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Research Paper :

A study on socio-economic status, health and hygiene of rural women of Godda Distt., Jharkhand

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ABSTRACT

An analysis of the problems faced by rural women about general health would help us to reorient our health programmes in a meaningful way. Most of the beneficiaries faced problems regarding inaccessible health education, low income, high cost of nutritive foods in maintaining health practices. It demands the, concerns to provide proper education, low cost technology and strenghtening the existing health facilities.

Key words : Economic status, Health and Hygiene, Rural women

Rural women are considered as back bone 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 and they have no role in decision making (Patki and Nikhade 1999). In addition the health of women is the concern of the family and community and is very essential for the healthy life of a community. One of the major concerns of health is mental soundness of an individual. When the mental condition of women 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 (Bhalerao *et al*., 2008).

Health has been defined by WHO as a state of complete physical, mental and social well being, and not mere complete absence of disease. Health cannot be given or distributed, but has to be actively acquired and won. Health is the natural state of a living organism. It means if a person is not in the least affected by any disease, he is called healthy. In other words, a man is said to be healthy when he has got no bodily pain or disease. Health is one of the fundamental human rights. The international/ organisation like the United Nations and the WHO have endorsed this principle (Deodhar, 1983).

Health is primarily personal responsibility and demands personal care to enjoy it. Knowing this importance various efforts were initiated to tackle this wide concern issue through different programmes by different agencies. Similarly the advances in Medical Sciences have the treatment for many diseases possible and simple and evolved scientific health practices to over come many health problems. Even then the benefits of Modern Medicines have not reached the vast majority of people in poverty groups and rural area. Since 80.3% of Indian population is living in rural area as against 26.7% in urban area (Anonymous, 1999)

Health problems all over the world in countries with different levels of technical development are closely connected to the vulnerability of the mother child dyad to inadequate or in appropriate nutrition, infection, unregulated fertility and other factors. Grover (2002) carried out a study on dietary intake and socio-economic factors in birth-weight of infants in rural Haryana and concluded that birth weight is directly influenced by income and educational level. Caste, occupation and family type did not bear a close relationship with birth weight 73.8% of the mothers had low haemoglobin level and were anemic.

The infant is completely dependent on the mother for his or her nutrition. The diet consumed by the women and her health practices has a definite effect on her health. Malnutrition of rural mother is very common in India. UNICEF (1977) has pointed out that malnutrition of mother is the biggest single cause of infant and maternal mortality, therefore, an improvement in the nutritional status of such mothers is of paramount importance. Because specially a rural woman plays a multiplicity of roles in addition to baby rearing and milk production. She is an essential component of the country's agricultural economy, one needs to ensure that her capacity for work

has not been compromised. Maintaining an optimum nutritional status of the women, her health practices and hygeine is the first step towards uplifting the socio-economic status of our population as a whole.

In the year 2005, W.H.O. has given a slogan for world health Day *i.e.* 7th April, 2005 "Make every mother and child count." This shows the serious concern of International Welfare Agencies with the health of women and children in general and low status illiterate rural women and their malnourished children in particular.

The women who are the prime producer of the necessities of life, women on whom the society depends so heavily for economic support and family health care, hence it is important to study their current problems regarding maintenance of required health and hygiene within their existing socio-economic backgrounds.

METHODOLOGY

The study was conducted during the year 2008 in Pathargama block of Godda District. Nine villages were selected for the study having primary health centers. Since the study was concentrated on knowledge level of rural women, a list of married women who had a married life of at least five years was prepared with the help of auxiliary nurse midwives of PHC. From the list prepared, 15 women from each village were selected randomly as respondents for the study to make the sample size 135. The personal interview technique was employed to elicit the information from the respondents with the help of pretested schedule. The results of the study is presented using the percentage tables.

FINDINGS AND DISCUSSION

The results obtained from the present investigation are presented in Table 1 and 2.

Socio-economic status of rural women :

The socio-economic status of rural women with respect to important personal attributes are presented in Table 1.

It can be observed from Table 1 that out of 135 respondent majority (58.00%) of them were belonging to young age group due to the very criteria of selection of respondents and early marriages of girls in rural areas. Regarding education it was observed that half of the respondents were illiterate due to the reason of illiteracy of parents and existing rural social environment might have not encouraged their parents to provide formal education.

The results pertaining to family type revealed that majority (57.04%) of the re- spondents had joint families. The fact that agriculture being the main occupation of majority of families need large number of people for their laborious work, which might led to the formation of joint families. With respect to occupation, agriculture was found main occupation with 44.00% of the respondents, followed by government service, business and labour. Since agriculture is the back bone of our economy, most of them have opted this as the basic occupation in rural areas. On the other hand limited land and other constraints like erratic rains and market problems might have made them

Table 1 : Personal and socio-economic characteristic of the respondents (N=135)

Variable and category	Number	%
Age (Yrs.)		
Young (20 to 34)	78	57.78
Middle (35 to 50)	43	31.85
Old (above 50)	14	10.7
Education		
Illiterate	69	51.11
Primary/Middle	43	31.85
High School/Inter	22	16.29
Graduate	01	00.74
Caste		
Forward	76	56.29
Backward	48	35.35
SC/ST	11	08.15
Family type		
Nuclear	58	42.96
Joint	77	57.04
Family structure		
1 to 4 members	32	23.70
5 to 8 members	78	57.78
9 and above	25	18.52
Main family occupation		
Agriculture	60	44.44
Govt. service	21	15.56
Business	20	14.82
Labour	14	10.37
Tailor	05	03.70
Carpenter	05	03.70
Blacksmith	04	02.91
Goldsmith	02	01.48
Painter	01	0.74
Sheepje	01	0.74
Barbar	01	0.74
Washerman	01	0.74
Land holding		
Margnal (below 3.2 acres)	24	17.78
SM (3.2 to 7.2 acres)	36	26.67
Without land	47	34.82
Annual income		
Upto Rs. 11,500	51	37.76
Above Rs. 11,500	84	62.22

to choose other occupations. Majority (62.22%) of the respondents families had an annual income above Rs. 11,500/= . The possible reasons could be the better socio-economic conditions since most of them were having big land holdings and normally more income.

Problems faced by the respondents with respect to "Health and Hygiene":

Among the different problems posed by the respondents most of them (67.41%) expressed lack of education with regard to maintenance of good health as the major problem (Table 2). Though the health agents conduct programmes regarding health education, they are unable to attend due to lack of time, heavy work load at homes, traditions and restriction for mobility etc. Further increased cost of living also finds it different in maintaining family with their available budget which might be the reason for expression of such difficulties.

Lack of time was another problem expressed by 28.15% of the respondents. Since most of them work both at home and farm they would not get sufficient time to practice all the health practices properly. Women who are continuously engaged in domestic work also do not get free time. Since they are still using traditional stoves, open cooking etc. instead of using modern energy saving and time saving devices.

Few respondents (10.00%) expressed that PHC workers do not extend help properly when approached for advice. As the human nature varies, few workers might have shown their lack of interest in doing such work. Non-availability of proper medical facilities in villages was also one of the problems expressed by few of the respondents. This is because of smaller villages. Most of the health institution become un- economical as their capacities remain under utilized, as a result people were attracked towards urban area for such medical facilities.

Thus, the results were in confirmation with the studies conducted by Ram *et al*.(1995) and Ramanamma and Ratnam (2000). Illiteracy, nature of work big family size, low productivity might have responsible for maintaining poor health practices of the rural women.

As per the desire of majority of the respondents, proper education regarding health practices should be provided during leisure hours. Further providing low cost technologies to prepare their home-made nutritious foods and promoting energy saving devices for preparation of quality food are required to inprove the prevailing situation.

Table 2 : Problem of the respondents with respect to "Health and hygiene"

Variable and category	Respondents	
	Number	%
Education with regard to maintenance of good health is not provided	91	67.41
Families income not sufficient to buy materials like brushes, paste, soaps, oil etc.	64	47.71
High cost of nutritious foods	64	47.71
Lack of time to attend to general hygiene measure	38	28.15
PHC workers do not extend help properly when approached for advice or any other treatment	10	7.40
Proper medical facilities not available in villages	10	7.40
Help and proper guidance not available during delivery times	03	2.22

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