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Comparative study of knowledge regarding family life of rural women as per district in Haryana state

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Abstract
About 2.4 billion individuals worldwide live under highly unhygienic conditions and practice such poor hygiene that the risks of their exposure to the spread of infection are enormous. The World Health Organization (WHO) has been at the head of environmental sanitation over the past years and has developed key resources for the improvement of policy makers and technical people dealing with these issues. The study was conducted in Hisar and Jind district of Haryana state for selection of rural data, ten villages were selected at random from both the district. From selected villages 300 respondents from the age group of 18 to 25 years were selected randomly. Knowledge of family life was assessed by self-prepared questionnaire. The collected data was classified and tabulated as per the objectives. For analysis of data frequency, percentages, mean, standard deviation and independent 'z' test was used. Results indicated that respondents had low level of knowledge regarding family life and Hisar district respondents had better knowledge regarding family life than Jind district respondents.

Keywords: Knowledge, family life, rural, women, comparison

Introduction

Hygiene is a long-standing concept related to medicine, as well as to personal and professional care practices related to most characteristics of living. In medicinal, domestic, and everyday life settings, hygienic practices are engaged as preventive measures to reduce the occurrence and spreading of the diseases. It is also generally practiced at the individual level and at home. People have been awake of the importance of hygiene for two thousands of years. The ancient Greeks spent many hours in bathing, using fragrances and make up to looks beautiful and presentable to others. Personal hygienic products are a billion-dollar business in the commercial market, with many high-profile celebrities sanctioning products that target to keep us looking our best. Maintaining a high level of personal hygiene will help to intensify confidence. Inappropriate hygiene practice is one of the most vital reasons for the transmission of infectious diseases (Onsuz and Hidiroglu, 2008) [1].

Health is Wealth, but to sustain good health one need to have good habits. Appropriate hygiene is a sign of good health. Hygiene helps to reduce the development and spread of illnesses and infections. There is a difference between health and hygiene. Health defined as the fitness of the body, which is free from any disorder, and hygiene refers to the day-to-day activities done for improving health. Good hygiene will help us to be healthy, confident and pleasant. Health is valuable than money. Money can be earned anytime but once health is ruined, then it difficult to win it back. Therefore, it is important to foster hygienic habits which in turn will central to good health. Human body and mind are linked. To keep one's mind cheerful and pleasant, one has to be a healthy. A person with healthy lifestyle and hygienic habits lives a long and happy life. Personal hygiene is an action to keep hygiene and individual health for physically and psychologically prosperity (Wartunah and Tarwoto, 2004) [3].

High rates of spotted cases of sexually transmitted diseases attributed to many aspects. The lack of continuous sex education is a key concern contributing to the escalation in diagnosed cases of sexually transmitted diseases also puts the basis for prevention if new principles were too executed. In a survey distributed to physicians it was noted that patients under the age of 18 were the least knowledgeable about sexually transmitted diseases yet unremitting to have sex notwithstanding the lack of knowledge (Stoskopf, 2017) [2].

About 2.4 billion individuals worldwide live under highly unhygienic conditions and practice such poor hygiene that the risks of their exposure to the spread of infection are enormous. The World Health Organization (WHO) has been at the head of environmental sanitation over the past years and has developed key resources for the improvement of policy makers and

technical people dealing with these issues. These materials include sanitation guidelines, “best practices” in hygiene documentation, and general health promotional materials (WHO, 2011) [4].

Objectives

- To assess the knowledge regarding family life of the respondents as per area
- To compare the knowledge of family life of the respondents across area

Methods and Materials

Research Design

A ‘Descriptive Research design’ was followed to conduct the present study. Descriptive studies are a scientific method which involves observing and describing the behaviour of a subject without influencing it in any way. It gives better and deeper understanding of a phenomenon on the basis of an in-depth study of the phenomenon.

Selection of sample

The sample for the study was 18 to 25 years age group rural women from Hisar and Jind district of Haryana state. For the selection of sample, a list of rural females was prepared on their willingness to participate in the research study. Out of the prepared list, 150 women from selected villages from Hisar district randomly selected and similar procedure adopted in Jind district for selection of 150 rural women. Thus, the sample was comprised of 300 rural women.

Selection of zone

Haryana state divided into five cultural zones i.e. Bagar, Bangar, Nardak, Ahirwal and Khaddar from which two zones were selected randomly i.e. Bagar and Bangar for the study.

Selection of district

To represent the selected zones, one district from each zone was selected at random i.e. Hisar from Bagar cultural zone and Jind from Bangar cultural zone.

Selection of villages

From the selected district, villages selected randomly for selection of respondents. Ten villages selected randomly from each district based on sample size. For rural sample from Hisar district ten villages namely Siswal, Kabrail, Nyolikalan, Kajla, Nyolikhurd, Salemgarh, Jakhod, Mohabatpur and Bagla were selected at random. Similarly, from Jind district ten villages were selected that was Hamirgarh, Amargarh, Kharal, Balarkhan, Dumarkhan, Dhnori, Dhrodi, Danoda (chota), Sachakhera and Danoda (bada).

Tools used in study

Self-prepared questionnaire was used to know the level of knowledge regarding reproductive health.

Statistical analysis of data

Calculate statistical inference Frequency, percentages, mean, standard deviation and Z test were computed.

Results and Discussion

Assessment of attitude towards family life among rural women across district

Table 1: Assessment of attitude towards family life among rural women across district

Aspects of family life	Haryana (n=300)		Total (n=300) f%
	Hisar (n=150) f%	Jind (n=150) f%	
Personal hygiene			
Low	83(55.3)	87(58.0)	170(56.7)
Medium	26(17.3)	29(19.3)	55(18.3)
High	41(27.3)	34(22.7)	75(25.0)
Nutrition and health			
Low	84(56.0)	75(50.0)	159(53.0)
Medium	28(18.7)	34(22.7)	62(20.7)
High	38(25.3)	41(27.3)	79(26.3)
Maternal and child care			
Low	39(26.0)	30(20.0)	69(23.0)
Medium	81(54.0)	90(60.0)	171(57.0)
High	30(20.0)	30(20.0)	60(20.0)
HIV/AIDS			
Low	94(62.7)	84(56.0)	178(59.3)
Medium	27(18.0)	28(18.7)	55(18.3)
High	29(19.3)	38(25.3)	67(22.3)
Physical and emotional health			
Low	42(28.0)	35(23.3)	77(25.7)
Medium	77(51.3)	81(54.0)	158(52.6)
High	31(20.7)	34(22.7)	65(21.7)
General health			
Low	47(31.3)	39(26.0)	86(28.7)
Medium	79(52.7)	81(54.0)	160(53.3)
High	24(16.0)	30(20.0)	54(18.0)
Drug abuse			
Low	80(53.3)	77(51.3)	157(52.3)
Medium	37(24.7)	47(31.3)	84(28.0)
High	33(22.0)	26(17.3)	59(19.7)

*Figures in parentheses indicate percentage

On overall basis regarding the aspect of personal hygiene, nutrition and health across district had low level (56.7% and 53.0% respectively) of family life related attitude followed by high (25.0% and 26.3% respectively) and medium level of attitude i.e., 18.3 per cent and 20.7 per cent respectively. Further results indicated that maternal health, physical and emotional health and general health all the rural women had medium level (57.0%, 52.6% and 53.3% respectively) of attitude regarding family life aspects followed by low level (23.0%, 25.7% and 28.7% respectively) and high level of attitude that is 20.0 per cent, 21.7 per cent and 18.0 per cent respectively. While in HIV/ AIDS and drug abuse majority of respondents were lie in the category of low level with 59.3 per cent and 52.3 per cent respectively followed by medium (18.3% and 28.0%) and high level (22.3% and 19.7%) respectively.

Comparison of knowledge of family life among respondents as per district

Table 2: Comparison of knowledge of family life among respondents as per district

Aspects of family life	Hisar (n=150)	Jind (n=150)	Z –values
	Mean ± SD	Mean ± SD	
Personal hygiene	1.75±0.43	1.46±0.50	4.40*
Nutrition and health	1.64±0.48	1.41±0.49	3.35*
Maternal and child care	1.43±0.50	1.44±0.49	0.14
HIV/AIDS	1.47±0.50	1.45±0.49	0.43
Physical and emotional health	1.53±0.50	1.50±0.50	0.42
General health	1.78±0.41	1.63±0.48	2.38*
Drug abuse	1.82±0.38	1.48±0.50	5.41*
Total	11.42±3.12	10.32±3.45	2.36*

*Significant at 5% level of significance

Table depicts area wise family life knowledge of rural women. Result disclosed the significant differences in personal hygiene (z =4.40*), nutrition and health (z = 3.35*), general health (z = 2.38*), drug abuse (z = 5.41*) and overall family life knowledge (z = 2.36*). While other than these aspects, all the aspects showed non-significant difference with district.

Whereas mean scores depicted that Hisar district, rural women had more family life knowledge as compared to Jind rural women.

Conclusion

At the end of the research, it can be concluded that majority of the respondents had low level of knowledge regarding family life followed by high and medium level. The significant difference in mean values of knowledge regarding family life of Jind and Hisar district respondents, Hisar respondents had better knowledge regarding family life than Jind district respondents.

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