawn and discussed in forthcoming section.

There are three types of families that exists in Pakistan, but now the trend of living in extended families is declining day by day. The two types of family systems that mostly exists in the society are nuclear and joint family systems with a higher proportion in late then former.

Spending on food items, utility bills and children education consume a major portion of household budget. The expenditures on compulsory items puts a great effect on the expenditures of families towards their health and recreation. Due to budget constraints people are impelled to decrease their participation in any recreational activities outside homes, resulting decrease in social cohesion among relatives as well as in society.

The increased expenditures on various essential items puts a great effect on the dietary intake of most of the respondents. The government scenario of rising prices of food and non-food items has greatly effected the allocation of budget on children's education and recreational activities. Most of the adult members i.e male and female generally neglects their health problems and prefers to visit doctors only once a year. Due to spending on food items and utility bills, families pay a lower attention towards monthly expenditures on health and recreation activities. The prices of utilities of most of the families has increased a lot that consumes major chunk of budget. The payment of utility bills become compulsory expenditure as these cannot be delayed after a small period of time. In order to get utility services, people cut down expenditure on food and non-food item. The expenditures on recreation and there utilization suffers more than any other heads of household expenditure and activities.

5.3 Recommendations:

Rising cost of living, especially increasing prices of food and non-food items are adversely affecting healthy living of society members, particularly, who have limited income to fulfill multiple expenditures. The rising utility prices,

compelled families to cut down expenditures on food and, health and recreation as utility bills come under essential expenditures. In order to lower down such adverse effects, the current study suggests the following measures for policy makers:

- i. The Government of Pakistan needs to control the frequent rise in utility services. In this regard, natural resources such as wind, solar and coal need to be exploited for the production of low cost energy. Small electricity units may be installed on rivers and large size water channels on appropriate places. The production of such low cost energy will definitely benefit both individual household as well as country.
- ii. There is a need to increase both productivity and production of food crops and livestock to increase availability, access and utilization of food items for a healthy living.
- iii. There is a need to promote various health insurance schemes for common people, government servants and for other neglected segments of society based on areas (urban and rural) and types of community through state contribution to increase an access and utilization of health services. Mass media may be involved to increase awareness in public about the health insurance schemes. Similarly, government needs to better plan such schemes on an affordable basis for middle class community by involving the private sector.

- iv. There is a need to increase an allocation of resources not only for the creation of more public parks, community centres and other such points but also for regular management of such public places along with reliable security mechanism. The public-private partnership can be the best option. Moreover, media campaigns and especially designed entertainment programmes may be aired to motivate people about the health benefits of walk, exercise and recreation.
- v. A mobile health provision scheme at union council level on monthly or quarterly basis may help to promote health consultation and periodic check-up. Involvement of teams of young doctors under the supervision of experienced health professionals may help to improve the health access and utilization by community members as well as for the provision of short-term employment to young health professionals.

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INTERVIEW SCHEDULE

HOUSEHOLD EXPENDITURES AND ITS EFFECT ON FAMILY HEALTH AND RECREATION

Name of locality: _____ Sector/Mohallah: _____ District: _____ City: _____

Please read the questions carefully and tick/ encircle the relevant answers

GENERAL CHARACTERISTICS

1. In what month and year you were born? Month _____ Year _____
2. Please indicate the duration of your married life(in completed years) _____
3. What is the type of family in which you are living? i. Nuclear ii. Joint iii. Extended
4. How many family members are there in your family? (Please specify in numbers) _____
5. What is your academic qualification? (Completed Years of Schooling) _____
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+
6. What is your husband's academic qualification? (Completed Years of Schooling) _____
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+
7. What is your current age? (In Completed Years) _____
8. What is your husband age? (In Completed Years) _____

FAMILY INFORMATION

9. Do you have any children? i. Yes ii. No (If No then →Q.11)
10. How many children do you have? _____
11. Are you working for any paid job? i. Yes ii. No (If No then →Q.13)
12. If yes please specify the nature of your job?
 i. Self employed ii. Business iii. Public Sector job iv. Private job v. Agriculture vi. Any other _____
13. How many income earners are there in your family? (please specify in numbers) _____
14. What is your total family income? (from All sources in Rs/-month) _____
15. What is the monthly income you get from your job? (Rs/per month) _____
16. What is your husband's profession?
 i. Self employed ii. Business iii. Public Sector job iv. Private job v. Agriculture vi. Any other _____
17. What is your husband's monthly income? (in rps/month) _____
18. Who is responsible for running your household budget?
 i. Husband ii. Wife iii. Mother-in-law iv. Father-in-law v. Any other _____
19. How many family members are there in your family?

Sr	Gender	≤ 1Year	>1-5 Years	>5-14 Years	>14—60 Years	Above 60 Years	Total family members
i.	Male						
ii	Female						

20. According to your opinion which class of society is mostly affected due to increasing prices?

- i. Upper Class ii. Middle Class iii. Lower Class iv. Middle and Lower class v. All of them

HOUSEHOLD EXPENDITURES

21. Do you think that increasing prices of different food items has affected your house hold budget?

- i. To some extent ii. To great extent iii. Not at all.

22. Do you think that increasing prices of different non food items has affected your house hold budget?

- i. To some extent ii. To great extent iii. Not at all.

23. Do you think that rising utility prices is adversely affecting your household budget?

- i. To some extent ii. To great extent iii. Not at all.

24. Will you please tell us what is the approximate amount of your monthly utility bills?(In Rps)

Bills	500	501-1000	1001-3000	Above3000
Electricity				
Telephone				
Natural Gas				

25. As compared to Past, approximately how many rupees your bills have increased?

Bills	500	501-1000	1001-3000	Above3000
Electricity				
Telephone				
Natural Gas				

26. According to you which is the sector which costs you more expenditures from your household budget

- as compared to other areas? i. Education ii. Utility Bills iii. Food items iv. Health
v. Recreational Activities vi. Shopping vii. Any other (please specify) _____

27. Please read the questions carefully and tick (v) the relevant answers in the given boxes regarding increasing prices of food items on household budgets.

Sr	STATEMENTS	Strongly Agree (1)	Agree (2)	No Opinion (3)	Disagree (4)	Strongly Disagree (5)
i	It has become difficult to buy quality products due to rising prices..					
ii	Due to increasing prices of fruits it has become difficult to buy them from limited income.					
iii	People cut down the usage of every day dairy items .					
iv	Meat products have become more expensive than before.					
v	The prices of daily usage items have increased that compels to cut down expenses from other major food items.					

28. Would you please tell us about your household expenditures on the following items?

Item	Quantity/ Month	Expenditure (Rupees)	Change in consumption i. Increase ii. Decrease iii. Same	Effect on budget 1. To some extent 2. To great extent 3. Not at all
Food Items				
Cereals				
Wheat/wheat flour				
Rice				
Bakery Products (Bread, Biscuits, Cakes etc.)				
Pulses (Daal)				
Meat Group				
Beef				
Mutton				
Chicken				
Fish				
Eggs				
Sweeteners				
Sugar				
Gur/Shaker etc.				
Vegetables				
Fruits				
Cooking Oil/Ghee				
Non-Food Items	—			
Transportation/month	—			
Clothing + Foot Wear	—			
Personal Effects(Cosmetics)	—			
Medical Care/month	—			
Educating Children/month	—			
Recreational activity	—			
House Rent (If Any)/month	—			
Repair & Maintenance of House/month	—			
Miscellaneous				

EDUCATIONAL EXPENSES

29. Is there any children at your home? i. yes ii. No (if no then go →to Q. 33)
30. How many children in your family are getting education?(please specify their numbers) _____
31. According to your opinion does the increasing prices has affected your allocation of budget towards the education of your children? i. Yes ii. No
32. Please read the questions carefully and answer the following statements regarding the educational expenses of your children

Child No	Educational Level (0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+)	Institution i. Public ii. Private iii. Distant Learning	Change in institution due to high expenditure i. Yes ii. No	Approximate expenses (per month in rupees)	Now afford expenses i. To some Extent ii. To great extent iii. Not at all
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					
Child 6<					

FAMILY HEALTH

33. Will you Please answer the following statements regarding your' s and your family health.

Family Member	Health Status i. Poor ii. Satisfactory iii. Good	Regular Checkups i. Weekly ii. Monthly iii. 4-6 months iv. Once a year	Walks / Exercises i. Regularly ii. Sometimes iii. Not at all	Diseases if any (Please Specify)	Approximate Expenses per visit (Rs)	Affordability in Treatment due To rise in expenses i. To some extent ii. To a great extent iii. Not at all	Expenses increase affect on dietary intake and health status i. To some extent ii. To a great extent iii. Not at all
Self							
Old age Male							
Old age Female							
Adult Male							
Adult Female							
Male Child							
Female Child							

34. Will you please tell us which type of medical facility you usually avail? i. Private ii. Public (if public then go to → Q.3

35. If you avail private medical facility then please indicate reasons in terms of the following statements.

Sr	STATEMENTS	Strongly Agree (1)	Agree (2)	No Opinion (3)	Disagree (4)	Strongly Disagree (5)
I	Doctors check the patients carefully.					
li	In public hospitals the attitude of staff is inadequate.					
iii	It economizes the time of patients.					
Iv	Private doctors are more capable.					
v	Public doctors recommend them to visit them privately.					
vi	There is no specific system of cleanliness in public hospitals.					
vii	In Public hospitals outdated equipments are used.					
viii	Public hospitals lack well trained staff.					
Ix	In public hospitals patients are not given treatment at proper time					
X	Public Hospitals do not provide better nursing care.					

36. If you avail public medical facility then please indicate reasons in terms of the following statements.

Sr	STATEMENTS	Strongly Agree (1)	Agree (2)	No Opinion (3)	Disagree (4)	Strongly Disagree (5)
I	People have to pay less/no fee.					
li	Medicines are easily available with little or no cost .					
iii	Family members are entitled by the government					
Iv	People can not afford private medical facility.					
v	Doctors in public hospitals are more capable.					
vi	Patients are given proper treatment at proper time in public hospitals					
vii	Private hospitals lack experienced Staff.					
viii	Private hospitals are just money makers.					
Ix	Private hospitals does not provide quality treatment.					
X	Public hospitals have well trained staff					

37. Do you think that rising prices of different food and non food items has affected your expenditures towards you family health?

i. To some extent ii. To a great extent iii. Not at all

38. Health is combination of physically, mentally and socially strongness. All the three things must be present in an individual that it is called a healthy person. Now I would like to know that according to you, how strongly the below items are important for the health of every individual?

Item	Very Important (1)	Important (2)	Less Important (3)	Not Important (4)
Regular exercise				
Proper diet				
Healthy food				
Proper rest				
Emotional Well being				
Psychological well being				
Proper hygiene				

RECREATIONAL ACTIVITIES

39. Do your family members go out for some out door activities? i. yes ii. No (If no then go → Q.42)
40. Will you please tell us which type of activities you usually go out for?
i. Going to a Park ii. Visiting Relatives iii. Watching Films iv. Parties v. Get togethers vi. Any other_____
41. How many times you go outside for some outdoor activities?
i. Once in a Week ii. Twice in a week iii. Once in a Month iv. Not at all
42. Do you arrange some parties or get togethers at your home? i. Yes ii. No (If no then go→ 44)
43. How many times you usually arrange such parties ?
i. Once in a month ii. Twice a month iii. Thrice a month iv. More then Three times
44. Do you regularly attend different functions outside home? i. Yes ii. No
45. How many times you usually attend these functions?
i. Once in a month ii. Twice in a month iii. More than two times
46. Do you attend marriage functions? i. Yes ii. No
47. Where do you mostly attend these functions?
i. Marriage Halls ii. Community Centers iii. Hotels/Restaurants iv. Any other_____
48. Have you ever arranged a marriage function of any of your family members? i. Yes ii. No
49. Where do you arrange that function?
i. Marriage Halls ii. Community Centers iii. Hotels/Restaurants iv. Any other_____

50. Social cohesion in the society is affected adversely. How strongly do you agree or disagree with the following statements regarding decreasing trend of people outdoor activities.

Sr	STATEMENTS	Strongly Agree (1)	Agree (2)	No Opinion (3)	Disagree (4)	Strongly Disagree (5)
i	People don't have time to arrange these activities.					
ii	People avoid outdoor activities because of law and order situation.					
iii	Rising expenditure made difficult for people to spend on any recreational activities.					
iv	Due to limited time people use media/internet as a source for entertainment.					
v	Due to limited budget people usually avoid going for any outdoor activities.					

51. Devoting some time for recreation on a daily basis helps in the long run in maintaining health and achieving a peace of mind. Now I would like to know your opinion about the importance of recreational activities.

Sr	Statements	To some extent	To a great extent	Not at all
i	These recreational activities serve as a means of relaxation.			
ii	Physical activities(exercise, walk) play a major role in weight control.			
iii	Outdoor activities keep one in mentally healthy condition.			
iv	Meeting other people contributes to integration in a society.			
v	Recreational activities play a major role in stress reduction			
vi	In a period of high price ,leisure activities play a very important role for anxiety and tension related illness.			
vii	It helps to regulate social contact and support in a society.			
viii	It provides a better mean of escaping from one's problems.			

52. Do you go out for shopping with family members? i. Yes ii. No

53. How many times do you go out for shopping ? i. Once in a month ii. Twice a month iii. Thrice in a month iv. Week

54. Would you please tell us which type of items you usually buy?

i. Utensils ii. Clothes iii. Shoes iv. Home Décor v. Kids Accessories vi. Home repairing items vi. Any other _____

55. Do you think that prices of these non food items have increased a lot?

i. To a great extent ii. To some extent iii. Not at all

56. What suggestions do you give to overcome the problems of increasing prices?

• Name of the Respondent _____

