# SELF ESTEEM, DECISION MAKING, MENTAL HEALTH AND KNOWLEDGE AWARENESS ON PARENTING AMONG RURAL WOMEN

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#### **ABSTRACT**

Fifty rural women (25-35 yrs) from 5 villages of Parbhani district were studied by administering inventories on self esteem, knowledge awareness on parenting, mental health scale & decision making developed by AICRP-CD component. All rural women assessed to have medium level of self esteem and mental health while with regard to role in decision making and knowledge on parenting were found to be low. The decision making capacities and knowledge awareness on parenting of rural women revealed to have significant positive correlation with their mental health while their socio economic status and self esteem found to have no significant correlation with it.

**Key words:** Mental health, Socio-economic status, Self esteem, Decision making, Parenting

Women constitute nearly fifty percent population in India. In our country, women play a pivotal role in family and community, shouldering all the responsibilities, providing needs and comforts of the male members of the family and the children, running the household, managing within the limited budget etc. Women particularly in rural area, have low level of literacy and education which in turn affects the attitude of men and women about their own rights and privileges (Sabri, 1998). Although the role of women in the family and society is versatile. Rural women are considered as backbone of Indian economy (Nand and Kumar, 1980), as such they play an important role not only in maintaining their home but also managing their farms and animals, depending upon the situational, personal and socio-economic characteristics of the family to which they belong, they have no role in decision making (Patki and Nikhade, 1999). Effective decision making is an important developmental process by which a course of action is consciously chosen from available alternatives. It involves three stages namely, awareness, evaluation of available alternatives and taking the final decision (Indira Devi, 1982). Das (1993) observed that employed women take active part in decision making in expenses. Similar decisions regarding entertainment and social ceremonies, employed housewives play equal role in the family in comparison to unemployed housewives, may be because of their wider out look and more social interactions with others at home and at work place. Women share most of the family responsibilities and perform range of duties on farm and in home (Rekha Thakre, V.V, Kulkarni and R.S. Bhopale, 1991) but have rare role in decision making in all these matters. The woman who feel she has some contribution towards her family or society, develops high self esteem. As self esteem is a part of mental health and women having good mental health can face problems in their day to day life, to develop self-esteem they should recognize their value within themselves about which they may not be aware. In addition the health of woman is the concern of the family and community and is very essential for the healthy life of a community. One of the major concern of health is mental soundness of an individual. When the mental condition of woman is good, she may take up various responsibilities of a family and herself. She may understand the complications, try to solve them, plan for future and may become mentally strong. In light of this, the present study was conducted with following objectives as

- To collect the background information of the selected rural women and to assess their mental health, self esteem, decision making and knowledge awareness on parenting by administering AICRP-CD inventory.
- To study correlation between mental health of rural women and their selected background variables as self esteem, decision making, mental health and knowledge awareness on parenting.

#### METHODOLOGY

Fifty randomly selected women (25-35 yrs) from the five villages *i.e.* Nandkheda, Erandeshwar, Brahmangaon, Taroda and Singanapur of Parbhani district were

personally interviewed to collect their background information. All of them were administered AICRP-CD inventory for assessing their mental health, self esteem, decision making and knowledge awareness on parenting. The collected data was pooled, statistically analyzed to study the correlation between mental health and other background variables.

## RESULTS AND DISCUSSION

General profile of the selected rural women indicates that majority of the sample women (64.00%) were in the age range between 25 -30 yrs followed by 30-35 yrs (36.00%). With regard to their education, it was recorded that about 38.00 per cent of the sample women were middle and high school educated followed by 28.00 per cent non-literate, primary (22.00%), intermediate (10.00%) and graduate (2.00%) respectively. Majority of the sample women (60.00%) were from nuclear family. About 66.00 per cent of the sample women belonged to medium size family followed by small (20.00 %) and large (14.00 %) sized family. With regard to the socio economic status of the selected rural women, it was found that majority of the sample women (90.00%) were from medium status followed by 8.00 per cent having low socio economic status and 2.00 per cent were from high socio economic status.

Table 1: General profile of the selected rural women

Background Variables	Percentages & No.		
	(n=50)		
Age (yrs)			
25 - 30	64.00 (32)		
30 - 35	36.00 (18)		
Education			
Non literate	28.00 (14)		
Primary	22.00 (11)		
Middle + High school	38.00 (19)		
Intermediate	10.00 (5)		
Graduate	2.00(1)		
Types of family			
Nuclear	60.00 (30)		
Joint	40.00 (20)		
Size of family			
Small	20.00 (10)		
Medium	66.00 (33)		
Large	14.00 (7)		
Socio Economic Status			
Low	8.00 (4)		
Medium	90.00 (45)		
High	2.00(1)		

Table 2 reveals the self esteem levels of rural women. Almost all of them were categorized to be having medium level of self esteem. Most of them have not gone out of four walls of house except for farm work, whateves the meagre income they get from it is given to the head of the family. Almost all of them have no voice in family matters. It could be said that unawareness, nonliteracy, lack of exposure are the basic reasons for it.

Table 2: Self esteem levels of rural women

Categories of	Percentages of sample and No
self esteem	(n-50)
Low (Below 18)	(0)
Medium (19-36)	(100) 50
High(37-54)	(0)

Table 3 depicts the involvement of rural women in decision making. Majority of them were involved in taking decisions, to very lesser extent which may be related to themselves or family members or can be called in or outside the family with regard to purchase of clothing or household commodities, education of children, care of elderly, etc. Similar type of results were revealed by Khan and Singh (1987) who had conducted a large scale survey to study the role of women in the decision making process related to their reproductive behavior in Uttar Pradesh and found that it was mainly husband, who take decisions though women are the main actors play only marginal role. Scanzoni (1980) revealed that final decision depends upon the most powerful person in the family.

Table 3: Decision making levels of rural women

Categories of	Percentages of sample and No
decision making	(n-50)
Low (0-11)	(96) 48
Medium (12-23)	(4) 2
High (24-34)	(0)

Table 4 shows the mental health status of rural women. Majority (90%) of them were found to have medium level of mental health while 8 per cent of them were categorized to be low followed by only 2 per cent of them having high level of mental health.

Table 4: Mental health levels of rural women

Categories of mental	Percentages of sampleand No.			
health	(n=50)			
Low (0-26)	4 (8)			
Medium (27-53)	45 (90)			
High (54-80)	1 (2)			

Table 5: Knowledge levels on parenting of rural women

Categories of knowledge levels on	Percentages of sample and No.
parenting	(n-50)
Low (0-25)	50 (100)
Medium ( 26-50 )	0
High (51-75)	0

Table 5 denotes the knowledge on parenting. Majority of the mothers were having very poor knowledge on scientific child upbringing practices, overflowed with myths on sound child development. There is dire need to

Table 7: Correlation between Mental health of rural women & their background variables

Variables	Correlation coefficient with the		
	scores obtained by rural women		
	( n-50)		
Self Esteem	$0.001^{\mathrm{NS}}$		
Decision Making	0.283*		
Socio Economic Status	0.166		
Knowledge awareness	$0.267^{\mathrm{NS}}$		
on parenting	0.207		

<sup>\* -</sup> P< 0.05 level NS –Non Significant

Table 6: Scores of background variables of the rural women obtained on AICRP-CD inventory

Self Esteem Decision Making		Mental Health		Knowledge Awareness on			
		Parenting					
Range value	Mean <u>+</u> SE	Range value	Mean <u>+</u> SE	Range value	Mean <u>+</u> SE	Range value	Mean <u>+</u> SE
19-36	23.08 <u>+</u> 0.36	0-11	9.02 <u>+</u> 0.24	33-66	43.7 <u>+</u> 0.49	2-7	4.2+0.2

educate rural women on almost all the aspects studied on parenting scale as well as by raising their self esteem, improving their mental health and with more priority for self esteem & in decision making capacities.

Table 6 shows scores of the background variables of rural women on AICRP-CD inventory. It was noted that the self esteem of rural women was in the range of 19-36 (Mean  $\pm$  SE - 23.08  $\pm$ 0.36), in decision making between 0-11 having mean value 9.02  $\pm$ 0.24, mental health with 33-66 range (43.7 $\pm$ 0.49) and knowledge awareness on parenting with range value of 2-7 having 4.2 $\pm$ 0.2 mean scores.

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