Abstract
Health status is influenced by complex biological, social, and cultural factors that are highly interrelated. These factors affect men and women differently. In general a rural area is a geographical area that is located outside town and cities. Typical rural areas have a low population density and small settlement. Health care has become one of India’s largest sectors both in terms of revenue and employment. Research Design: Non exploratory descriptive survey design Setting: At Kanheri sarap. Duration of study: 6 days. Result: The gender ratio was 145:155 (M: F), the majority samples were in the age group of 19-35yrs (89 samples), the majority samples of educational status were secondary education (103 no.), the immunization status found completed at higher level, the common health problem found among all samples were hypertension.

Introduction
Health status is influenced by complex biological, social, and cultural factors that are highly interrelated. These factors affect men and women differently. Women's reproductive biology, combined with their lower socio-economic status, result in women bearing the greater burden from unsafe sex—which includes both infections and the complications of unwanted pregnancy. Biological and social factors affect women’s health throughout their lives and have cumulative effects. Therefore, it is important to consider the entire life cycle when examining the causes and consequences of women’s poor health. The advent of patient-centred care challenges policy makers, health care administrators, clinicians, and patient advocates to understand the factors that contribute to effective patient activation. Improved understanding of how patients think about and define their health is needed to more effectively “activate” patients, and to nurture and support patients’ efforts to improve their health. Researchers have intimated for over 25 years that rural populations approach health in a distinct fashion that may differ from their non-rural counterparts. The Women’s health and nutritional status is inextricably bound up with social, Cultural, and economic factors that influence all aspects of their lives, and it has consequences not only for the women themselves but also for the well-being of their children (particularly females), the functioning of households. Since the turn of the century, India's sex
ratio has become increasingly favorable to males. This is in contrast to the situation in most countries, where the survival chances of females have improved with increasing economic growth and declining overall mortality. In India, excess female mortality persists up to the age of 30—a symptom of a bias against females. But there are wide disparities in fertility and mortality among states and, within states, between rural and urban areas. The substantially unfavourable levels of these indicators in the northern states of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh.

**Background of the Study**

In general, a rural area is a geographical area that is located outside town and cities. Typical rural areas have a low population density and small settlement. Health care has become one of India’s largest sectors both in terms of revenue and employment. Government is emphasizing on the health initiatives such as mother and child tracking system and facilitation centre. In health care comprise hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian health sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure as well private players.

**Problem statement**

A study to assess the health status of people residing at Kanheri sarap.

**Objectives**

1. To assess the health status of people residing at Kanheri sarap
2. To find out the association between the study findings and selected demographic variables.

**Research Questions**

What is the health status of people residing at Kanheri sarap?

<table>
<thead>
<tr>
<th>Assumption</th>
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<tr>
<td>The health status of people residing at Kanheri sarap may or may not be healthy.</td>
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<th>Plan of Tool Preparation</th>
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<td>Tool is an instrument or equipment used for collection of data. Following steps will be carried out in preparing tool for the study. Review of literature. Consultation with guide and subject experts.</td>
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**Section A:** The section A comprises demographic data of the samples age, gender, education, occupation, income, immunization, health status, health habits, illness, family planning.

**Section B:** Section B comprises 10 questionnaire tool to assess the general health status of individual.

**Analysis**

The data analysis was done to include descriptive and inferential statistics. The following analysis is made with the opinion of experts. The analysis done based on the objectives and assumption to be tested.

**Scope of the Study**

**Nursing service:**

The nurse should enhance the professional knowledge in practice, since the basic nursing education does provide that the nurse in depth knowledge about health status in the rural and its care.

**Community Setting:**

The community health nurse can educate the rural people to identify the health problem and its appropriate care.

**Nursing Research:** The study can be used in nursing research to know the health problems and improve the health status of community people.

**Result**

The gender ratio was 145:155 (M: F), the majority samples were in the age group of 19-35yrs (89 samples), the majority samples of educational status were secondary education (103 no.), the
immunization status found completed at higher level, the common health problem found among all samples were hypertension.

References