

Training needs assessment of rural women regarding health and nutrition practices in Bikaner district of Rajasthan

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■ **ABSTRACT :** The present study was conducted in six panchayat samities out of which Bikaner panchayat samiti was selected. Out of thirty one Gram panchayat in Bikaner panchayat samiti four Gram panchayat were selected one village was selected on the basis of random sampling technique. Findings revealed that the result of training needs of rural women regarding health and nutrition practices showed that “Nutrition for children 0 to 6 years”, ‘Nutritional Recipes’, ‘Balanced diet’, Family planning’, ‘Care of pregnant and lactating mother’, ‘Child care’ were perceived by the rural women as the most important training areas for improved nutritional and health status whereas, ‘Low cost recipes’, and ‘Function of food’, ‘Environmental sanitation’, were perceived as the somewhat important training area by the rural women. The variables namely “family income, education, mass media contact, extension contact were positively and significantly correlated with training needs of the rural women about health and nutritional practices at 1 per cent level of probability. Whereas, age, training participation had negative significant relationship with training needs of the rural women about health and nutritional practices

■ **KEY WORDS:** Training needs assessment, Rural women, Health, Nutrition

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Health is primarily a personal responsibility and demands personal care to enjoy it. Health is an essential requirement of all irrespective age, caste, creed, race, religion and economic standard. Health means not the mere absence of disease but it is the “complete state of the physical, mental and social wellbeing”. Health of an individual can be affected by general health condition of the society and *vice-versa*. Therefore, health of the community needs higher attention while considering the development of a region

or a country.

Health is a precious asset for everyone. It is the crown of all possessions and untheft treasure. There is a significant relationship between housing conditions and health. An adequate and safe water supply, disposal of excreta and solid wastes, drainage of surface water, facilities for personal and domestic hygiene and sanitary food preparation, control of indoor air pollution, safe handling of things and suitable precautions where the home serves as a work place. Proper medical services

at proper time are also needed to maintain health.

Nutritional problems have serious public health significance impacting psychological, physical, developmental, behavioural and work performance of pregnant women. Iron deficiency is by far the commonest nutritional cause of anemia. It may be associated with folate deficiency, especially during pregnancy. Pregnant women form a large high-risk group requiring special care.

There are many programmes, agencies, schemes and medical services to the rural people who live in inglorious surroundings. In the year 1952, as a part of community development programme, Primary Health Centre (P.H.C.) and sub centers were established gradually in all parts of the country. With the intention of taking primary health care services to the door steps of the rural people, the policy planners at the national level and the implementers at the state level created a number of sub centers under each P.H.C. besides increasing the number of Primary Health Centers.

It is certain that health is a basic need of all human beings from womb to tomb. Nutrition and health education (NHE) component of ICDS mainly involves diffusion of specific nutrition and health messages through a low cost software type technologies cluster package of maternal and child care, nutrition, health and hygiene practices in the client systems of ICDS project organization.

Primary health care is being provided to rural population in the country through a network of 20,531 P.H.C., 1,30,390 sub centers and over a thousand community health centers by 5.86 lakh trained dais and 4.10 lakh health guides besides a large number of rural dispensaries working under state or union territory administrators.

■ RESEARCH METHODS

The present study was conducted in Bikaner district. There are six panchayat samiti out of which Bikaner panchayat samiti was selected purposely looking to no such study has been conducted in the area earlier and the area was well known to the researcher.

Out of thirty one Gram panchayat in Bikaner panchayat samiti four Gram panchayat were selected with lottery method namely KilchooDeodan, Ridmalsarpurohitan, Palana, Nalbari. One village from each selected Gram panchayat selected on the basis of random sampling technique. Thus, four villages were

selected for the present investigation. A sample of one twenty rural women in the age groups 15-45 years (30 rural women from each village).

■ RESEARCH FINDINGS AND DISCUSSION

The results obtained from the present investigation as well as relevant discussion have been summarized under following heads :

Training needs assessment of rural women regarding health and nutrition practices:

It is commonly accepted fact that training plays a vital role in imparting vocation-oriented skill which facilitates the speedy transfer of technology. In order to make training a really profitable venture, it must be location specific and need based. Training is one of the most commonly used devices that impart knowledge and skill to the rural women. Hence, it is important to know the training needs of the rural women *i.e.* what is and what ought to be for achieving the desired results. Keeping this in view the present study was undertaken with an objective “to assess the training need of rural women regarding health and nutrition practices”. Singh and Vashist (1993) studied the training needs of Anganwadi workers (AWWs) in relation to infant feeding. Sixty six per cent, 41 per cent and 24 per cent AWWs responded incorrectly that breast feeding should be stopped if the mother is suffering from tuberculosis, malaria and diarrhea respectively in the light of these findings training of AWWs in relation to infant feeding should be modified. There is need for continuing education of AWWs for updating their knowledge. Grover and Singh (2004), Studied Training Needs of Rural Mothers in Nutrition, Health and Environmental Sanitation in Different Agro-climatic Regions of Punjab on the basis of training need scores, the areas of nutritional deficiency disorders, nutrition during pregnancy and lactation, diarrhea and its management and general nutrition in all the regions of the state were ranked as first, second, third and fourth, respectively. The findings emphasized the need for nutrition and health education interventions to upgrade the knowledge level of rural mothers and to enhance the nutritional and health status of their children.

Training needs of rural women regarding health practices:

The training areas were classified as: most needed,

needed and somewhat needed on the basis of their frequency, per cent and mean score, as analyzed for each sub area among the 8 selected broad areas. It is evident from the mean score Table 1 that the rural women perceived the ‘most needed’ training areas in order to ‘Family planning’, ‘Care of pregnant and lactating mother’, ‘Child care’ were reported by 2.60MS, 2.40MS, 2.19MS and as such these were ranked at first, second and third places, respectively. The other ‘needed’ training areas like ‘Common diseases’ with 1.92MS, and as such these were ranked fourth places, respectively.

The other ‘somewhat needed’ training areas like ‘Personal hygiene’, ‘Water sanitation’, HIV/AIDS’ and ‘Environmental sanitation’, 1.52MS, 1.43MS, 1.43MS, 1.42MS and as such these were ranked at 5th, 6th, 7th, 8th, places, respectively.

From the above results, it may be concluded that ‘Family planning’, ‘Care of pregnant and lactating mother’, ‘Child care’ were perceived by the rural women as the most important training areas for improved health status whereas, ‘Environmental sanitation’, was perceived as the somewhat important training area by the rural women.

Training needs of rural women regarding nutrition practices:

The training areas were classified as: most needed, needed and somewhat needed on the basis of their frequency, per cent and mean score and are analyzed for each sub area among the 17 selected broad areas.

It is evident from the mean score (Table 2) that the most needed training areas as perceived rural women in decreasing order are ‘Nutrition for children of 0 to 6

years’ (2.5 MS), ‘Nutritional Recipes’(2.47MS), ‘Balanced diet’(2.45MS), ‘Nutrients and their importance’ (2.38MS) and ‘Diet for pregnant and lactating mother’(2.37MS) such as these were ranked at first, second, third, fourth and fifth place, respectively.

The other ‘needed’ training areas were ‘Malnutrition and other Nutritional deficiency diseases and its prevention’, ‘Food groups’, ‘Therapeutic nutrition’, ‘Value addition’ with 2.28MS, 1.92MS, 1.84MS, and 1.73MS and as such these were ranked at 6th, 7th 8th, and 9th places, respectively.

The “somewhat needed” training areas were noted to be like “Diet for old age”, ‘Nutrition for Adolescent girls’, ‘Cooking methods’, ‘Food Adulteration’, ‘Low cost recipes’, and ‘Function of food’, got 1.68MS, 1.63MS, 1.53MS, 1.51MS, 1.48MS and 1.47MS, as such these were ranked at 10th, 11th, 12th, 13th, 14th, 15th, places, respectively. Sunguya *et al.* (2013) found that nutrition training improved daily energy intake of children between six months and two years of age. The pooled evidence from the three studies reporting mean energy intake per day revealed a standardized mean difference (SMD) of 0.76, 95% CI (0.63-0.88). For the two studies with median energy intake SMD was 1.06 (95% CI 0.87-1.24). Health workers’ nutrition training also improved feeding frequency among children aged six months to two years. The pooled evidence from the three studies reporting mean feeding frequency showed an SMD of 0.48 (95% CI 0.38-0.58).

From the above results, it may be concluded that for ‘Nutrition for children of 0 to 6 years’, aspect ‘Nutritional Recipes’, ‘Balanced diet’, were perceived by the rural women as the most important training areas

Sr. No.	Area of training	Most needed		Needed		Somewhat needed		Mean score	Rank
		F	%	F	%	F	%		
1.	Health and hygiene	19	15.83	12	10.00	89	74.17	1.46	VIII
2.	Water sanitation	15	12.50	17	14.17	88	73.33	1.43	IX
3.	Environmental sanitation	14	11.67	20	16.67	86	71.67	1.42	XI
4.	Personal hygiene	17	14.17	18	15.00	85	70.83	1.52	VII
5.	Child care	53	44.17	25	20.83	42	35.00	2.19	III
6.	Care of pregnant and lactating mother	53	44.17	48	40.00	19	15.83	2.40	II
7.	Diarrhea causes and prevention	14	11.67	77	64.17	29	24.17	1.92	IV
8.	Symptoms of Malaria and prevention	12	10.00	80	66.67	28	23.33	1.88	V
9.	Family planning	76	63.33	35	29.17	9	7.50	2.60	I
10.	HIV/AIDS	8	6.67	33	27.50	79	65.83	1.43	X
11.	Common disease	8	6.67	47	39.17	65	54.17	1.53	VI

for improved nutritional status whereas, 'Low cost recipes', 'Function of food', and "Nutrition for preschool children" were perceived as the somewhat important training areas by the rural women. Gupta *et al.* (2011) concluded that assess the training needs of farm women in nutrition. Findings of the study indicated that the knowledge gap was highest in sprouting, followed by balanced diet; save nutrients while cooking in that rank order with (MPS 9.83-59.18). Similarly their practices were also not encouraging. On the basis of the findings it was suggested to provide intensive trainings to farm women to improve their nutritional status.

Relationship between personal and socio-economic characteristic of the respondents and their training needs regarding health and nutritional practices:

The result indicated in the (Table 3) reveals that the variables namely, family income, education, mass media exposure, Urban contacts and extension contacts had positive significant relationship and age, training participation had negative significant relationship with the training need of the rural women about health and nutritional practices.

A critical examination of the data presented in Table 3 reveals that the "family income, education, mass media contact and extension contact were positively and significantly correlated with relationship with the training needs of the rural women about health and nutrition practices was significant at 1 per cent level of probability

and urban contact was positively and significantly correlated with relationship with the knowledge level of the rural women about health and nutrition practices was 5 per cent level of probability and age, training participation had negative significant relationship with the knowledge level of the rural women about health and nutritional practices. Whereas, the correlation of family type, family size, caste, occupation, social participation and land holding and with their training needs of rural women was non-significant. Vijayapushpam *et al.* (2003) concluded that there was a significant difference in the intake of protective foods and fast food between different income groups. However, the increased intake of fast food and carbonated beverages by the children irrespective of SES need to be discouraged as a part of nutrition education. The study indicated the need for repeated interventions for improvement of nutrition knowledge in low SES children. Sharma (2010), Pandit (2012) concluded that age, education level, mass media had significant association in the aspect of health and sanitation, whereas annual income, extension contact, training attended had non-significant association in the aspect of health and sanitation.

Age and training needs:

The data presented in Table 3 spectacles that age was negatively and significantly with the training needs of rural women about health and nutrition practices.

Sr. No.	Area of training	Most needed		Needed		Somewhat needed		Mean score	Rank
		F	%	F	%	F	%		
1.	Balance diet	65	54.17	42	35.00	13	10.83	2.45	III
2.	Food group	16	13.33	76	63.33	28	23.33	1.92	VII
3.	Nutrients and their importance	59	49.17	46	38.33	15	12.50	2.38	IV
4.	Malnutrition and other nutritional deficiency disease and its prevention	46	38.33	59	49.17	15	12.50	2.28	VI
5.	Nutrition for infancy	77	64.17	28	23.33	15	12.50	2.54	I
6.	Nutrition for pre-school children	4	3.33	37	30.83	79	65.83	1.39	XVII
7.	Nutrition for school children	12	10.00	31	25.83	77	64.17	1.47	XV
8.	Nutrition for adolescent girls	6	5.00	66	55.00	48	40.00	1.63	XI
9.	Diet for pregnant and lactating mother	71	59.17	22	18.33	27	22.50	2.37	V
10.	Diet for old age	28	23.33	25	20.83	67	55.83	1.68	X
11.	Nutritional recipes	62	51.67	48	40.00	10	8.33	2.47	II
12.	Value addition	9	7.50	72	60.00	39	32.50	1.73	IX
13.	Cooking method	15	12.50	36	30.00	69	57.50	1.53	XII
14.	Function of food	7	5.83	46	38.33	67	55.83	1.47	XVI
15.	Adulteration	6	5.00	46	38.33	68	56.67	1.51	XIII
16.	Low cost recipes	2	1.67	48	40.00	70	58.33	1.48	XIV
17.	Therapeutic nutrition	12	10.00	74	61.67	34	28.33	1.84	VIII

Family type and training needs:

The data presented in Table 3 indicates that family type had non-significant relationship with the training needs of rural women about health and nutrition practices. It means that the family type did not exert significant influence on the training needs of rural women about health and nutrition practices. This might be due to the fact that family type didn't play a significant role in formulation of training needs of rural women about health and nutrition practices.

Size of family and training needs:

The data presented in Table 3 shows that there was non-significant relationship of size of family with the training needs of rural women about health and nutrition practices. It means that the size of family did not exert significant influence on the training needs of rural women about health and nutrition practices.

Family income (monthly) and training needs:

The data presented in Table 3 presented that there was positive and significant relationship of family income with the training needs of rural women about health and nutrition practices. This might be due to the fact that those rural women who were economically sound can purchase literatures, newspapers, radio, television and critical inputs which will lead to the adoption of improved technologies. It also helped them shaping in forming the positive attitude of rural women towards the health and nutrition practices.

Caste and training needs:

The data presented in Table 3 concluded that caste had non-significant relationship with the training needs of rural women about health and nutrition practices. It means that the caste did not exert significant influence on the training needs of rural women about health and nutrition practices.

Occupation and training needs:

The data presented in Table 3 shows that occupation and training needs of rural women was having non-significant relationship regarding health and nutrition practices.

Education and training needs:

The data presented in Table 3 indicates that

education was positively and significantly related with the training needs of rural women about health and nutrition practices. It means that the education exerted significant effect on the training needs of rural women about health and nutrition practices. This might be due to the fact that the rural women are more literate and educated. The rural women might have certainly learned more and understood the health and nutrition due to their higher perception level and more participation in extension activities. Vyas (2009) conducted that the common profile of women was young, married and either illiterate or educated upto primary standards. Before the educational training programme, 314 (82.63%) women could mention about home available fluids which increased to 334 (88.83%) after training. 133 (35%) women could enumerate some steps in preparation of ORS solution before training which later increased to 267 (71.01%) during post-assessment ($z=10.64$, $p<0.01$). There was a significant increase in the proportion of women who could measure one liter of water correctly for preparation of ORS solution after they were imparted the knowledge (from 35% to 69.15%, $z=10.00$, $p<0.01$).

Mass media contact and training needs:

Table 3 reveals that the mass media contact was positively and significantly related with the training needs of rural women about health and nutrition practices. It means that the mass media contact of rural women exerts a highly significant influence on the training needs of rural women about health and nutrition practices. The findings are quite natural which might be due to the fact that majority of the rural women were exposed to radio, television and newspapers etc. as well as some of the rural women were having magazine due to which their training needs might have increased.

Social participation and training needs:

The data presented in Table 3 shows that there was non-significant relationship social participation with the training needs of rural women about health and nutrition practices. This might be due to the fact that social participation didn't play a significant role in formulating training needs of rural women about health and nutrition practices.

Land holding and training needs:

The data presented in Table 3 reveals that land had

non-significant relationship with the training needs of rural women about health and nutrition practices. It means that the size of land didn't exert significant influence on the training needs of rural women about health and nutrition practices.

Urban contact and training needs:

The data presented in Table 3 exposes that urban contact was positively and significantly relationship with the training needs of rural women about health and nutrition practices. It means that the variables had exerted a highly significantly influence on the training needs of rural women about health and nutrition practices.

The findings are quite natural which might be due to the fact that majority of the rural women were exposed city, progress village as well as the majority of the rural women was having neighbor village due to which their training needs might have increased.

Extension contact and training needs:

The data presented in Table 3 revelations the extension contact was positively and significantly relationship with the training needs of rural women about health and nutrition practices. It means that the extension contacts of rural women exert highly significantly influence on their training needs of rural women about health and nutrition practices. Dwivedi *et al.* (2006) conducted that in Farrukhabad district found that information gathered through farm and home visits shown

Sr. No.	Independent variables	Calculated 'r' value
1.	Age	-0.184*
2.	Family type	0.075 NS
3.	Family size	0.067 NS
4.	Family income	0.332**
5.	Caste	0.109 NS
6.	Occupation	-0.056 NS
7.	Education	0.268**
8.	Mass media contacts	0.342**
9.	Social participation	0.026 NS
10.	Land holding	0.160 NS
11.	Urban contacts	0.202*
12.	Extension contacts	0.190**
13.	Training participation	-0.369**

* and ** indicate significance of values at P=0.05 and 0.01, respectively level of probability
NS=Non-significant

highly significant relationship with the knowledge gained on the child development.

The might be due to fact that the greater participation of rural women in different extension activities thereby helped in gaining better knowledge about different training programme and takes proper guidance for participation resulting in higher improved health and nutrition practices.

Training participation and training needs:

The data presented in Table 3 exposes that training participation was negatively and significantly relationship with the training needs of rural women about health and nutrition practices.

Conclusion:

The results training needs regarding health and nutrition practices concluded that "Nutrition for children 0 to 6 years", 'Nutritional Recipes', 'Balance diet', 'Family planning', 'Care of pregnant and lactating mother', 'Child care' were perceived by the rural women as the most important training areas for improving nutritional and health status whereas, 'Low cost recipes',

Appendix – I : Training needs of the rural women regarding nutrition practice

Sr. No.	Area of training	Most needed	Needed	Some what needed
		3	2	1
1.	Balanced diet			
2.	Food groups			
3.	Nutrients and their importance			
4.	Malnutrition and other Nutritional deficiency disease and its prevention			
5.	Nutrition for infancy			
6.	Nutrition for pre-school children			
7.	Nutrition for school children			
8.	Nutrition for adolescent girls			
9.	Diet of pregnant and lactating mother			
10.	Diet for old age			
11.	Nutritional recipes			
12.	Value addition			
13.	Cooking methods			
14.	Function of food			
15.	Food adulteration			
16.	Low cost nutrient recipes			
17.	Therapeutic nutrition			

Annexure 2 : Training Needs of rural women regarding health practices				
Sr. No.	Area of training	Most needed	Needed	Some what needed
		3	2	1
1.	Health and hygiene			
2.	Water sanitation			
3.	Environmental sanitation			
4.	Personal hygiene			
5.	Child care			
6.	Care of pregnant and lactating mother			
7.	Diarrhea causes and presentations			
8.	Symptoms of malaria and prevention			
9.	Family planning			
10.	HIV/AIDS			
11.	Common diseases			

and ‘Function of food’, ‘Environmental sanitation’, were perceived as the somewhat important training area by the rural women.

The variables namely “family income, education, mass media contact, extension contact were positively and significantly correlated with relationship with the knowledge level was significant at 1 per cent level of probability and urban contact was positively and significantly correlated with relationship with the knowledge level of the rural women about health and nutrition practices was 5 per cent level of probability age, training participation had negative significant relationship with the knowledge level of the rural women about health and nutritional practices. Whereas, the correlation of family type, family size, caste, occupation, social participation and land holding and with their training needs of rural women was non-significant.

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