RESEARCH ARTICLE

ADVANCE RESEARCH JOURNAL OF SOCIAL SCIENCE

Volume 6 | Issue 1 | June, 2015 | 47-50 ■ e ISSN–2231–6418

DOI: 10.15740/HAS/ARJSS/6.1/47-50 Visit us : *www.researchjournal.co.in*

A study on knowledge of health care practices among rural women

■ Mohini Saxena

Department of Home Science, Ginni Devi Modi Girls P.G. College, Modinagar, GHAZIABAD (U.P.) INDIA

(Email: moheene.sexena24@gmail.com)

ARTICLE INFO :

Received : 12.02.2014
Revised : 19.04.2015
Accepted : 01.05.2015

KEY WORDS :

Health practices, Rural women, Knowledge

HOW TO CITE THIS ARTICLE :

Saxena, Mohini (2015). A study on knowledge of health care practices among rural women. *Adv. Res. J. Soc. Sci.,* **6** (1) : 47-50.

ABSTRACT

The present study was conducted to know the knowledge of selected health care practices among rural women. In the study a total of 200 women were selected by simple random sampling. Women respondent knowledge on adolescent health care revealed that they had almost full knowledge on personal Hygiene, use of clean cloth or sanitary pad during menstruation and seeking medical help in case of improper menstruation. But nearly 20 per cent of them did not have adequate knowledge on the issue of providing adequate information to their girl children, before they start menarche. The results of motherhood and intranatal care revealed that about 90 per cent of respondents had almost full knowledge an antenatal medical check-ups, taking two tetanus toxoid injections during the pregnancy, taking iron and calcium tablets and awareness of intranatal care. About 27 per cent of rural women did not possess adequate knowledge of the balanced nutrition diet and adequate rest for the pregnant women for safe motherhood and delivery. The results of new baby care revealed that 20 per cent each of the rural women respondents did not possess adequate knowledge of the importance of breast feeding, especially collustrum immediately after birth and continuously breast feeding the child up to two years for adequate nutrition to the infant child. The results of family planning method revealed that 85 per cent of rural women had knowledge on the ideal age of women at their first pregnancy and the significance of timing births and adopting ideal spacing between births for their better reproductive health. Only 68 per cent of rural women were aware of the actual size of ideal family. One disturbing result of the study was that nearly 54 per cent of rural women respondents were not aware of the risks and dangers involved in late age (beyond 35 years) pregnancies and in having fourth or fifth pregnancy.

INTRODUCTION

Because ill-health traps people in poverty, sustained investment in the health of the poor could provide a policy lever for alleviating poverty (WHO, 1999). This perspective, emphasizing ill-health as an obstacle to economic progress, is being used by Gro Harlem Brundtland, the Director General of the World Health Organization (WHO), to take forward her central commitment to moving health up the agenda of governments and politicians. Using this argument then places advocates for health in a position where they will no longer be relegated to dealing solely with Ministries of Health (traditionally weak compared to many others), but

will be able to capture the direct attention of Prime Ministers and Ministers of Finance (Lean and Walt, 2001).

The Committee on the Status of Women in India (CSWI) underscored health as an important factor both in the achievement of status as well as indicator of social status, particularly for women, whose health is conditioned to a great extent by social attitudes. The CSWI therefore saw a definite link between low status of women and deficiencies in the knowledge and utilization of preventive health services.

In order to improve the knowledge of rural women on the key health practices and health programmes, mass media, being unsurpassed in speed, range and force of impact offer the greatest possibilities for effective action. Interpersonal sources of information at cosmopolite as well as localite levels offer adequate reinforcements for dissemination of information on health practices and health programmes.

Several health care programmes were introduced to provide health care to rural people through the existing network of hospitals at district level and community health centres and primary health centres at lower levels.

In order that India achieves its MDG targets, the public health needs to be addresses in an altogether transformed approach. Multi-pronged actions need to be taken up to improve the health of our people, especially the health of women and children, most vulnerable section of our society. Health is firstly, the responsibility of the individual, then of his or her family, then of the community and only remotely of the nation as in an epidemic. So the actions towards improving the health of our population need to involve the individual – men, women, and children, the family as whole and the community.

The individuals and the family need to be educated to enhance their awareness and knowledge about health programmes. Campaigns at community level help adopt and diffuse the best health practices among the community member.

Adolescence is a period of transition from childhood to adulthood. It is the period of life between ages of 10-19 years. This period is very crucial, since these are the formative years in the life of an individual when major physical, psychological, and behavioural changes take place. The term "maternal and child health care" refers to the promotive, preventive, curative and rehabilitative health care for mothers and children. This has been renamed later as reproductive and child health (RCH). Mother and child health is not a new specialty. It is a method of delivering health care to special group in the population, which is especially vulnerable to disease, disability or death. These groups (under the age 5 years and women in the reproductive age group (15-44 years) comprise about 31.6 per cent of the total population in India.

In Neonatal care, the first week of life is the most crucial period in the life of an infant. In India, 50-60 per cent of all infant deaths occur within the first month of life. The risk of death is the greatest during the first 24-48 hours after birth. The problem is more acute in rural areas, where expert obstetric care is scarce, and the home environmental conditions, in which the baby is born, are usually unclean and unsatisfactory. Many attitude surveys have shown that awareness of family planning is very widespread and people are generally in favour to restricting or spacing births, there is no organized opposition to it. But some times most of deep-rooted religious and other belief stem from ignorance and lack of communication.

National Family Welfare Programme Prior to her independence, India had no national population policy with a purposive goal to maintain or change the natural trend of population growth. Some efforts were made by leaders and some eminent persons to sfocus its importance and make the community aware of it.

MATERIAL AND METHODS

The present study was carried out in Meerut region of Uttar Pradesh. Since the aim of the research investigation was to assess the level of knowledge gain and evaluate the extent of adoption of health care practices by rural women, the researcher, because of her familiarity with the study area, purposively selected Meerut region of Uttar Pradesh.

Total 200 women were selected belonging to the reproductive age group of 20-45 years. Questionnaire were used as a tool for data collection. A knowledge test to assess the respondents' level of knowledge was prepared based on the 'standardized test' procedure to test the level of knowledge of rural women regarding the selected areas of women's health care. The items of the knowledge test were pre-tested and necessary changes were made.

The obtained data were compiled and analyzed statistically with the help of suitable statistical test.

Statistical methods were used in this research investigation: Frequencies, percentage, mean, standard deviation, correlation, and regression analysis.

OBSERVATIONS AND ANALYSIS

The results of the present study as well as relevant discussions have been presented under sub heads :

Table 1 : Distribution of women respondents' knowledge on adolescent girl health care

Adolescent girl health knowledge care		(n=200)
Mean	4.45	
Standard deviation	0.80	
Range	2-5	
Category	Frequency	Percentage
Low (<Mean-SD)	25	12.5
Medium (Between Mean+SD)	54	27.0
High (>Mean+SD)	121	60.5
Total	200	100

Table 2 : Distribution of women respondents' knowledge on safe motherhood and intranatal care

Knowledge on safe motherhood and intranatal care		(n=200)
Mean	4.45	
Standard deviation	0.78	
Range	2-5	
Category	Frequency	Percentage
Low (<Mean-SD)	32	16
Medium (Between Mean+SD)	45	22.5
High (>Mean+SD)	123	61.5
Total	200	100

Table 3 : Distribution of women respondents' knowledge on new born baby care

New born baby care knowledge care		(n=200)
Mean	4.46	
Standard deviation	0.67	
Range	1-5	
Category	Frequency	Percentage
Low (<Mean-SD)	15	7.5
Medium (Between Mean+SD)	57	28.5
High (>Mean+SD)	128	64.0
Total	200	100

Table 4 : Distribution of women respondents' knowledge on family planning health

Family planning knowledge		(n=200)
Mean	3.87	
Standard deviation	0.87	
Range	1-5	
Category	Frequency	Percentage
Low (<Mean – SD)	63	31.5
Medium (Between Mean + SD)	88	44.0
High (>Mean + SD)	49	24.5
Total	200	100

Adolescent girl health care :

Results of knowledge on adolescent girl health care have been summarized in Table 1. The rural women respondents had almost full knowledge on personal Hygiene, use of clean cloth or sanitary pad during menstruation and seeking medical help in case of improper menstruation. But nearly 20 per cent of them did not have adequate knowledge on the issue of providing adequate information to their girl children, before they start menarche. Another 26 per cent were also not aware of the significance of giving adequate and balanced diet to the growing teenagers during their adolescent years for laying a strong foundation for their better reproductive health in future.

Safe motherhood and intranatal care :

Results of knowledge on safe motherhood and intranatal care have been summarized in Table 2. About 90 per cent of respondents had almost full knowledge an antenatal medical check-ups, taking two tetanus toxoid injections during the pregnancy, taking iron and calcium tablets and awareness of intranatal care including adequate knowledge of five cleans - clean surface, clean hands, clean blade, clean cord and clean cord tie during delivery time. About 27 per cent of rural women did not possess adequate knowledge of the balanced nutrition diet and adequate rest for the pregnant women for safe motherhood and delivery.

Newborn baby care :

Results of knowledge on newborn baby care have been summarized in Table 3. The rural women had almost full knowledge on the need for preventive care of the new born baby through TT injections, BCG and polio vaccines and completing immunization schedule. These rural women had adequate knowledge of the significance of adopting immunization for better newborn baby care. But nearly 20 per cent each of the rural women respondents did not possess adequate knowledge of the importance of breast feeding, especially collustrum immediately after birth and continuously breast feeding the child up to two years for adequate nutrition to the infant child.

Family planning methods :

Results of knowledge on family planning methods have been summarized in Table 4.Women respondents had almost full knowledge on various family planning methods. But around 85 per cent of rural women had knowledge on the ideal age of women at their first pregnancy and the significance of timing births and adopting ideal spacing between births for their better reproductive health. Only 68 per cent of rural women were aware of the actual size of ideal family. One disturbing result of the study was that nearly 54 per cent of rural women respondents were not aware of the risks and dangers involved in late age (beyond 35 years) pregnancies and in having fourth or fifth pregnancy.

REFERENCES

Berelson Bernard (eds) (1966). *Family planning and population programs*. The University of Chicago Press, CHICAGO, CANADA.

Brundtland, Gro Harlem (1999). In WHO (1999) The World Health Report 1999: Making a difference. Geneva, WHO, 1999.

Chandhick, N., Dhillion, B.S., Kambo, I. and Saxena, N.C. (2003). Contraceptive knowledge, practices and utilization of services in the rural areas of India (an ICMR task force study). Division of RHN, n Council of Medical Research, Ansari Nagar, New Delhi, **57**(7) : 303-310.

Lean, David, and Walt, Gill (2001). *Poverty, Inequality, and Health*. Oxford University Press, NEW YORK, U.S.A.