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Sneha C Jalihal
M.Sc. Scholar, Department of Extension Education and Communication Management, Professor Jayashankar Telangana State Agricultural University, Hyderabad, Telangana, India

Dr. M Prasuna
Professor, Department of Extension Education and Communication Management, Professor Jayashankar Telangana State Agricultural University, Telangana, India

Dr. R Geetha Reddy
Professor & Head, Department of Extension Education and Communication Management, Professor Jayashankar Telangana State Agricultural University, Telangana, India

Dr. T Supraja
Associate Professor & Head, Department of Foods and Nutrition, Post Graduate & Research Centre, Professor Jayashankar Telangana State Agricultural University, Rajendranagar, Hyderabad, Telangana, India

Corresponding Author
Sneha C Jalihal
M.Sc. Scholar, Department of Extension Education and Communication Management, Professor Jayashankar Telangana State Agricultural University, Hyderabad, Telangana, India

A study on awareness level of rural women regarding health aspects in Telangana state

Sneha C Jalihal, Dr. M Prasuna, Dr. R Geetha Reddy and Dr. T Supraja

Abstract
Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO). An effort was made to identify the awareness level of rural women regarding health aspects in Telangana state. It was carried out in Rajanna Sircilla and Medchal Malkajgiri districts. An Exploratory research design was adopted for the study. A total sample of 120 rural women were selected through random sampling method. The data was collected using structured interview schedule and it was analysed using frequencies and percentage. In the present study showed that majority (40.84%) of the respondents belonged to the age group 35- 50 years, illiterates (34.20%) with agriculture (43.33%) as occupation, highest percentage were belonged to the income category of less than Rs. 60,000 (63.30%), with low extension contact (91.67%) and medium information seeking behavior (63.33%). Maximum (95.84%) number of the respondents had high level of awareness on hygiene practices followed by more than half (58.34%) of the respondents had medium level of awareness on exercise and physical activities. Highest percent (70.00%) of the respondents had high level of awareness on healthy diet and most (46.67%) of them were had medium level of awareness on illness and diseases.

Keywords: awareness, health, rural women, hygiene practices, healthy diet

Introduction
India is home to over 1.3 billion people considered a second largest population in the world. Out of 135 crore population, 65.13 per cent lives in rural setups and women constitute 48 per cent of the total rural population. Similar to country's population Telangana constitutes 213.95 Lakhs rural population in that
106.90 Lakhs rural female population (Telangana State Portal State-Profile). According to National Family Health Survey -5, in Telangana state 58.9 per cent rural women age 15- 49 years who are anaemic. 5.7 per cent of rural women high Blood sugar level, 21.6 per cent of rural women whose Body Mass Index (BMI) is below normal, 23.8% of rural Women who are overweight or obese and 42.3 of rural women who have high risk waist-to-hip ratio. The maternal mortality ratio in Telangana is 63 (SRS). Health of the population has been considered as an index of social development. It is generally expected that women can live longer than men it does not necessarily ensure a better quality of life. Status of rural women reflects an even darker narrative. Then this study helps to know the awareness level of rural women regarding health aspects.

Objectives
To study the profile characteristics of rural women of Telangana state.
To find out the awareness level of rural women regarding Health aspects.

Materials and Methods
In the present study an Exploratory research design was adopted. It was conducted in the Rajanna Sircilla and Medchal Malkajgiri districts of Telangana state. Two mandals from each district were randomly selected. Boinpalli & Chandurthi mandals from Rajanna Sircilla district and Medchal and Keesara mandals from Medchal Malkajgiri district were selected randomly for the study. The list of villages from each selected mandals was collected and two villages from each mandal were randomly selected. The villages Gundannapalli & Stambampalli from Boinpalli mandal, Mallial & Moodapalli from Chandurthi mandal, Girmapur & Ravalkole villages from Medchal mandal and from Keesara mandal Nagaram and Rampally villages were selected for the study. From each selected village 15 women respondents were selected randomly. Thus, from eight villages a total of 120 rural women were surveyed with the help of

well structures Interview schedule. The data were processed, tabulated and classified. Analysis was done using statistical tools such as frequency and percentage.

Results and Discussion

Profile characteristics of rural women of Telangana state

Table 1: Distribution of respondents according to their profile characteristics

n=120

Sl. No.	Category	Frequency	Percentage
1.	Age		
	20- 35 years	36	30.00
	35- 50 years	49	40.84
	Above 50 years	35	29.16
2.	Education		
	Illiterate	41	34.20
	Functional illiterate	6	5.00
	Primary school	23	19.20
	Secondary school	33	27.50
	College	8	6.70
	Graduate	8	6.70
	PG & above	1	0.80
3.	Occupation		
	Housewife	26	21.67
	Housewife+ Beedi worker	13	10.83
	Housewife+business	7	5.83
	Agriculture	52	43.33
	Agriculture labor	20	16.67
	Conductor	1	0.80
	Anganawadi worker	1	0.80
4.	Annual income		
	Less than 60,000	76	63.30
	60,000 -1,20,000	36	30.00
	1,20,000 – 1,80,000	7	5.80
	1,80,000 and above	1	0.80
5.	Extension contacts		
	Low (0-8)	110	91.67
	Medium (8-16)	10	8.33
	High (16-24)	-	-
6.	Information seeking behavior		
	Low (0-8)	44	36.67
	Medium (8-16)	76	63.33
	High (16-24)	-	-

Age

It was evident from table 1 that majority (40.84%) of the respondents belonged to the age group of 35- 50 years followed by 20- 35 years (30.00%) and 29.16 per cent of the respondents belonged to the age group of above 50 years. The possible reason might be that they were more interested to know the information on health aspects and were also responsible for taking care of the family members health needs.

Education

The results from the table 1 showed that most (34.20%) of the respondents were illiterates followed by 27.50 per cent who had secondary school education, 19.20 per cent had primary school education. Both college education and graduates were equal (6.70%) in number, 5.00 per cent were functionally literate and only one respondent (0.80%) had completed MBA course. It was observed that, most of the respondents were illiterates because of the reason that there was lack of educational facilities during the time of schooling and also there was lack of support from family members to pursue higher education.

Occupation

The table 1 indicated that majority (43.33%) of the respondents had main occupation as agriculture followed by 21.67 per cent of respondents who were housewives, 16.67 per cent were agricultural.
laborers, 10.83 per cent were housewives+beedi worker, 5.83 per cent were housewives+business holders and only one (0.80%) each were conductor and anganawadi worker.

Annual income

Table 1 revealed that more than half (63.30%) of the respondents belonged to the income category of less than Rs. 60,000 of annual income followed by 30.00 per cent of the respondents belonged to annual income ranges from Rs. 60,000 - 1,20,000, 5.80 per cent of the respondents belonged to Rs. 1,20,000 – 1,80,000 annual income and only 0.80 per cent of the respondents belonged to Rs. 1,80,000 and above annual income category.

Extension contact

Table 1 indicated that majority (91.67%) of the respondents had low extension contact followed by only 8.33 percent of the respondents had medium extension contact and none of them had high extension contact. This might be related to the fact that none of the respondents had frequently contacted the extension personnel in their villages such as Assistant director of agriculture, KVK and Subject matter specialists etc. Other reasons might be because of low education and inadequacy of time to contact extension persons to update themselves and also social customs also might have become barriers for rural women. These results were similar to Verma *et al.* (2017) [7].

Information Seeking Behaviour

The results in the Table 1 showed that majority (63.33%) of the respondents had medium level of information seeking behavior followed by 36.67 per cent of the respondents who had low level of information seeking behavior. None of the respondents had high level of information seeking behavior. This may be due to the reason that majority of respondents got information regularly from family members, friends and relatives. Television was the major source of information for the respondents which was easily and readily available. Some of the respondents were members in beedi-workers association from which they had the opportunity of receiving information from various members of the association which made them aware of many aspects and must have improved their information seeking behaviour.

Awareness level of rural women on health aspects

To know the awareness level of respondents about health the schedule was framed consisting of four categories i.e., Hygiene, Exercise and physical activity, Healthy diet, Illness and diseases. Under each category there are few sub categories.

Table 2: Distribution of respondents according to their Awareness level on Health aspects

n=120

Sl. No.	Different aspects	Different aspects	Frequency	Percentage
1.	Awareness level of respondents on Hygiene practices	Low (0-7)	1	0.83
		Medium (7-14)	4	3.33
		High (14-21)	115	95.84
2.	Awareness level of respondents on Exercise and physical activity	Low (0-4)	25	20.83
		Medium (4-8)	70	58.34
		High (8-12)	25	20.83
3.	Awareness level of respondents on Healthy diet	Low (0-5)	3	2.50
		Medium (5-10)	33	27.50
		High (10-15)	84	70.00
4.	Awareness level of respondents on Illness and diseases	Low (0-7)	14	11.66
		Medium (7-14)	56	46.67
		High (14-21)	50	41.67

Awareness level of respondents on Hygiene practices: This category had three sub components containing ten items. It was founded that maximum (95.84%) number of the respondents had high level of awareness. 3.33 per cent of the respondents had medium level of awareness and negligible (0.83%) of the respondents had low level of awareness.

This might be due to the reason that a large majority (95.84 %) of the rural women were aware of hygienic practices like washing hand after using toilet, regular oral care, taking bath regularly, washing cloths daily and taking head bath twice in a week. They were also aware about keeping their surrounding environment clean, cleaning the toilets regularly, proper disposal of waste and collecting water from RO filters installed at their village.

Awareness level of respondents on Exercise and physical activity: The secondary category had two sub components containing five items. It was indicated that more than half (58.34%) of the respondents had medium level of awareness. 20.83 per cent of the respondents fell into both low and high awareness category each.

This might be due to the reason that the respondents had awareness about the importance of exercises and physical activities which helps to maintains good health, reduces obesity, regulates the body systems and prevent diseases but they didn't practice any exercises because in rural areas they are burdened with agricultural works and household responsibility. They won't get time to involve themselves in exercise. This study was in accordance with Suchitra *et al.* (2018) [6].

Awareness level of respondents on Healthy diet: the third aspect had two sub components containing seven items. It was evident that majority (70.00%) of the respondents had high level of awareness followed by 27.50 per cent of the respondents had medium level of awareness and only countable number 2.50 per cent of the respondents had low level of awareness.

This might be due to adequate and proper nutrition is an important aspect of a healthy life style. Therefore, majority of the women were aware of nutrients contained in foods in relation to their roles in body maintenance, growth, reproduction, health and disease prevention in humans. Similar results were founded by Selvam *et al.* (2019) [5].

Awareness level of respondents on Illness and diseases: this category had five sub components containing ten items. It was showed that majority (46.67%) of the respondents had medium level of awareness followed by 41.67 per cent of the respondents had high level of awareness and 11.66 per cent of the respondents had low level of awareness on illness and diseases.

This might be due to they were aware about sources of transmission of communicable diseases like insect bites and caused by contaminated food, water and air. They had medium knowledge about non communicable disease like diabetes which was caused by lifestyle factors, bad effects of taking tobacco.

Respondents were aware about some of the health issues were genetic, while others it can be also caused by number of environmental issues. They were aware of diseases and its effect because of awareness created by health personnel like anganawadi workers, ANMs. They had medium level of awareness on diabetes because now days it is commonly seen in rural areas, where people are suffering from diabetes and it is mainly caused by changes in their lifestyle. The study was in accordance with Suchitra *et al.* (2018) [6].

Conclusion

In conclusion the findings regarding health aspects showed that most of respondents had basic awareness about different health aspects, so there is a need to strengthen scientific information on health aspects. Suggestions can be given to policy makers to frame different policies and programmes for women to fulfill their health needs.

Overall, the respondents mainly seek information from informal sources such family members, friends, neighbors and relatives. ANM and anganawadi workers were the key informants to circulate the information in the rural area as mentioned by the respondents. Regular follow-up activities should be conducted regarding health aspects by health department personnel, as their access to information was low on health.

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