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Knowledge of Rural Women Regarding Health Practices in Bikaner District of Rajasthan, India

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A B S T R A C T

The present study was conducted in six panchayat samitis out of which Bikaner panchayat samiti was selected. Out of thirty one Gram panchayat in Bikaner panchayat samiti four Gram panchayat were selected one village was selected on the basis of random sampling technique. Findings revealed that majority of respondents were in the category of medium level knowledge regarding health practices.

Introduction

Women constitute half of the world's population. The total female population of India is 58 crore 65 lakh out of which only 34.54 percent of women are illiterate. About 72.2 per cent of total population of our country lives in rural areas (Census 2011). Woman is the mother of all development since she plays a key role in shaping the young generation. In progress-oriented countries, women need to be helped in their capabilities and inherent potentials. In spite of constitutional right of equal opportunities, rural women face many problems in everyday life due to traditional and social conditions. Women are vital part of the Indian economy, constituting one-third of the national labour force and forming a major contributor to the survival of the family. 89.5 per cent of total female labour is involved in agriculture and allied industrial sector. Women have extensive workload with dual responsibility of farm along with care of animals and household. A rural woman has to work 2-3 hours longer each day than a man, rising earlier in the day and ending her work day after. Her time throughout the day is very fragmented due to

her multiple economic and domestic responsibilities.

Health is primarily a personal responsibility and demands personal care to enjoy it. Health is an essential requirement of all irrespective age, caste, creed, race, religion and economic standard. Health means not the mere absence of disease but it is the "complete state of the physical, mental and social wellbeing". Health of an individual can be affected by general health condition of the society and vice-versa. Therefore, health of the community needs higher attention while considering the development of a region or a country.

Health is a precious asset for everyone. It is the crown of all possessions and untheft treasure. There is a significant relationship between housing conditions and health. An adequate and safe water supply, disposal of excreta and solid wastes, drainage of surface water, facilities for personal and domestic hygiene and sanitary food preparation, control of indoor air pollution, safe handling of things and suitable precautions where the home serves as a work place. Proper medical services at proper time are also needed to maintain health

Health education has been reported as a corner--stone for managing chronic diseases such as diabetes mellitus, hypertension, asthma, obesity and cardiovascular heart diseases. Moreover, it provides individuals with the security and knowledge about their health and the health of those for whom they care, and improves health behaviors that enhance the well-being of the general population. Previous research suggests that patients who have more knowledge about their illness and its treatment are more likely to succeed in managing that illness. Health education is a means of providing patients with more knowledge about the condition of their health and the care they need. It has also been reported that satisfaction increases when patients are provided with information about their illnesses and treatments.

Materials and Methods

The present study was conducted in Bikaner District. There are six panchayat samiti out of which Bikaner panchayat samiti was selected purposely looking to no such study has been conducted in the area earlier and the area was well known to the researcher.

Out of thirty one Gram panchayat in Bikaner panchayat samiti four Gram panchayat were selected with lottery method namely Kilchoo Deodan, Ridmalsarpurohitan, Palana, Nalbari. One village from each selected Gram panchayat selected on the basis of random sampling technique. Thus, four villages were selected for the present investigation.

A sample of one twenty rural women in the age groups 15-45 years (30 rural women from each village).

Results and Discussion

Knowledge level of respondents in different aspects of health practices

Table 1 presents information about knowledge of respondents on each aspect of health and their mean per cent score. Perusal of table reveals that out of five aspects, the knowledge for aspect of Basic of 'Environmental Hygiene' ranked first with overall mean per cent score of 66.49. This aspect was in the category of medium knowledge.

The knowledge for the aspect 'Personal Hygiene' ranked second with overall mean per cent score of 64.98. This aspect was in the category of medium knowledge. The knowledge for the aspect 'Health for Pregnant and Lactating Mother' ranked third with

overall mean per cent score 59.18. This aspect was in the category of medium knowledge. The knowledge for the aspect 'Normal Disease' ranked fourth with overall mean per cent score 51.96. This aspect was in the category of medium knowledge.

The knowledge for the aspect 'Health for Children' ranked fifth with overall mean per cent score 50.99. This aspect was in the category of medium knowledge. Pandit (2012) revealed that majority of the respondents had knowledge about health and sanitation (68.33%) had medium level with mean per cent score 52.77 per cent of the respondents followed by 16.67 per cent having low and 15 per cent with high knowledge with mean score 44.63 per cent and 60.14 per cent of the respondents.

Table.1 Knowledge level of respondents in different aspects of health practices

N=120

S. No.	Different aspects	Distribution of responses			Mean per cent score			Overall mean per cent score	Rank
		High (%)	Medium (%)	Low (%)	High	Medium	Low		
1.	Personal Hygiene	29 (24.17)	67 (55.83)	24 (20.0)	88.86	64.41	41.67	64.98	II
2.	Environmental Hygiene	25 (20.83)	72 (60.0)	23 (19.17)	88.33	66.2	44.93	66.49	I
3.	Health for Pregnant and Lactating Mother	16 (13.33)	80 (66.67)	24 (20.0)	82.95	56.14	38.45	59.18	III
4.	Health for Children	25 (20.83)	65 (54.17)	30 (25.0)	69.97	50.07	33.64	50.99	V
5.	Common Disease	18 (15.0)	85 (70.83)	17 (14.17)	75.85	50.63	29.41	51.96	IV

Fig.1 Knowledge level of respondents in personal hygiene of health practices

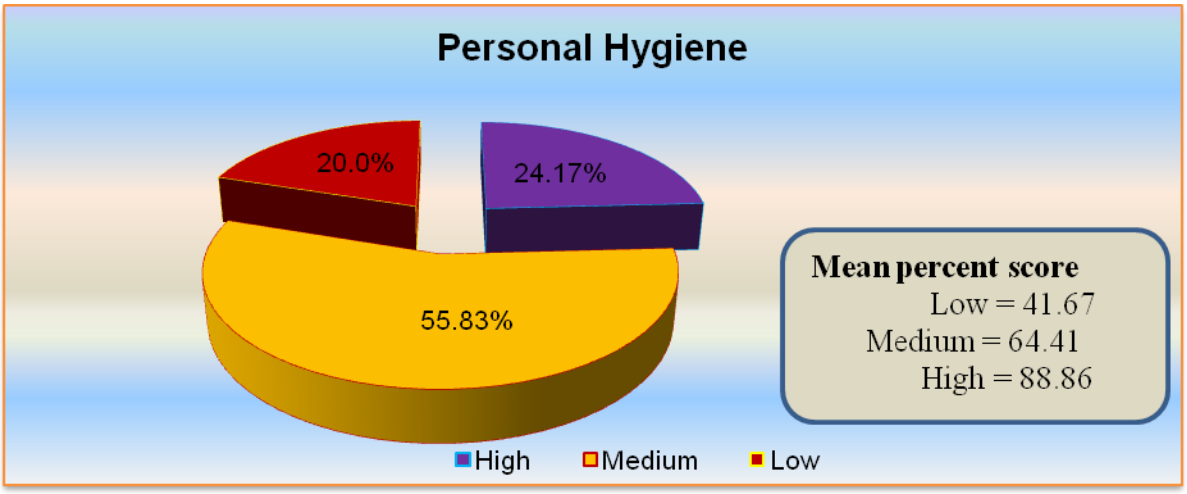


Fig.2 Knowledge level of respondents in environmental hygiene of health practices

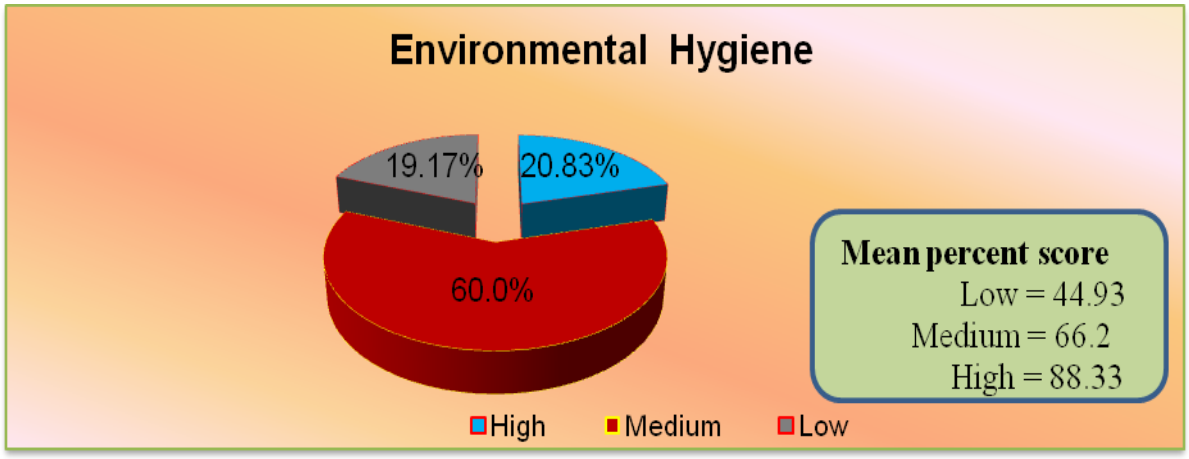


Fig.3 Knowledge level of respondents in health for pregnant and lactating mother

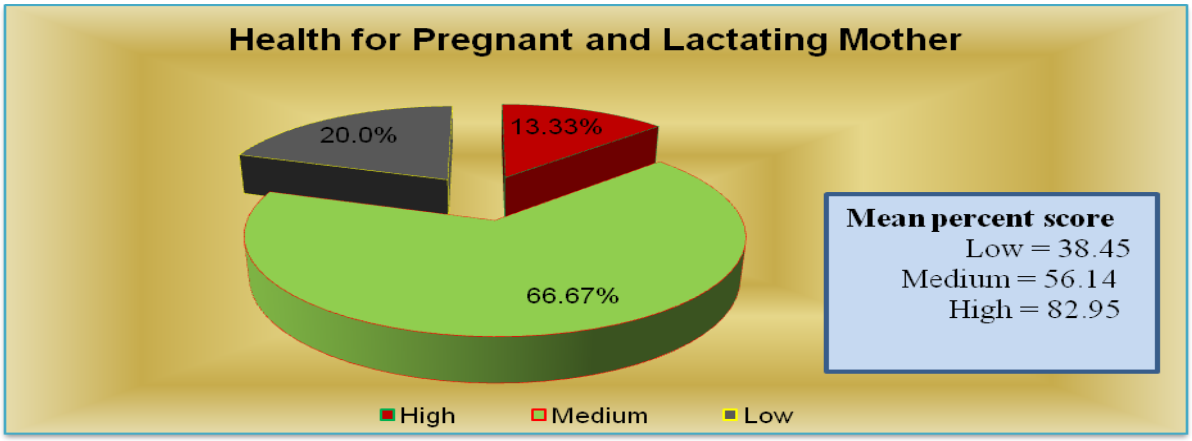


Fig.4 Knowledge level of respondents in health for children

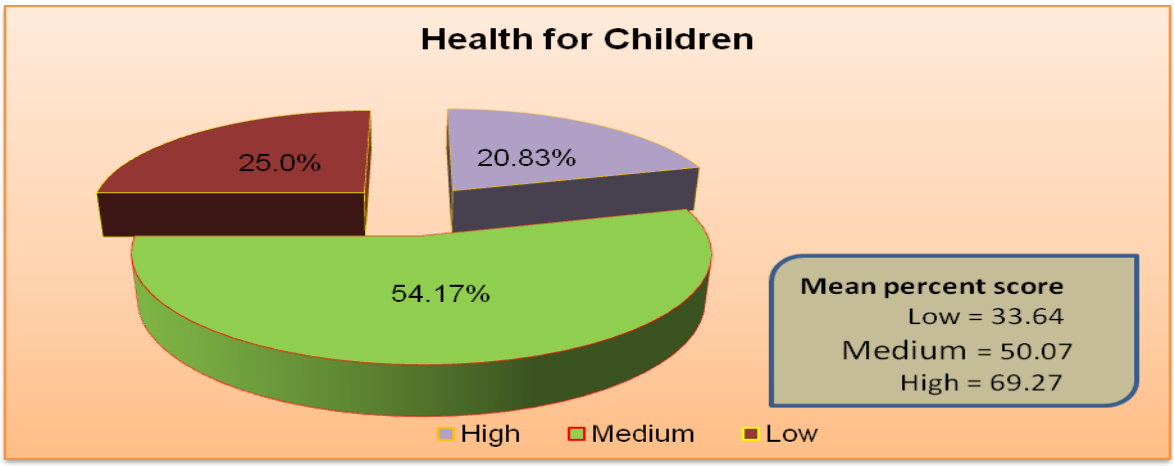
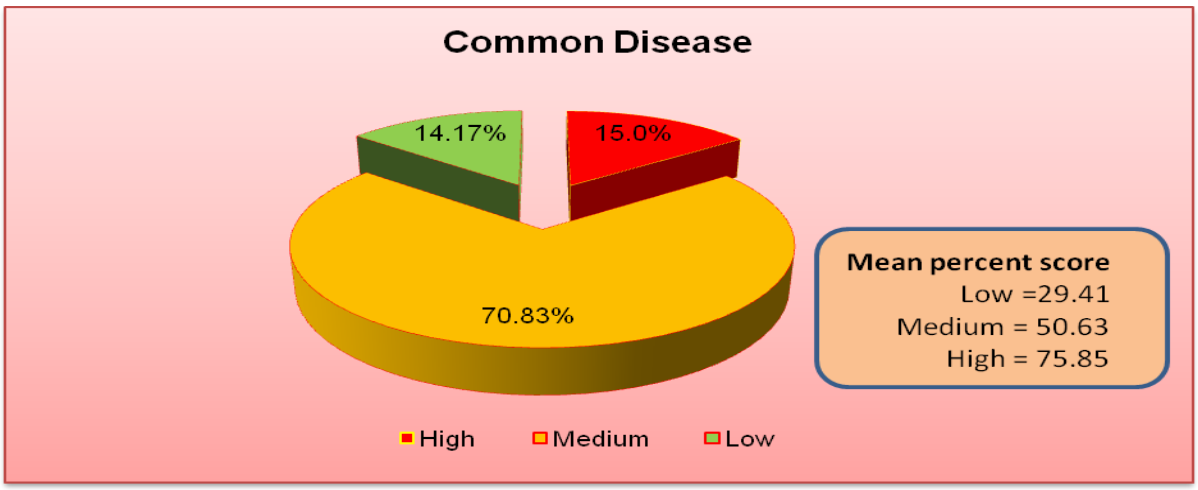


Fig.5 Knowledge level of respondents in common disease



Personal hygiene

The first aspect of knowledge check regarding health practices was "Personal Hygiene" which included 13 items. Table 1 reveals that majority of the respondents (55.83%) were in the category of medium knowledge with mean per cent of 64.41. These respondents could give answer of 6 to 11 items correctly. About 24.17 per cent respondents were in the category of high knowledge with mean score of 88.86 per cent that is they could correctly answered 11-13 items. Remaining 20 per cent respondents had low knowledge with mean score of 64.41 per cent. These respondents could give answered 4-6 items correctly out of 13 items. Mohdand Malik (2017) revealed that 88.3% respondents attributed sanitation and hygiene to hand hygiene followed by safe disposal of faces (57.7%). Majority of respondents had adequate knowledge about sanitation and hygiene. The data on practices revealed that, 55.6% respondents were not following any methods of drinking water treatment. Only 11% respondents clean their water storage containers daily and 53.8% dispose solid waste daily (Fig. 1).

In depth study of the knowledge of "Personal Hygiene" bring out that items 'one should take care of personal hygiene during menstrual period' and 'center where folic acid pills are available free of cost is anganwadi' were not answered correctly by 65 per cent and 63.33 per cent respondents respectively. Reshma *et al.,* (2016) revealed that out of 300 subjects, 40% had good knowledge, 42% had average knowledge and 18% had poor knowledge on water, sanitation and hygiene. Study findings revealed that most of the well (66.3%) has cemented compound. Most of the subjects (66.3%) use handled jug to take water from water storing drum, majority (70%) uses boiled or filtered water for drinking. Most of the toilets (68.3 %) are well ventilated, Majority of the subjects (83.7%) cleans water storing vessel daily. Majority (70%) practiced hand washing with soap and water after defecation. Findings of the study revealed that majority (75 %) of the subjects followed unsafe practices on water, sanitation and hygiene. The study found that majority (88 %) of the subjects performed unskilled hand washing.

95.83 per cent of the respondents had the knowledge that 'hands should be washed before eating as well as cooking of the food'. 96.67 per cent of the respondents also disagreed with the items as 'hair should be

untied while cooking the food'. The reason could be that rural women were more traditional and majority of them always covered their heads throughout the day. Swain and Pathela (2016) shows that 76% of total respondent were not aware about the "Swachh Bharat Abhiyan" and 56% were not aware about the significance of keeping good sanitary conditions. It was also observed that among the total respondents only 54% were defecating in the toilet and 8% of respondent's don't wash their hands after defecation and 11% of the respondents never wash their hands before meals. As observed, only 33% of female respondents were using sanitary pads during their mensuration.

Environmental hygiene

The second aspect of "Environmental Hygiene" had 12 items. Table 1 (Fig. 2) reveals that majority of the respondents (60%) were in the category of medium knowledge with mean score of 66.2 per cent. These respondents could give answer of 6 to 10 items. About 20.83 per cent had high knowledge with mean score of 88.33 per cent i.e. they could give correctly answers of 10 to 12 items. While only 19.17 per cent were in the category of low knowledge with mean score of 44.93 per cent, they could give answer of 4 to 6 items (Akabanda*et al.,* 2017). Majority of the food-handlers was between 41–50 years (39.1%). Female respondents were (76.6%). In our study, the food-handlers were knowledgeable about hygienic practices, cleaning and sanitation procedures. Almost all of the food-handlers were aware of the critical role of general sanitary practices in the work place, such as hand washing (98.7% correct answers), using gloves (77.9%), proper cleaning of the instruments/utensils (86.4%) and detergent use (72.8%). On disease transmission, the results indicates that 76.2 per cent of the food- handlers did not know that *Salmonella* is a food borne pathogens and 70.6 per cent did not know that hepatitis A is a food borne pathogen. Fonyuy (2014) revealed thatmost families have inadequate knowledge or are ignorant on the duration of the storage and the type of container or vessel used in the collection and storage of drinkable water. The general objective of the study was to assess the knowledge and practices of the inhabitants of Santa Health District in the collection and preservation of potable water in order to avert the occurrence of water-borne diseases.

In depth study of the knowledge of "Environmental Hygiene" shows that items 'insects develop in the standing dirty water' were not answered correctly by 96.67 per cent respondents. Cent per cent respondents had knowledge about 'food should be prepared in a clean and hygienic place'. Sibiya and Gumbo (2013) revealed that majority of the respondents had no knowledge when it comes to water-based diseases and their prevention (78.4 ± 1.71%). The attitude and practice on hygiene was also found to be high (91.40 ± 1.16%). Some schools from the urban area had proper handwashing facilities, but there was no soap available. The borehole water quality for rural schools appeared clear, but the microbial quality was unknown. The water supply and sanitation facilities were inadequate in rural schools, with no handwashing areas and no sanitary bins for girls. Some schools had toilets with broken doors which did not offer privacy. The only water tap, located at the centre of the school premises, was not enough for the whole school community. Siwach (2017) revealed that majority of the respondents in the area had low scores on level of knowledge and practices regarding personal hygiene. In order, to enhance their level, a Health education programme was developed, the respondents were divided into experimental and control groups and the programme was administered in the experimental group. After

the intervention of Health education programme the results showed an impact of the programme as the scores of the children after post-testing improved in the experimental group and they were found to be significant on various aspects of personal hygiene.

Health for pregnant and lactating mother

The third aspects of knowledge check was 'Health for Pregnant and Lactating Mother' including 22 items. Table 1 (Fig. 3) reveals that majority of the respondents (66.67%) were in the category of medium knowledge with mean score of 56.14 per cent. These respondents could give answer of 9-16 items correctly items. About 20 per cent of the respondents were in the category of low knowledge with mean score of 38.45 per cent. These respondents could give answer of 7-9 items correctly. While 13.33 per cent respondents were in high knowledge category with mean score of 82.95 per cent and could give correct answers 16 to 21 items correctly out of 22 items.

In depth study of the knowledge of "Health for pregnant and lactating mother" brings out that items, 'iron and folic acid pills help in body maintenance of pregnant women' and 'pregnant women should be vaccinated for tetanus' were not answered correctly by 95.83 per cent and 92.5 per cent respondents respectively. Singh *et al.,* (2003) stated that infants constitute a vulnerable group in rural area great attention must be paid to raise their health and nutritional status. The position of rural mothers in Indian is much neglected because of low literacy rate. It is one of the causes of malnutrition in infants. The results revealed that the knowledge score on food knowledge before and after nutrition education was 7.73 and 16.81, respectively. The knowledge score before health education was 9.97, which rose to a level of 14.97.

Cent per cent respondents had knowledge about items as 'pregnant women should not lift heavy weight' and 'girls should not be married before the age of 18 years'. Cent per cent respondents also disagreed with the item as 'pregnant mother should do more laborious work'. Kumar *et al.,* (2008) found thatlow levels of awareness and practice of TT immunization (74.2% awareness, 58.1% practice), five-cleans (31.9% awareness and 14.4% practice), trained birth attendant (69.6% awareness 39.1% practice), and post-natal care (75.4% awareness and 51.0% practice) among lactating mothers. Knowledge regarding optimal infant and young child feeding practices was very poor: initiation of breast-feeding within six hours (17.4%), colostrum feeding (34.8%), exclusive breastfeeding (5.8%) and significant gaps between knowledge and practice were observed. High levels of awareness regarding reproductive health parameters except for contraception: desire for two children (81.6%), legal ages at marriages for girls (84.5%), desired birth interval of three or more years (71.7%).

Health for children

The fourth aspect of 'Health for Children' had 22 items. Table 1 (Fig. 4) reveals that a majority of the respondents (54.17%) were in the category of medium knowledge with per cent mean score 50.07 and could give correct answers of 8 to 14 items correctly out of 10 items. About 25 per cent had low knowledge with mean score of 33.64 per cent that is they could give correct answers of 6 -8 items out of 22 items. While only 20.83 per cent respondents were in the category of high knowledge with mean score of 69.97 per cent and could give correct answers of 14-19 items out of 22 items.

In depth study of the knowledge of "Health for children" reveals that items, 'BCG vaccination protect from T.B.' and 'BCG

vaccination should be given in 40 days of birth of child' were not answered correctly by 99.17 per cent and 95 per cent respondents respectively.

Cent per cent respondents had knowledge about 'umbilical cord should be cut at minimum how much distance'.

99.16 per cent respondents also disagreed with the as item 'crying is not important as the child is born' and 'child's cot and cradle should be kept away from clean air and light'. Mohammed *et al.,* (2014) found that majority of the mothers had good knowledge about the advantages of breastfeeding for child. As regards weaning, majority (92.5%) of the mothers defined weaning as breastfeeding cessation. Most of the mothers (94.8%) agreed that breastfeeding protect child from infection, (96.1%) agreed that it is the healthiest for infant, (76.5%) agreed that breast milk lead to loss of figure, and (83.4%) agreed that breastfeeding should be avoided during mother's illness. About (84%) initiated breastfeeding immediately after delivery, and (42.7%) of the studied mothers offered pre-lacteal feeds to baby before lactation. About thirty quarters (74.2%) of mothers fed colostrum. Krishnendu and Devaki (2017) found that a total of (70.8%) of lactating mothers had average knowledge, (55%) displayed good attitude and (79.2%) had good breastfeeding practices. A total of (57.5%) of gave importance to colostrum and (85%) delivered breast milk as the first feed and (15%) reported of pre-lacteal feeds as the first feed. The breastfeeding practices in the most literate state of India still can be improved, although women were aware of the exclusive breastfeeding and its importance they did not practice this to the fullest. We suggest access to nutrition information pertaining to breastfeeding can be strengthened further through various community programmes. Individual "breastfeeding counseling and health education on nutrition" to the mother by health workers should be promoted.

Common disease

The fifth aspect of knowledge check on 'Common Disease' included 26 items. Table 1 reveals that majority of respondents (70.83%) were in the category of medium knowledge with mean per cent score of 50.63. These respondents could give answers of 9-17 correctly out of 26. About 15 per cent of respondents were in the category of high knowledge with mean per cent score of 75.85 and could give correct answers of 17-23 items. While 14.17 per cent were in low knowledge category with mean score of 29.41 per cent and could give correct answers of 6-9 items. Alnaif and Alghanim (2009) found that only 20 per cent of PHC patients had received health education in the past twelve months. The majority of respondents identified TV and friends/relatives as the main sources of their health education. A considerable percentage of the patients with chronic conditions lacked knowledge about their illnesses. The results indicate that the deficiency in knowledge was the result of some of the socio-demographic characteristics of respondents. Vyas (2009) reported that the assessing the existing knowledge of women in the reproductive age group concerning the management of diarrhoea, imparting health education for diarrhoea and reassessing their knowledge. This was a longitudinal educational interventional study. Total 380 women in the age group of 15-44 years were included in the study. The current study served the purpose of improving knowledge of participants. Health professionals can play a critical role as effective communicators in the community (Fig. 5).

In depth study of the knowledge of "Common disease" bring out that items 'aids is spread through virus' and 'HIV positive means

AIDS' were not answered correctly by 95.83 per cent and 90 per cent respondents. Lack of response related to HIV aids shows that respondents had very low knowledge regarding HIV aids. Cent per cent respondents had knowledge about 'malaria spread through mosquito bite'. Cent per cent respondents also disagreed with the item as 'during diarrhea there is no loss of water'. Subramanian (2015) Although about 86 per cent of the participants had heard of dengue, although there was no adequate knowledge on dengue vector breeding habitat as 68 per cent of the respondents thought drains and garbage as breeding places of dengue vectors. Only 25 per cent of participants were aware of clean water as a breeding habitat. Insufficient knowledge of disease symptoms was found, with fever (59%) being the most common symptom.

In conclusion, the findings regarding knowledge of respondents on health practices shows that majority of the respondents did not answered the more technical items correctly than other general items included in the knowledge test as 'were folic acid pills are available free of cost in anganwadi', 'iron and folic acid pills help in body maintenance of pregnant women', 'pregnant women should be vaccinated for tetanus', 'BCG vaccination protect from T.B.' and 'BCG vaccination should be given in 40 days of child birth' and lack of response related to HIV aids shows that respondents had very low knowledge regarding HIV aids.

This might be due to reason that the rural women were not aware of these terms and the reason could be low education level of respondents, low mass media exposure, low participation in training programme related to health, low extension contact and they belonged to low income group and most of the rural women were literate.

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Appendix – 1

Respondent's response on selected items regarding health practices

(A) Personal hygiene

SN	Questions	Answered			
		Correct		Incorrect	
		n	%	n	%
1.	Hair should be untied while cooking food	116	96.67	4	3.33
2.	One should brush daily	119	99.17	1	0.83
3.	One should take care for personal hygiene during Menstruation period	42	35.0	78	65.0
4.	Hands and nails should be washed before eating	115	95.83	5	4.17
5.	Centre where folic acid pills are available free of cost is anganwadi	44	36.67	76	63.33

(B) Environmental hygiene

SN	Questions	Answered			
		Correct		Incorrect	
		n	%	n	%
1.	Food should be prepared in a clean and hygienic place	120	100	-	-
2.	House flies are the agent of spreading disease	44	36.67	76	63.33
3.	Insects develop in the standing dirty water	4	3.33	116	96.67

(C) Health for pregnant and lactating mother

SN	Questions	Answered			
		Correct		Incorrect	
		n	%	n	%
1.	Pregnant women should not lift heavy weight	120	100	-	-
2.	Pregnant women should do more laborious work	120	100	-	-
3.	Girls should not be married before the age of 18 years	116	96.67	4	3.33
4.	Iron and folic acid pills helps in body maintenance of pregnant women	5	4.17	115	95.83
5.	Pregnant women should be vaccinated for tetanus	9	7.5	111	92.5

6.	Right age of pregnancy is 21 years	116	96.67	4	3.33

(D) Health for children

SN	Questions	Answered			
		Correct		Incorrect	
		n	%	n	%
1.	Crying is the not important as the child is born	119	99.17	1	0.83
2.	Child's cot and cradle should be kept away from clean air and light	119	99.17	1	0.83
3.	BCG vaccination protect from T.B.	1	0.83	119	99.17
4.	Typhoid vaccine is given in the age of 2 years	10	8.33	110	91.67
5.	Umbilical cord should be cut minimum how much distance	120	100	-	-
6.	To protect umbilical cord from infection	112	93.33	8	6.67
7.	After how many days of birth BCG vaccination should be infected	6	5	104	95
8.	BCG vaccination should be given in 40 days of birth of child	6	5	104	95
9.	Crying of infant is not important just after delivery	119	99.17	1	0.83

(E) Common disease

SN	Questions	Answered			
		Correct		Incorrect	
		n	%	n	%
1.	Malaria spread through mosquito bite	120	100	-	-
2.	Fever headache is a symptom of dengue	10	8.33	110	91.67
3.	Lack of water does not arise while suffering from loose motion	120	100	-	-
4.	Oil and ghee are given to jaundice patient	12	10.0	108	90.0
5.	Light food is given to be patient	119	99.17	1	8.33
6.	HIV positive means AIDS	12	10.0	108	90.0
7.	AIDS is spread through unprotected sexual relation	10	8.33	110	91.67
8	Aids is spread through virus	5	4.17	115	95.83