

# Basic health awareness and concerns prevalent among Indian hill farm women

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■ **ABSTRACT** : Women have always been a part of the active work force in Uttarakhand, although their work remains unrecognized and formally unorganized. Health allied issues pertaining to women have always been a remarkable area for researchers and much has been explored. However, minimal research in this perspective has been conducted on women folk belonging to hilly regions. This paper is therefore, an attempt to unveil at least the basic health awareness and concerns prevalent among hill farm women. With ex-post facto research design the study was taken up in Dotiyal gaon of Takula block in Almora district. Sample size consisted of 50 hill farm women. Results signified poor health awareness and concerns among hill farm women, as in majority women were not aware about their blood group and the dietary differences of normal and pregnant women. They were suffering from different ailments as a result of their work culture. Concerted efforts by the medical community, government, NGOs and learned people willing to help is ardently entailed to create awareness and enlightening hill farm women for what is the basis of life *i.e.* health.

■ **KEY WORDS**: Basic health, Concerns prevalent, Indian hill farm women

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In rural India, agriculture and allied industrial sectors employ as much as 89.5 per cent of the total female labour. In their varied roles as agricultural labourers, dejure landowners, defacto households heads, or as self- cultivators and 'managers' of their homesteads, women are the invisible backbone of Indian agriculture (Ahmed, 2004).

Women work for longer hours and their work is more arduous than men. Women's contribution to agriculture, whether it is subsistence farming or commercial agriculture, when measured in terms of the number of tasks performed and time spent, is greater than men. This heavy work is bound to leave its impact on the health of the women and girls in hills of Uttarakhand. Health of women is directly related to the well being of the entire family. The literature indicates that rural women face higher risks of morbidity and mortality because of strenuous physical work (Rawat, 1995).

The extent of women's contribution is aptly highlighted by a micro-study conducted in the Indian Himalayas which

found that on a one-hectare farm, a pair of bullocks' works 1,064 hours, a man 1,212 hours and a woman 3,485 hours in a year ([www.policyproject.com](http://www.policyproject.com), 2008). Pant (2002) in a study reported that overwhelming population of hill women were in grip of severe to moderate malnutrition. Upadhyay *et al.* (2011) reported that nutritional status as well as nutritional knowledge of hill women is unsatisfactory and needs interventions. Concern over women's nutritional status is mostly confined to pregnant and lactating women. Their nutritional and health status prior to and after these stages receives little or no attention.

The consequences of the ever increasing workload of hill women can be directly witnessed in their declining health status. They tend to suffer in isolation and become accustomed to several of their physical complications. In Uttarakhand, women of varied ages under take severe physical work in the coarse environment of the mountains. Besides, the cultural conditions have created a biased ambience, which has made

women fail to realize their basic rights. In spite of undertaking hard physical work, a hill woman's intake of food is always low and less nutritious. The food intake is never balanced to her energy spent on daily activities. Anaemic cases in the hills are found at every other step. Stressful work has also lead to muscle pain, back pain, foot pain etc. and has severely affected their reproductive health. The specific health risks occurring due to women related work include respiratory problems due to long hours spent indoors on cooking with fuel wood; sore and pain in the waist, shoulders, and legs for carrying heavy loads of fodder and water; and bearing infections while working at unclean cowsheds ([www.mountaindiary.netfirms.com](http://www.mountaindiary.netfirms.com), 2008).

Shukla and Sharma (2000) reported in a study conducted in hilly regions of Nainital district on work rest at critical activities that agricultural women experience heavy burden of drudgery on them. Majority of women were involved in operations like weeding and hoeing, harvesting, threshing, winnowing and levelling, women are also involved in difficult chores of carrying water, fuel and fodder. These strenuous activities cause excessive strain on ligaments tendons and muscles of arms, legs, of back of the worker. Long lasting static posture with heavy load imparts the blood supply and the products are accumulated in the muscles. Most of the women suffer from heavy work load and higher physiological cost. The performance of work for a longer duration of time results in physical, mental and psychological stress and the ability or efficiency to work reduces.

The studies conducted in hilly areas of Uttarakhand revealed that 77 per cent of women in Uttarakhand were found to be suffering from anaemia (clinical anaemia); among these 6.3 per cent had severe anaemia. About half of the women suffered one or other symptom indicative of reproductive tract infection or pathology: pain during menses (42%), abnormal vaginal discharge with associated symptoms like itching and foul discharge (55%), and lower abdominal pain irrespective of menses (42%). Workload on women continues just before the onset of labour pains and restarts a few days after delivery. 16-17 hours a day was the average working hours of every hill women. Deliveries were conducted by trained Dai in only 23.6 per cent cases; by untrained Dais 34.6 per cent, by family 20.5 per cent; in 3.4 per cent cases women delivered themselves. In certain parts, deliveries took place in cowshed. Post natal care by the health service was very poor. 10.3 per cent women reported an accident in their families due to slip and fall from trees, rocks etc; attacks by wild animals in the forest (bear, tiger etc.) while collecting fodder, firewood and water ([www.mountaindiary.netfirms.com](http://www.mountaindiary.netfirms.com), 2008).

Considering all these factors, it can be understood that the situation of hill farm women is quite different from their counterparts residing in plain areas. In addition to that their condition especially pertaining to health concerns has remained unnoticed. It is in this way, an effort has been taken

to genuinely get acquainted some of the basic health concerns of Indian hill farm women.

## ■ RESEARCH METHODS

The study with descriptive ex-post facto research design was carried out in Dotiyal gaon, Almora district located in the Kumaoun hills of Uttarakhand state of India. Multistage sampling technique was used wherein at the first stage district followed by block; village and respondents were selected for the study. From the Aganwadi list, 50 hill farm women were selected using simple random sampling without replacement. Survey method was employed to collect the data. Open ended interview schedule was employed to access the nutritional knowledge of hill farm women. The statistical measures used for analysis were frequency and percentage distribution.

## ■ RESEARCH FINDINGS AND DISCUSSION

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

### Difference between diet pattern normal women, pregnant women and lactating women :

Table 1 reveals that majority of the hill farm women (78%) reported same food for both normal and pregnant women and 22 per cent viewed that additional food should be given to pregnant women. Majority of women (90%) reported prohibition of certain food items for lactating women, while 10 per cent supported that normal food should be given to lactating women. From above findings it seems that hill women in majority were not aware of dietary requirements of pregnant and lactating women.

**Table 1 : Knowledge of hill farm women regarding dietary differences among women of different segments**

Sr. No.	Diet pattern	Respondents (n=50)
<b>Normal and pregnant women</b>		
1.	Same for normal and pregnant women	39 (78)
2.	Additional food to pregnant women	11 (22)
<b>Normal and lactating women</b>		
3.	Prohibition of certain food items for lactating women	45 (90)
4.	Normal diet for lactating women	5 (10)

Note: Figures in the parenthesis indicate the percentage in the respective category.

### Knowledge about anaemia :

Table 2 reflects hill women's knowledge regarding anaemia. It was found that majority of women (68%) did not have any knowledge pertaining to anaemia. Only 20 per cent women reported anaemia as lack of blood in the in the body,

while twelve per cent reported anaemia as deficiency of iron. It was noticed that though hill farm women were having the symptoms of anaemia (pale eyes and face, fatigue, weakness, swollen hand and feet) but they were unaware of it as they thought these symptoms were because they work hard since dawn to dusk.

Sr. No.	Knowledge	Respondents (n=50)
1.	Do not know	34 (68)
2.	Lack of blood	10 (20)
3.	Deficiency of iron	6 (12)

Note : Figures in the parenthesis indicate the percentage in the respective category.

### Knowledge about blood group :

The study found that majority of hill farm women (90%) did not have any knowledge regarding blood group. It was only 10 per cent of the women who knew their blood group. It was found during verbal conversation that those women who knew their blood group had their blood tested when they were pregnant or sick.

### Common diseases or ill health :

Table 3 highlights a number of ailments or ill health reported by hill farm women which includes fatigue/weakness (34%), burning sensation in hands and feet, (24%), night fever (16%), aches of body, head and waist (16%) and stomach disorders like constipation, diarrhoea, stomach ache and acidity (10%).

Sr. No.	Ailments or ill health	Respondents (n=50)
1.	Fatigue/weakness	17 (34)
2.	Burning sensation in hands and feet	12 (24)
3.	Night fever	8 (16)
4.	Ache (waist, head and body)	8 (16)
5.	Stomach disorders	5 (10)

Note: Figures in the parenthesis indicate the percentage in the respective category.

### Food during ill health conditions :

Table 4 shows that during fever, half of the hill farm women preferred equally moong porridge (moong ki kichri) and while the other half consumed chapatti-dal (50%). During diarrhoea, a traditional food item called "jaula" *i.e.* a mixture of rice + salt + curd was consumed (100%) while in case of cold and cough, chapatti, dal and vegetables were preferred by all of them (100%). No rice and cold items were preferred during fever and cold.

**Table 4 : Food habits among hill farm women during ill health conditions**

Sr. No.	Food during ill health	Respondents (n=50)
1.	Fever	
	(a) Moong porridge	25 (50)
	(b) Chapatti and dal	25 (50)
2.	Diarrhoea	
	(a) Jaula (Rice + curd)	50 (100)
3.	Cold and cough	
	(a) Chapatti, dal and vegetable	50 (100)

Note: Figures in the parenthesis indicate the percentage in the respective category.

### Precautions during sickness :

Data of the study revealed that 80 per cent women consulted doctor while 20 per cent consulted Ojha (exorcist) first. The precautions and prescription regarding medicine, food habits and rest during sickness period were followed accordingly.

### Source of nutritional and health knowledge :

Different sources through which hill farm women got nutritional and health knowledge are presented in Table 5.

Data of Table 5 revealed that majority of information or knowledge on nutritional and health were received from hospital (40%) followed by television (24%), elder people (12%), newspaper (10%), radio (8%) and magazine (6%). During the interview, a few women complained that the doctors at the hospital just prescribe medicines and did not educate them of ailment. Education personnel at hospital may play a significant role and home scientist can be involved for the purpose.

**Table 5 : Source of nutritional and health knowledge among hill farm women**

Sr. No.	Source	Respondents (n=50)
1.	Hospital	20 (40)
2.	Television	12 (24)
3.	Elder people	6 (12)
4.	Newspaper	5 (10)
5.	Radio	4 (8)
6.	Magazine	3 (6)

Note: Figures in the parenthesis indicate the percentage in the respective category.

### Reproductive or menstrual problem :

Table 6 reveals that 36 per cent hill farm women suffered from pain during menses, 22 per cent experienced burning sensation during urination, 14 per cent had itching in vaginal area, 18 per cent were facing leucorrhoea problem, while ten per cent reported reproductive tract infection. It was found during verbal conversation that though hill farm women had a number of reproductive or menstrual problems yet they were reluctant towards medical consultancy regarding such problems until

**Table 6 : Reproductive or menstrual problem prevalent among hill farm women**

Sr. No.	Problem	Respondents (n=50)
1.	Pain during menses	18 (36)
2.	Burning sensation during urination	11(22)
3.	Leucorrhoea	9(18)
4.	Itching in vaginal area	7 (14)
5.	Reproductive tract infection	5 (10)

Note: Figures in the parenthesis indicate the percentage in the respective category.

the situation reached worst condition. Rao *et al.* (1983) Reddy and Rao (2000) and Dhubhal and Raghuvanshi (2003) also worked on the similar topic related to the present work.

### Conclusion :

Results divulge poor status of health concerns among hill farm women. Here it is noteworthy that being attentive towards one's health and basic knowledge imbued with it is very crucial for leading a healthy life, especially for women folk as woman's poor health has repercussions not only for her but also their families in terms of household and overall well being, as she will be less productive and less empowered. The study revealed in majority, hill farm women were not aware of dietary differences required for pregnant and lactating women. Most of them were ignorant about anaemia despite suffering from the symptoms of anaemia. Only 10 per cent of women were acquainted of the blood group. Fatigue, burning sensation in hands and feet, night fever, ache (waist, head and body) and stomach disorders were found to be the common ailments prevalent among hill farm women. Green gram porridge, chapati, dal, vegetable, curd, rice were the main food items of hill farm women during ill health conditions like fever, cold and cough, diarrhoea, respectively. Prevalence of approaching exorcist during sickness was found. Hospital was the main source of nutritional and health knowledge. Different menstrual problems were also prevalent among hill farm women.

### Recommendation :

- Acquainting the hill people about the dietary requirements in various phases of woman's life like adolescent, pregnancy, lactation and old age and the relation between nutrition intake and health of an individual through awareness campaigns.
- Enlightening the hill women about role of nutrients in our diet and impact of poor health status of mother on her child with the aid of NGO's and other voluntary organizations.
- Incorporating nutrition education into community

development programmes.

- Nutrition expert from the district hospital can come and visit Aganwadi centre once thrice a month where meeting of farm women could be arranged to enlighten them regarding nutrition concerns.
- Co-operative and collaborative working of Block Development Office and medical experts to facilitate health and nutrition awareness and education campaigns for village people in general and hill farm women in particular.

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