AWARENESS ABOUT HEALTH AND NUTRITION IN RURAL WOMEN

ABSTRACT

Food plays a vital role in providing nutrition to the body. Preparing food and feed for all the family members is an important job for rural women. Thus, the study was conducted to assess the present awareness of rural women about some selected areas of health and nutrition. Data was collected by personal interview. It was found that rural women were very less aware of health and nutrition. Very few rural women are aware of a balanced diet, functions of food, food groups, safe drinking water, immunisation and awareness about iron deficient disease anaemia. The study implies that the information on certain nutritional aspects could be spread to increase awareness about human nutrition among rural women for their wellbeing

KEY WORDS -Rural women, health, nutrition, Awareness.

Women constitute about half of the world's population and play an equally important role along with men in creating a better life for the family. In Indian agriculture, women continue to share many family and farm operations with men. Despite the multiple roles of women in agricultural operations and household chores, the nutritional and health status of rural women in general is much lower than their male counterparts. Most of the rural women are undernourished and their children are suffering from malnutrition and health problems, because tradition in India requires that women eat last and least throughout their lives, even during their pregnancy and lactation period. Malnourished women give birth to malnourished children. Iron deficiency anaemia is found in all countries, but it is foremost prevalent and of greatest severity in developing countries.

Thus, this is high time to assess the present awareness of women about health and nutrition. On the basis of the result of the same some areas could be identified on which knowledge is to be spread among rural women that act as precautionary measures to prevent under or over-nutritional conditions. The present study was thus undertaken for the same purpose. The objective of the study is to assess the awareness level of rural women about health and nutrition.

Methodology

The study was conducted in purposively selected Kalayanpur panchayat samiti of Kanpur district of U.P., out of 100 villages of Kalyanpur samiti, four villages were selected. from

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each village, a sample of 30 women was drawn randomly to form a total sample of 120 women. A personal interview technique was used to collect data from the respondents.

Findings

To know the existing awareness level of rural women about health and nutrition four topics related to health and nutrition were selected with the help of a subject specialist ie. A balanced diet, safe drinking water, immunisation, and iron deficiency anaemia. The findings related to these topics are given below**.**

Component Wise Initial Awareness of Respondents:

- **Balanced diet**

Women play an important role in planning and providing nutritious meals to the family. Selection of the right kind of food, in the right proportion and amount, makes the diet balanced in all respects. Hence, the awareness possessed by rural women regarding the concept of a balanced diet, the basic four food groups, and deficiency diseases that can occur due to lack of any of the foodstuffs in the diet was assessed. The results are presented in the following table.

Table 1.1: Initial Awareness of the Respondents about the Concept and Functions of a Balanced Diet

N = 120

S. No.	Items	Frequency (f)	Percentage (%)
1.	Concept of a balanced diet	19	15.80
2.	Functions of food		
	• Provide energy	22	18.30
	• Proper growth and development	18	15.00
	• Prevention from disease.	5	4.16
3.	Effects of an imbalance diet		
	• Malnutrition	10	8.33
	• Nutritional deficiency disease	9	7.50
	• loss of work capacity	20	16.6

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Table 1.1 shows that only 15.8 percent of respondents knew about the concept of a balanced diet i.e. A diet that contains all food groups in a required amount for maintaining good health. Whereasthe majority of them (84.2%) were not aware ofthe concept of a balanced diet.

Regarding functions of food, data show that some of the respondents (18.33%) were aware that food provides energy, whereasthe majority of them (85.00-95.84%) were ignorant about other two vital functions of food i.e. growth and development of the body and prevention from disease.

Further,the existing awareness of the respondents about the effects of an imbalanced diet on health was also found poor. As data presented in Table – shows that an imbalanced diet causes loss of work capacity, malnutrition, and nutritional deficiency disease as reported by 16.6 percent, 8.33 percent, and 7.5 percent of respondents respectively.

Table 1.2 : Initial Awareness of the Respondents about Basic Food Groups.

N = 120

S. No.	Food Groups	Frequency (f)	Percentage (%)
1.	Cereals	52	43.3
2.	Pulses	22	18
3.	Milk & milk products	10	8
4.	Fruits and vegetables	5	4

Table 1.2 Indicated that (43.3%) of ssrespondents knew about cereals (maize, wheat etc) as one of the food groups, where as 18 percent respondents were aware about pulses. With respect to other two food groups i.e. fruits and vegetables, milk and milk products their exiling awareness level was also very poor. Only 8 percent respondents knew about milk and milk products and 4 percent reported for fruits and vegetables.

Table 1.3 : Initial Awareness of the Respondents about Functions of Basic Food Groups

N = 120

S. No.	Functions	Frequency (f)	Percentage (%)

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1.	Cereal • To provide energy / strength to our body	15	12.50
2.	Pulses • Proper growth and development of the body • Repair and maintenance of body cells and tissues.	7 3	5.83 2.50
3.	Milk and milk products • For strong bones.	3	2.50
4.	Fruits and vegetables • To protect the body from disease.	4	3.33

It is clearly evident from Table 1.3 that existing awareness of the respondents about functions of food groups was found poor only 12.5 percent respondent reported cereals act as energy providing food. Whereas pulses were considered essential for proper growth and development of the body only by 7 percent respondents. Similarly repair and maintenance of the body cell and tissue was known to only a few respondents (3%). As for as important of milk, milk products, fruits and vegetables in the diet only 3-4 percent respondents reported that these food groups are essential for strong bones & protection from disease respectively. These finding clearly indicate that the awareness about importance of food group among women was lacking.

- **Safe drinking water**

Drinking water is a must for the survival of the humanity. Without it men can not survive for more than few days. It can be said that water is a life given. But the water as life given could be a life killer too, if the users are not cautious enough. Since women are the primary user in handling of water. Hence, the awareness possessed by rural women regarding features and sources of safe drinking water, domestic methods of water cleaning, handling of drinking water and water borne disease that occur due to drinking of dirty water was assessed. The results are presented in the following tables –

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Table 2.1 : Initial Awareness of the Respondents about Characteristics and Safe Sources of Drinking Water

N = 120

S. No.	Features and sources	Frequency (f)	Percentage (%)
1.	characteristics of clean water		
	• Tasteless	15	18.00
	• Colour less & Transparent	12	10.00
	• odourless	9	7.50
2.	Safe sources of drinking water		
	• Tab	20	16.66
	• Hand pump	40	33.33
	• Covered well	28	23.33

Respondents existing awareness about features of clean water and safe sources of drinking water is presented in Table 2.1 Regarding features of clean water only 18 percent respondents knew that it should be taste less, whereas water should be colorless, transparent and odourless was known by 10 percent and 7.5 percent respondent respectively.

Data further highlight awareness about safe sources of drinking water. Nearly one third of the respondents (33.33%) knew that hand pump water is safe for drinking purpose, water sources as covered well and tap were considered safe for drinking purpose only by 28 percent and 20 percent respondent respectively.

Table 2.2: Initial Awareness of the Respondents about Domestic Methods of Cleaning Water

N = 120

S. No.	Domestic method of cleaning water	Frequency (f)	Percentage (%)
1.	Boiling	14	11.66
2.	Used of double layered filter cloth	30	25

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3.	Use of alum	0	00

Clean water is important for good health. Water can easily clean at home by using simple methods. Since treatment of water for drinking purpose is the main responsibility of women, thus it was considered important to know awareness of rural women about domestic methods of water cleaning.

Perusal of Table 2.2 regarding domestic method of water cleaning reveals that one fourth (25%) of the respondents knew that water should be filtered with double layered filter cloth while only 12 percent respondent reported that water can be clean by boiling. None of the respondent knew about use of alum for water cleaning.

Table 2.3: Initial Awareness of the Respondents about Handling of Drinking Water

N = 120

S. No.	Handling of water	Frequency (f)	Percentage (%)
1.	Should be kept above ground level	0	00
2.	Should be kept covered	17	14.16
3.	Handle lutia should be use.	18	15

Table 2.3 portrays that rural women exhibited boor awareness about handling of drinking water, only 14-15 percent respondents reported that drinking water should be kept covered and should use handle lutia for taking out water from pot / container. None of the respondents knew that water container should keep above the ground level (parenda).

Table 2.4: Initial Awareness of the Respondents about Water Borne Disease

N = 120

S. No.	Water borne disease	Frequency (f)	Percentage (%)
1.	Jaundice	18	15
2.	Cholera	10	8.30

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3.	Fluorosis	0	00
4.	Diarrhoea	30	25

Consumption of dirty water is harmful and can cause various water borne diseases. Water borne diseases are leading killers of infants and children especially in rural areas. WHO has stated that 30 percent of all the disease in the world is associated with drinking water. Therefore, it was considered important to know whether rural women were aware or not.

The data presented in Table 2.4 clarifies that in general rural women possessed poor awareness about water borne disease. Diarrhoea as water borne disease was reported 25 percent respondents followed by Jaundice (15%) and cholera (8.3%). A vast majority did not know that fluorosis is also due to drinking of contaminated water.

- **Immunization**

Immunization is the strengthening of a person's defence mechanism against infection. Vaccines are available for many infections disease in children like diphtheria, whooping cough, tetanus, polio, T.B. and measles and in pregnant women tetanus is controlled by the Vaccination. So, there is a need to aware the rural women about immunization. Hence, the awareness possessed by rural women regarding advantage and period of vaccination, need of vaccination for pregnant women and children was assessed. The result is presented under following tables –

Table 3.1: Initial Awareness of the Respondents about Need of Vaccination for Children

N = 120

S. No.	Items	Frequency (f)	Percentage (%)
1.	Is vaccination necessary for children		
	• yes	29	24.16
	• No	00	00
	• Don't know	91	75.8

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It is apparent from the table 3.1 that 75.8 percent women were not aware that Vaccination is essential among children or not. However, one fourth (24.16%) respondents said that it is essential for children.

Table 3.2: Initial Awareness of the Respondents about Advantages and Period of Vaccination

N = 120

S. No.	Items	Frequency (f)	Percentage (%)
1.	Advantage of Vaccination • Produce resistance against diseases	23	19.16
2.	Vaccination is necessary for • 0-5 years children • Pregnant women	18 12	15 10

Data in Table 3.2 shows that only 19.16 percent respondents knew that vaccination produce resistance against disease. Whereas majority of them (80.84%) were not aware about an importance of Vaccination in the body.

Regarding period of vaccination data show that some of the respondents (10-15) were aware that it is essential for pregnant women and for children from 0-5 years of the age.

Table 3.3: Initial Awareness of the Respondents about Vaccine and Given to Children and Pregnant Women

N=120

S.No.	Name of Vaccine	Frequency (f)	Percentage (%)
1.	Vaccines given to children • BCG • DPT • Polio dose	14 5 26	11.60 4.16 21.60

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	• Cholera	10	8.33
2.	Vaccine for pregnant women • Tetanus I • Tetanus II	 12 3	 10.00 2.50

An effort was made to find the awareness of the women about name of vaccine given to children and pregnant women. Data depicted in the Table 3.3 shows that 21.6 percent respondents were able to report for Polio dose, whereas BCG, Cholera and DPT were mentioned by 14 percent, 10 percent and 5 percent respondents.

Regarding Vaccination given to pregnant women data further reveal that only 10 percent respondents knew for tetanus I and less than three (2.5%) respondents reported for tetanus II (Booster) vaccine given to pregnant women.

Anaemia

Anaemia is one of the major nutritional problems of the developed and developing countries. It is characterised by low concentration of hemoglobin in the blood. Iron is an important constituent of hemoglobin. When the diet does not contain sufficient amount of iron, anaemia develops. Pre School, children, adolescent girls and pregnant women are most at the risk of anaemia. Hence, awareness possessed by rural women regarding, causes, symptoms of anaemia, women regarding, causes, symptoms of anaemia, Vulnerable groups suffering from anaemia, treatment and sources of iron rich food in the diet, The results are presented in following table ....

Table 4.1 : Initial Awareness of the Respondents about Causes and Symptoms of Anaemia.

N =120

S.No.	Items	Frequency (f)	Percentage (%)
1.	Causes of blood deficiency / Anaemia • Due to Iron deficiency in body	 20	 16.66
2.	Symptoms of anaemia • Paleness of body	 12	 10.00

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	• Weakness • Spoon shaped nails	23 00	19.16 00.00

Table 4.1 reveals that only 16.66 percent respondents knew about the causes of blood deficiency i.e. it is due to Iron deficiency in the body; whereas majority of them (83.4%) respondents were not aware about causes of blood deficiency.

Regarding symptoms of anaemia, it was general weakness and paleness of body was by 19.16 percent and 10 percent respondents respectively. Whereas none of the respondent were aware about spoon shaped nail during anaemia disease.

Table 4.2: Initial Awareness of the Respondents about Vulnerable Groups Susceptible to Anemia

N=120

S.No.	Vulnerable groups	Frequency (f)	Percentage (%)
1.	Preschool children	0	00
2.	Adolescent girls	10	8.33
3.	Pregnant women	23	19.16

Respondents awareness about vulnerable groups suffering from anemia presented in Table 4.2 shows that none of the respondents knew that the problem of anemia may occur among children, While 19.16 percent women reported that it may be during pregnancy and in adolescent girls was reported by 8.3 percent respondents.

Table 4.3: Initial Awareness of the Respondents about Preventive Measures of Anemia and Sources of Iron Rich Food

N=120

S.No.	Items	Frequency (f)	Percentage (%)
1.	Preventive measure of anaemia • Use of Iron rich food in diet	20	16.66
2.	Sources of Iron rich food • Green leafy vegetables	30	25

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	• b) Fruits	6	5

Respondents awareness regarding preventive measure against anaemia and sources of iron rich food is presented in Table 4.3 depicts that very few respondents (16.66%) were aware that intake of iron rich food in diet helps in prevention of anaemia.

Again, the data had shown very poor awareness about sources of iron rich food. Green leafy vegetable was only reported by one fourth of the respondents and fruits by only 5 percent respondents.

Anaemia

Anaemia is one of the major nutritional problem of the developed and developing countries. It is characterised by low concentration of hemoglobin in the blood. Iron is an important constituent of hemoglobin. When the diet does not contain sufficient amount of iron, anaemia develops. Pre School, children, adolescent girls and pregnant women are most at the risk of anaemia. Hence, awareness possessed by rural women regarding, causes, symptoms of anaemia, women regarding, causes, symptoms of anaemia, Vulnerable groups suffering from anaemia, treatment and sources of iron rich food in the diet, The results are presented in following table ....

Table 4.20 : Initial Awareness of the Respondents about Causes and Symptoms of Anaemia.

N =120

S.No.	Items	Frequency (f)	Percentage (%)
1.	Causes of blood deficiency / Anaemia • Due to Iron deficiency in body	20	16.66
2.	Symptoms of anaemia • Paleness of body • Weakness • Spoon shaped nails	12 23 00	10.00 19.16 00.00

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Table 4.20 reveals that only 16.66 percent respondents knew about the causes of blood deficiency i.e. it is due to Iron deficiency in the body; whereas majority of them (83.4%) respondents were not aware about causes of blood deficiency.

Regarding symptoms of anaemia, it was general weakness and paleness of body was by 19.16 percent and 10 percent respondents respectively. Whereas none of the respondent were aware about spoon shaped nail during anaemia disease.

Table 4.21 : Initial Awareness of the Respondents about Vulnerable Groups Susceptible to Anemia

N=120

S.No.	Vulnerable groups	Frequency (f)	Percentage (%)
1.	Pre school children	0	00
2.	Adolescent girls	10	8.33
3.	Pregnant women	23	19.16

Respondents awareness about vulnerable groups suffering from anemia presented in Table 4.21 shows that none of the respondents knew that the problem of anemia may occur among children, While 19.16 percent women reported that it may be during pregnancy and in adolescent girls was reported by 8.3 percent respondents.

Table 4.22 : Initial Awareness of the Respondents about Preventive Measures of Anemia and Sources of Iron Rich Food

N=120

S.No.	Items	Frequency (f)	Percentage (%)
1.	Preventive measure of anaemia • Use of Iron rich food in diet	20	16.66
2.	Sources of Iron rich food • Green leafy vegetables • b) Fruits	30 6	25 5

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Respondents awareness regarding preventive measure against anaemia and sources of iron rich food is presented in Table 4.22 depicts that very few respondents (16.66%) were aware that intake of iron rich food in diet helps in prevention of anaemia.

Again the data had show very poor awareness about sources of iron rich food. Green leafy vegetable was only reported by one fourth of the respondents and fruits by only 5 percent respondents.

Conclusion

The growth of the village determines the development of India. About 48.63% of Indian women, or 68.84% of the country's population, reside in rural areas. Are these women mindful of their diet and well-being? It is well known that women in rural regions do not have the best nutrition and health. It is well known that women in rural regions do not have the best nutrition and health. This is primarily due to women's ignorance about their nutrition and health. As the data showed very few rural women have awareness about health and nutrition. Due to unawareness most of the rural women using wrong practices and suffered with many diseases. So, it is necessary to aware rural women about health and nutrition, A number of programme have been launched by the Govt. and non-Govt. organization to improve the nutritional and health status of the rural people but, it is unfortunate that participation of women specially those who live inaccessible and isolated villages is very low. It is observed that improved health and nutrition is unfelt need of the rural women. Thus, there is growing need to change this unfelt need to the felt need through creating awareness by the use of various extension teaching methods and the help of mass media.

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