

Original Research Article

Correlates of Knowledge of Health and Hygiene among the Women Beneficiaries of UNICEF Initiated Programme

Archana Kumari^{1*} and Maya Kumari²

¹Programme Assistant, K. V. K. Manjhi, Saran, Bihar

²Scientist, K. V. K., Sahibganj, Jharkhand, India

**Corresponding author*

ABSTRACT

UNICEF is an international organization established in the year 1946 for the post-war rehabilitation by the United Nations to meet the emergency needs of children in Europe and China. Since then it is functioning in India but it spread its wings to Bihar only in 1992 with the same aims and objectives as earlier. Its mandate today is to save the succeeding generation from scour of war and promote social progress and humanitarian welfare. It has been a leader on board in providing help in the very critical fields of education, health, rural water supply, nutrition and welfare of society and continues to be with the wind today also. Urban area of Patna district of Bihar where UNICEF's implementing a number of health and hygiene programmes was selected for the present study. A total of 100 women beneficiaries of the UNICEF health programmes were purposively selected. Data was collected using pre-tested questionnaire about knowledge of various health issues as dependent variables and independent variables. The study concludes that the effort of UNICEF has bore fruits of success, as it is evident from the fact that the knowledge of family planning, parental care, postnatal care, Polio, Goitre, Anaemia control and Blindness were found to be above average. Specially, the knowledge of Polio was extremely high (87%). Education, income and caste were found to be influencing the knowledge. Therefore, efforts should be made to keep these factors in mind while preparing strategies for improving knowledge of family planning, parental care, postnatal care, Polio, Goitre, Anaemia control and Blindness among the beneficiaries.

Keywords

Health and
Hygiene,
Women
Beneficiaries

Introduction

UNICEF is an international organization established in the year 1946 for the post-war rehabilitation by the United Nations to meet the emergency needs of children in Europe and China. Since then it is functioning in India but it spread its wings to Bihar only in 1992 with the same aims and objectives as earlier. Its mandate today is to save the succeeding generation from scour of war and promote social progress and humanitarian welfare. It has been a leader on

board in providing help in the very critical fields of education, health, rural water supply, nutrition and welfare of society and continues to be with the wind today also.

In the society as a whole, nutritionally vulnerable segment of the population are the children and women as well. Besides the fact that the health standards have uplifted, under-nutrition has been a break to all the stated development. The main causes for this under-nutrition in most of the early

childhood are low birth-weight, introduction of supplementary food too late or vice-versa and to forget the least paid attention to infants. Factors are much inter-connected to ignorance, population and illiteracy. Moving ahead with the strategy of UNICEF, it has implemented number of programs for upliftment of women and children. UNICEF has nurtured Bihar for last fifteen years with aim to improve the health of both mother and infant, provide safe drinking water, nutritional education, immunization and sanitation. Rehabilitation and development has been the major objectives provided to all sections of society but its main focus is on financially weaker sections and unaware mass of population. With a non-stop period of working towards a better society, its main work is to make the ignorant people aware about their duties towards their family and their health status. In addition to reducing infant mortality rates (IMR), the reproductive and child health programme will also aim to reduce maternal mortality rates (MMR) from 301 to 100 per 100,000 live births. The main interventions will revolve around enhancing child survival and maternal care. Key results include: 1) Reduction of IMR from 58 per cent per 1,000 live births. 2) Reduction of MMR from 301 to 100 per 100,000 live births.

The child development and nutrition programme will stress on the nutritional status of mother along with the child. UNICEF will focus on providing technical know-how to enhance ICDS functioning and delivery by supporting training of the field-level workers on the one hand and by conducting a nationwide awareness campaign on the issue with the purpose of influencing policy. Anticipated include:

- *Reduction in the level of malnutrition
- *Significant reduction in micronutrient deficiencies.

*Child environment improving freshwater availability its management, conservation and equitable allocation, as well as access to sanitation and adoption of critical hygiene practices. Key results include:

*Sustainable access to and use of safe water and basic sanitation services

Connecting the society, UNICEF has initiated many programs but at present there are only four programmes running under child development and nutrition department namely Dular strategy, Anaemia control programme, Iodine deficiency control programme and Vitamin A supplementation programme. According to the area selected only three programs have been successfully initiated and progressed with Dular strategy has not been implemented in the areas of Bihar. There is depth of study on evaluation of UNICEF functioning in Bihar. Hence, the present study was conducted with following objectives

- (i) To study the profile of UNICEF beneficiaries in terms of some selected characteristics
- (ii) To study the knowledge of different programmes of UNICEF

Materials and Methods

The locale of the study was urban area of Patna district of Bihar where UNICEF's implementing a number of health and hygiene programmes was selected for the present study. A total of 100 women beneficiaries of the UNICEF health programmes were purposively selected. Data was collected using pre-tested questionnaire about knowledge of various health issues as dependent variables and independent variables. The dependent variables in the study were:-

1. Knowledge of Blindness

2. Knowledge of Anaemia control
3. Knowledge of Goitre
4. Knowledge of Polio
5. Knowledge of Prenatal care
6. Knowledge of Postnatal care and
7. Knowledge about family planning

Whereas, the independent variables considered for the study were age, caste, job, job, education, income, house type and family type

Results and Discussion

It can be observed from the pie chart below that majority of the respondents (53%) were of middle age (30-45), mainly belonging to backward class (46%) mostly (37%) illiterate, owning business (33%), having income more than Rs. 6000 per month (37%), living in a joint family (77%) and owning their house (75). These respondents had participated in UNICEF health programme and received benefits. The

following bar diagram shows the mean knowledge of various health related aspects. It can be observed that while the overall knowledge of prenatal care, postnatal care, Goitre, Blindness, Anaemia control and family planning were found to be above average (1.6 to 1.8), the average knowledge of Polio was found to be as high as 2.8 out of possible maximum 3.0. it may be noted that the scoring for knowledge levels were done as under

No knowledge	0
Some knowledge	1
Average knowledge	2
Good knowledge	3

The next diagram depicts the percentage of respondents having various level of knowledge of family planning, prenatal care, postnatal care, polio, goiter, anaemia control and blindness

Fig.1 Cluster Bar diagram 1 showing Mean knowledge of Respondents

KNOWLEDGE OF GOITRE	1.8	2.8	5
KNOWLEDGE OF BLINDNESS	1.8		
KNOWLEDGE OF ANAEMIA CONTROL	1.7		
KNOWLEDGE OF FAMILY PLANNING	1.6		

Fig.2 Cluster Bar diagram 2 showing Percentage of Respondents having different level of knowledge

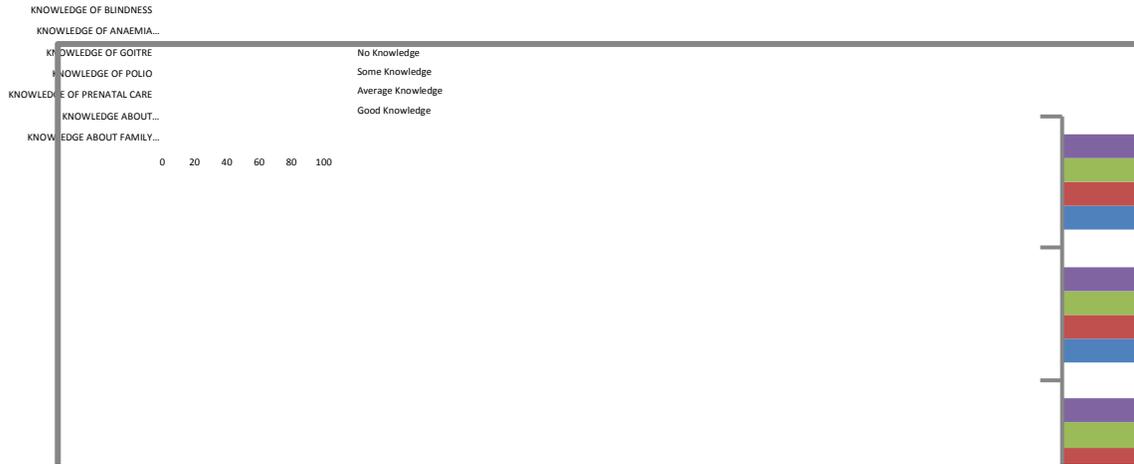


Table.1 Correlation between knowledge and independent variable

		AGE	EDUCATION	INCOME		CASTE	JOB
Knowledge of blindness	Pearson correlation	-.006	.706**	.642**	Kendal's fau	0.541**	0.302**
	Sig. (2-tailed)	.956	.000	.000		0.000	0.000
Knowledge of anaemia control	Pearson correlation	.018	.653**	.607**	Kendal's fau	0.499**	0.251**
	Sig. (2-tailed)	.860	.000	.000		0.000	0.003
Knowledge of goitre	Pearson correlation	.002	.710**	.645**	Kendal's fau	0.545**	0.294**
	Sig. (2-tailed)	.980	.000	.000		0.000	0.001
Knowledge of polio	Pearson correlation	-.067	.165	.135	Kendal's fau	0.015	0.160
	Sig. (2-tailed)	.505	.101	.181		0.876	0.080
Knowledge of prenatal care	Pearson correlation	.004	.708**	.645**	Kendal's fau	0.546**	0.282**
	Sig. (2-tailed)	.969	.000	.000		0.000	0.001
Knowledge of postnatal care	Pearson correlation	.073	.715**	.755**	Kendal's fau	0.508**	0.298**
	Sig. (2-tailed)	.473	.000	.000		0.000	0.001
Knowledge about family planning	Pearson correlation	.058	.311**	.294**	Kendal's fau	0.302**	0.086
	Sig. (2-tailed)	.569	.002	.003		0.002	0.356

**correlation is significant at the 0.01 level (2-tailed)

*correlation is significant at the 0.05 level (2-tailed)

Correlates of knowledge

Further analysis of the data revealed that

knowledge of positively significantly correlated at 1 per cent level with education, income, caste and job. It may be noted here

that Pearson correlation coefficients were calculated for continuous ratio/interval scale variables while Kendal's tau was calculated for discrete nominal scale variables, caste and job.

The same was the case with knowledge of Anaemia control, knowledge of Goitre, knowledge of prenatal care and knowledge of postnatal care. In case of knowledge about family planning, it was positively significantly correlated at 1 per cent level with education, income and caste only. Job was found to be positively insignificantly correlated with it.

It was interesting to note that knowledge of Polio was not found to be significantly correlated with any independent variables. It happened so because UNICEF has been extremely successful with polio eradication programme of WHO and therefore, there was no variability in the knowledge about Polio among the respondents resulting into insignificant correlation.

Overall, all the dependent variables were found to be insignificantly correlated with age. It shows that the knowledge did not vary with respect to age and persons of all ages were having similar knowledge.

In conclusion, the effort of UNICEF has bore fruits of success, as it is evident from the fact that the knowledge of family planning, parental care, postnatal care, postnatal care, Polio, Goitre, Anaemia control and Blindness were found to be above average. Specially, the knowledge of Polio was extremely high (87%). Education, income and caste were found to be influencing the knowledge. Therefore, efforts should be made to keep these factors in mind while preparing strategies for improving knowledge of family planning,

parental care, postnatal care, Polio, Goitre, Anaemia control and Blindness among the beneficiaries.

References

- Abdeljabetc, M. H.; Monto, A. S.; Tilden, R. L.; Schork, M. A.; Tarwotzo, I. (1991). The impact on morbidity arandomized community intervention trial. *American Journal of Public Helth.* 81 (12) : 1654-1656
- Agrawal, D. K.; Agrawal, K. N. and Roychoudhary, S. (1988). Targets in national anaemia prophylaxis programme for pregnant women. *Indian Pediatrics.* 25 (4) : 319-322.
- Agrawal, DD. K. ; C. M. and Agrawal, K. N. (1995). Vitamins A administration and pre school child mortality. *Nutrition Research.* 15 (5) : 669-680
- Agrawal, K. N.; Gomber, S.; Bish, H.; and Son, M. (2003). Anaemial phophylais in adolescent school girls by weekly or daily iron folate supplementation. *Indian Pediatrics.* 40 (4) :296-301.
- Bharmal, F. Y. and Omair, A. (2001). Evaluation of vitamin A supplementation in Gulshan-e-sikanderabad. *J.P.M.A., Journal of the Pakistan Medical Association.* 51 (7) : 247-250.
- Bisai, D.; Kumar, K. C. S.;Waters, Koenig, M.; Katz, J.; Khatry, S. K. and West, K. P. (2005). The impact of vitamins A supplementation on mortality in equalities among children in Nepal. *Health Policy and Planning.* 20 (1) : 60-66
- Bosu, S.; Nag, S. K. and Chatterjee, P. (1997). Effect of supplementation of iron with vitamin C and folic acid on acrobic capacity of adult female. *Biomedicine* 17 (1) : 35-40