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Research Paper

Knowledge level of the rural women regarding health practices

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■ **ABSTRACT :** In every country women are the back bone of the society. Health is the level of functional or metabolic efficiency of a living being and an essential part of all irrespective of age, caste, creed, race, religion and economic standard. In India utilization of basic health services are very poorly due to less household income, higher illiteracy and ignorance and a host of traditional factors. This study was conducted to determine the knowledge level of the selected rural women regarding health practices. Descriptive research design was conducted. The study was carried out in Allahabad district of Uttar Pradesh during the year of 2013-14. Chaka block was selected purposively from which four villages were selected purposively. Thirty women from each village were selected randomly. Thus the total sample size comprised of 120. The data was tabulated and analyzed with the help of statistical techniques like frequency, percentage, mean, standard deviation and correlation co-efficient. It is concluded that most of the respondents were having medium level of knowledge. A significant positive association is found between age and knowledge level of respondents. Middle age group respondents have more knowledge than any other age groups. A positive significant association is found between education and knowledge level. Upto primary class respondents have more knowledge than other respondents.

■ **KEY WORDS:** Rural women, Knowledge, Awareness, Health , Hygiene practices, Menstruation

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Health is the personal responsibility and demands personal care to enjoy it. Health is an essential requirement of all irrespective of age, caste, creed, race, religion and economic standard (Karnataka, 2006). Health has a dynamic phenomenon or process of continuous change (Anupama, 2001). Hygiene is commonly known as cleanliness or conditions and practices that serve to promote or preserve health (Greene, 2001). In India, basic health services are utilizing very poorly due to low household income, illiteracy and ignorance and various traditional factors, taboos. Primary educated women use more health services than illiterate women (Shariff and Singh, 2002). This study was also supported by (Curtis *et al.,* 2011). Poor urban people practice personal hygiene activities like brushing, bathing but not as seriously as it should be. Due to lack of resources, there is a low level of hygiene (Mahasneh and Sawsa, 2001). In Indian society, menstruation is generally considered as unclean. During menstruation girls faced isolation, restrictions being imposed on them

in the family so they have very negative attitude towards this phenomenon (Thakre *et al.,* 2011). Health practices play an important role for health and well being of individuals. Menstrual period is the time when females are expected to adopt more hygienic practices. In rural areas women are not so much aware about the hygiene practices during menstrual period and face lots of problems towards their health. Awareness programmes and campaigns have been organized to make them aware about the health and hygiene so that they can learn to keep themselves disease free. Such initiative would help to make women population self sufficient and dependent to manage their health and wellbeing (Omidvar and Begum, 2010). Lack of knowledge and misconceptions about the menstruation is a serious problem among adolescent girls as well as women that leads to them towards poor health and hygiene (Kumar *et al.*, 2013). This study was also supported by Dube and Sharma (2012) and Werven (2012). In India only twelve per cent menstruating women follow hygienic practices such as using sanitary napkins while twenty three per cent adolescent girls drop out of school after reaching puberty due to lack of knowledge (Jain, 2012). Some factors play an important role in increasing the quality of life of women such as personal, religious, social, domestic, professional or medical (Olorunda and Olufunmilola, 2004 and Shaikh and Hatcher, 2005). Health factors and socioeconomic barriers are increasing overall utilization of health services of women. Complex interaction of socioeconomic and cultural factors influencing women's utilization of maternal health services (Lubbock and Stephenson, 2008 and Williams *et al.*, 2011). Rural women experience health determinants in unique ways and that rural residents may indeed have determinants of their health that are particular to them (Leipert and George, 2008). Sanitation and hygiene awareness level and uses of toilets is low due to focus on creating toilets except awareness creation (Arulchelvan *et al.,* 2013). Women should have the necessary knowledge, facilities and cultural environment to manage menstruation hygienically and with dignity (Mahon and Fernandes, 2010). Communication strategies like audio visual aids helps to implore people to change, but also help them to live healthier lives and in making appropriate decisions regarding health throughout life (Servaes, 2006).

Knowledge gap :

Past studies shows that maximum number of population is illiterate in India. Rural women are not aware about the health and hygiene and also have lots of misconceptions and stereotypes regarding health and hygiene. So there is a need to determine their knowledge level regarding health and hygiene practices so that the knowledge gap can be fulfilled easily.

Objective :

– To determine the knowledge level of the selected rural women regarding health practices.

■ RESEARCH METHODS

Descriptive research design was used for the study. The study was conducted in Allahabad district of Uttar Pradesh during the year 2013-14. Chaka block was selected purposively due to its close proximity to the researcher from which four villages were selected purposively *i.e.* Hathigan, Purwa Khas, Tenduaon, Tilakhwar because such kind of the study has not been conducted in these villages before. Thirty women from each village were selected randomly. Thus a total study sample comprised of one twenty. One structured interview schedule was specially prepared to determine the knowledge level of respondents. Personal interview technique was used to collect the data. The data was tabulated and analyzed with the help of statistical techniques like frequency, percentage, mean, standard deviation and correlation co-efficient (Pearson's correlation).

■ RESEARCH FINDINGS AND DISCUSSION

The Table 1 shows that a majority of the respondents *i.e.* 58.33 per cent have medium level of knowledge followed by 16.67 per cent respondents of low level of knowledge while only 4.16 per cent having high level of knowledge. This study was also reported by Hosamani (1993) and Kuriachen and Sridevy (2016) that most of the respondents had medium knowledge level about the health practices.

The positive significant association was found between age and knowledge level of respondents at 120

Table 1 : Knowledge level of respondents regarding the health and hygiene practices (n=120)

Sr. No.	Knowledge level	Frequency (f)	Percentage (%)
1.	Low (8-12)	20	16.67
2.	Medium (12-16)	70	58.33
3.	High (16-20)	30	4.16
	Total	120	100

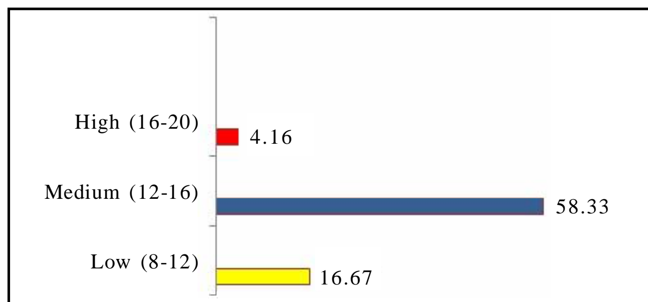

Fig. 1 : Knowledge level of respondents

degree of freedom at 5 % probability level. Hence, it can be concluded that middle age group have more knowledge than any other age group because the young age respondents were aware and also utilizing the information regarding health and hygiene practices while old age women were not interested about the practices due to their old misconceptions and stereotypes.

The positive significant association was found between age and knowledge level of respondents at 120 degree of freedom at 5 % probability level. Hence, it can be concluded that knowledge of upto primary class respondents is more than other respondents because the illiterate respondents do not want to know the health and hygiene practices. Junior high school respondents left their education in middle because of the family pressure and other reasons.

Conclusion :

It is concluded from the study that most of the respondents were having medium level of knowledge regarding health and hygiene practices. A positive significant association was found between age and knowledge level of respondents. Middle age group respondents were having more knowledge regarding health and hygiene. A positive significant association was found between education and knowledge level. Upto primary class respondents were having more knowledge regarding health practices.

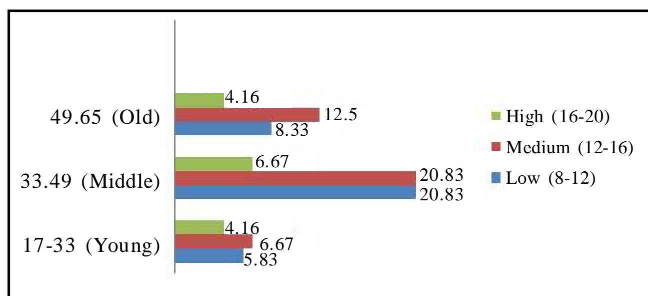

Fig. 2 : Association between age and knowledge level of respondents

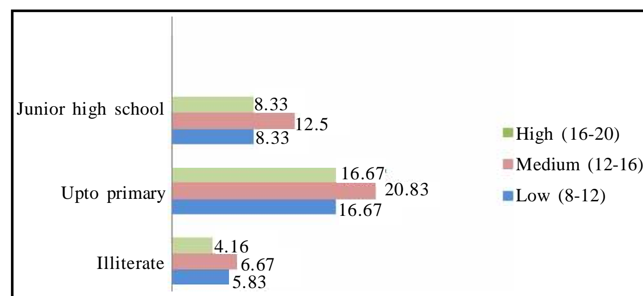

Fig. 3 : Association between education and knowledge level of respondents

Table 2 : Association between age and knowledge level of respondents regarding health and hygiene practices (n=120)

Sr. No.	Category	Knowledge level						Total of %	Cal.	Tab.
		Low		Medium		High				
		f	%	f	%	f	%			
	Age (in years)									
1.	17-33 (Young)	7	5.83	8	6.67	5	4.16	16.66		
2.	33-49 (Middle)	25	20.83	25	20.83	20	6.67	58.34	*0.77	0.178
3.	49-65 (Old)	10	8.33	15	12.5	5	4.16	25.0		

Table 3 : Association between education and knowledge level of respondents regarding health and hygiene practices (n=120)

Sr. No.	Category	Knowledge level						Total of %	Cal.	Tab.
		Low		Medium		High				
		f	%	f	%	f	%			
	Educational level									
1.	Illiterate	7	5.83	8	6.67	5	4.16	16.67		
2.	Upto primary	20	16.67	25	20.83	20	16.67	54.17	*2.490	0.178
3.	Junior high school	10	8.33	12	12.5	10	8.33	29.16		

Recommendations :

On the basis of the conclusion, some suggestions are given for further researches:

– Educational opportunities for rural women should be increased.

– Participation of Anganwadi workers and ASHAs should be increased.

– Campaigns should be organized to increase the awareness among the rural women.

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