

Training needs assessment of rural women regarding health and hygiene 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 the major findings of the present study revealed that in general information majority of the respondents belonged to middle age group, educated up to primary, belonged to 4001-6000/- monthly income group, nuclear family system, other backward caste, involved in agriculture occupation, had above 2.1-5 hectare of land holding, no membership of social organization, no participated in training programme and medium level of mass media contact, urban contact and extension contact. It was reported that the '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.

■ **KEY WORDS**: Health, Training, Assessment, Need, Sanitation, Hygiene

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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 4.10lakh 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 :

Profile of the rural women:

This section deals with the background information of the respondents such as age, caste, occupation, education, type of family, size of family, monthly income, mass media exposure, urban contact, extension contact, training participation.

Age:

In present study respondents were selected in the age group of the 18 to 45 years. Perusal of Table 1 (I) indicate distribution of respondents within the age of range. Majority of the respondents (62.50%) were in middle age group. Rest of the respondents was in lower age group (20.83%) and only 16.67 per cent belong to upper age group also found in Solanki (2009); Vyas (2009) and Meena (2010).

Table 1 (I) : Distribution of the respondents according to the age (n=120)

| Sr. No. | Age category | n | % |
|---------|--------------------------|----|-------|
| 1. | Upper age group (40-45) | 20 | 16.67 |
| 2. | Middle age group (24-40) | 75 | 62.50 |
| 3. | Lower age group (18-24) | 25 | 20.83 |

Type of family:

Table 1 (II) shows that majority of the respondents (55.83%) belonged to nuclear family whereas (44.17%) were from joint family similar result found in above studies in Anuradha (2004); Solanki (2009); Vyas (2009) and Meena (2010).

Table 1 (II) : Distribution of the respondents according to type of the family (n=120)

| Sr. No. | Family | n | % |
|---------|---------|----|-------|
| 1. | Nuclear | 67 | 55.83 |
| 2. | Joint | 53 | 44.17 |

Size of family:

Table 1 (III) reveals that majority of the respondents (55%) were having more than 5 members in family. While 45 per cent respondents belonged upto 5 members.

Table 1 (III) : Distribution of the respondents according to the family size (n=120)

| Sr. No. | Size of family | n | % |
|---------|-----------------|----|-------|
| 1. | Upto 5 members | 54 | 45.00 |
| 2. | Above 5 members | 66 | 55.00 |

Caste:

Table 1 (IV) shows that majority of the respondents belonged to other back ward caste (50%) followed by general caste (32.50%) and schedule caste (17.50%). None of the respondents belonged to schedule tribe caste similar result found in Anuradha (2004) and Meena (2010).

Table 1 (IV) : Distribution of the respondents according to the caste (n=120)

| Sr. No. | Category | n | % |
|---------|--------------------------------|----|------|
| 1. | Schedule caste/ Schedule tribe | 21 | 17.5 |
| 2. | Other backward caste (OBC) | 60 | 50 |
| 3. | General caste | 39 | 32.5 |

Monthly income:

Table 1 (V) shows that majority of the respondents (38.33%) were having monthly income Rs. 4001 to 6000, 23.33 per cent were having monthly income Rs. 6001 to 8000, 19.17 per cent were having monthly income Rs. less than 4000 and 12.50 per cent were having monthly income Rs. Above 10000 only 6.67 per cent were having monthly income Rs. 8001 to 10000 similar studies also found in Minakshi (2003) and Solanki (2009).

Table 1 (V) : Distribution of the respondents by their family income (monthly) (n=120)

| Sr. No. | Category | n | % |
|---------|----------------|----|-------|
| 1. | Less than 4000 | 23 | 19.17 |
| 2. | 4001 – 6000 | 46 | 38.33 |
| 3. | 6001-8000 | 28 | 23.33 |
| 4. | 8001-10000 | 8 | 6.67 |
| 5. | Above 10000 | 15 | 12.50 |

Occupation:

The occupational profile of the respondents presented in Table 1(VI) reveals that majority (47.50%) of the respondents had agriculture as their occupation, while 24.17 per cent had caste based occupation, 20.83 per cent were engaged as labour, 7.50 per cent were housewives but none of the respondents were found to be engaged in service govt. jobs also found in Anuradha (2004).

Table 1 (VI) : Distribution of the respondents according to the occupation (n=120)

| Sr. No. | Occupation | n | % |
|---------|--------------------|----|-------|
| 1. | Housewife | 9 | 7.50 |
| 2. | Caste occupation | 29 | 24.17 |
| 3. | Agriculture | 57 | 47.50 |
| 4. | Labour | 25 | 20.83 |
| 5. | Service Govt. Jobs | 0 | 0.00 |

Education:

Perusal of data in Table 1 (VII) reveals that majority of the respondents (34.17%) were educated upto primary level, while 25.83 per cent were just literate, 20.83 per cent had their education up to secondary, 13.33 per cent were illiterate and 5.83 per cent had their education up to graduation.

Table 1 (VII) : Distribution of the respondents according to the education (n=120)

| Sr. No. | Education | n | % |
|---------|----------------|----|-------|
| 1. | Illiterate | 16 | 13.33 |
| 2. | Literate | 31 | 25.83 |
| 3. | Upto primary | 41 | 34.17 |
| 4. | Upto secondary | 25 | 20.83 |
| 5. | Upto Graduate | 7 | 5.83 |

Mass media exposure:

Data in Table 1 (VIII) shows that majority of the respondents were having medium level of mass media exposure (71.67%), followed by high level of mass media exposure (15.83%), and only 12.50 per cent respondents were having low level of mass media exposure found in Vyas (2009).

Table 1 (VIII) : Distribution of the respondents according to the mass media exposure (n=120)

| Sr. No. | Category | n | % |
|---------|-----------------|----|-------|
| 1. | Low (Below 7) | 15 | 12.50 |
| 2. | Medium (7-13) | 86 | 71.67 |
| 3. | High (Above 13) | 19 | 15.83 |

Social participation:

Table 1 (IX) shows that majority of the respondents had no membership of any organization (78.33%), followed by membership of one social organization (17.50%), membership of more than one organization (2.50%) and only (1.67%) respondents were membership of the political leaders.

Table 1 (IX) : Distribution of the respondents according to the social participation (n=120)

| Sr. No. | Category | n | % |
|---------|--------------------------------------|----|-------|
| 1. | No membership | 94 | 78.33 |
| 2. | Member of one organization | 21 | 17.50 |
| 3. | Member of more than one organization | 3 | 2.50 |
| 4. | Political leaders | 2 | 1.67 |

Land holding:

Perusal of Table 1 (X) reveals that majority of the respondents (32.50%) were having 2.1-5 hectare land, while 26.67 per cent were having 5.1-10 hectare land, 18.33 per cent were having no land, 10.83 per cent were having 1-2 hectare land and 12 per cent were having less than 10 hectare land and only 1.67 per cent were having more than 1 hectare land holding.

Table 1 (X) : Distribution of the respondents according to the land holding (n=120)

| Sr. No. | Category | n | % |
|---------|----------------------|----|-------|
| 1. | No land | 22 | 18.33 |
| 2. | Less than 1 hectare | 2 | 1.67 |
| 3. | 1-2 hectare | 13 | 10.83 |
| 4. | 2.1 – 5 hectare | 39 | 32.50 |
| 5. | 5.1 -10 hectare | 32 | 26.67 |
| 6. | More than 10 hectare | 12 | 10.00 |

Urban contact:

Table 1 (XI) shows that most of the respondents were having medium level of urban contact (60.83%), followed by respondents having high level of urban contact category (21.67%) only 17.50 per cent respondents were having low level of urban contacts

Table 1 (XI) : Distribution of the respondents according to the urban contact (n=120)

| Sr. No. | Category | n | % |
|---------|-----------------|----|-------|
| 1. | Low (Below 7) | 21 | 17.50 |
| 2. | Medium (7-11) | 73 | 60.83 |
| 3. | High (Above 11) | 26 | 21.67 |

Extension contact:

Table 1 (XII) shows that most of the respondents having medium level of extension contact (79.17%), followed by respondents were having high level of extension contact category (11.67%). Only 9.17 per cent respondents were having low level of extension contacts.

Table 1 (XII) : Distribution of the respondents according to the extension contact (n=120)

| Sr. No. | Category | n | % |
|---------|-----------------|----|-------|
| 1. | Low (Below 13) | 11 | 9.17 |
| 2. | Medium (13-20) | 95 | 79.17 |
| 3. | High (Above 20) | 14 | 11.67 |

Training participation:

Table 1 (XIII) shows that majority of the respondents had not participated in any training programme related to the activities (75%), followed by (25%) who participated in training programmes similar result found in Vyas (2009).

Table 1 (XIII) : Distribution of the respondents according to the participation in training (n=120)

| Sr. No. | Category | n | % |
|---------|------------------|----|----|
| 1. | No participation | 90 | 75 |
| 2. | Participation | 30 | 25 |

Hence it may be deduced that in general information majority of the respondents belonged to middle age group, educated upto primary, belonged to 4001-6000/- monthly income group, nuclear family system, belonged to other backward caste, involved in agriculture occupation, had above 2.1-5 hectare of land holding, no membership of social organization, no participation in training programme and medium level of mass media contact, urban contact and extension contact.

Training needs assessment of rural women regarding health 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

Table 1 : Training needs of rural women regarding health practices (n=120)

| 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 |

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, 2.19 MS 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.

Appendix – I (A) : 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 | | | |

Conclusion:

The results training needs regarding health practices concluded that revealed that in general information majority of the respondents belonged to middle age group,

educated up to primary, belonged to 4001-6000/- monthly income group, nuclear family system, other backward caste, involved in agriculture occupation, had above 2.1-5 hectare of land holding, no membership of social organization, no participated in training programme and medium level of mass media contact, urban contact and extension contact. Training needs of rural women regarding health practices showed 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 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.

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