

ROLE OF EXTENSION SYSTEM ON ISSUE OF CHILDREN OF WOMEN IN AGRICULTURE

Suman Prasad Maurya¹ & Ravi Prasad Maurya³

ABSTRACT

The present study was undertaken to assess the health status of pre-school children of farmwomen and understand health care practices for them in the Kharwar tribe of Bihar. The hundred families, having at least one pre-school child with parents alive and living together were selected. A total of 139 pre-school (3-6 years) children were studied with the help of structured interview schedule, health schedule and anthropometrics measurements and clinical signs and symptoms observed. The study reported that Majority of children was found to suffer from Grade II malnutrition based on weight-for-age. Older children (by age) seemed to have better nourishment than the younger pre-school. It was found that anthropometrics measurements like height, weight and mid-upper-arm and chest circumference were highly positive correlated to each other implying that unit change in one might positively change other anthropometrics measurements and that it increased with age of the unit children. Kharwar parents used home treatment (in only 40% of the total 201 incidences of sicknesses), folk treatment (in 8 cases of either fever, boil or convulsions) and modern treatment (in all cases of sicknesses except 29 incidences). The positive correlation between vaccination status and farm type showed that the children of non-farm women had significantly better vaccination status than children of farm women.

Key words : Health care practices, Pre-school children, Malnutrition, Anthropometrics measurements

INTRODUCTION :

Farm women are no longer 'invisible hands'. Their participation is well known through researches around the country and abroad that have made their contributions visible. They participate in crop production, vegetable production sericulture, fruit and vegetables processing, plantation, post harvest processing, care of farm animals and poultry birds, selling of milk. They perform farm operations like sowing behind the plough, transplantation, weeding, dabbling, thinning, gap filling, intercultural activities, hulling, scaring birds, harvesting, shelling, threshing, winnowing, cleaning, grading, storage of seeds and grains, size reduction, decortications, drying, etc. (Devnani, 1993). Most of the farmwomen of Kharwar tribe of Bihar worked on their own land but they also helped their fellow tribe women on mutual basis.

METHODOLOGY :

A study was undertaken to assess the health status of pre-school children of farmwomen and understand health care practices for them in the Kharwar tribe of Bihar. The hundred families, having at least one pre-school child with parents alive and living together were selected. A total of 139 pre-school (3-6 years) children were studied with the help of structured interview schedule, health schedule and anthropometrics measurements and clinical signs and symptoms observed.

RESULTS AND DISCUSSION :

The salient findings of the study are as follows:

1. Majority of children (36%) were found to suffer from Grade II malnutrition based on weight-for-

age. In terms of weight-for-age, percentage of children suffering from Grade IV malnutrition was more among six years olds than among three years olds.

2. Older children (by age) seems to have better nourishment than the younger pre-school children in Kharwar tribe was significant, with more number of male children severely malnourished than the females and more number of female children having normal weight-for-age and height-for-age.
3. The average mid-upper-arm and chest circumference of the Kharwar tribe children was 14.38 and 50.20 cm respectively. Standard deviation from the mean suggested that majority of children were of average health in terms of mid-upper arm and chest circumference. It was found that anthropometric measurements like height, weight and mid-upper-arm and chest circumference were highly positive correlated to each other implying that unit change in one might positively change other anthropometric measurements and that it increased with age of the unit children.
4. A positive correlation existed between mid-upper-arm circumference, calorie intake and age suggesting that the mid-upper-circumference and calorie intake of the children increased with age of the children. But mid-upper-arm circumference decreased with family size.
5. Thirty six per cent children were reported to fall sick once a year (1993-1994), while 31.65 per cent suffered sicknesses twice the year. There

were 201 incidences of sickness among 115 children. Incidences of sicknesses (fever, cold and congestion, pneumonia) were more during winter with 80 cases; whereas during summer they suffered from fever, diarrhoea and sunstroke (66 instances). The correlation suggested that younger children were more susceptible to frequent sicknesses than older children; and children who did not fall sick, consumed more calories and had better height, chest circumference and weight.

6. Kharwar parents used home treatment (in only 40% of the total 201 incidences of sicknesses), folk treatment (in 8 cases of either fever, boil or convulsions) and modern treatment (in all cases of sicknesses except 29 incidences).
7. Regardless of farm participation, in 120 incidences of sicknesses, no home treatment was given. The home treatment of sicknesses began after a day or two in 38 and 27 incidences of sicknesses cases respectively. The doctor was approached (at PHC or private) after home treatment failed to cure the diseases. In 20 instances the services of doctor were sought after 6 to 40 days. The neglect was mainly in case of boils, scabies and measles. The folk healers (exorcist and priest) were approached while taking treatment from doctor.
8. The positive correlation between vaccination status and farm type showed that the children of non-farm women had significantly better vaccination status than children of farm women. About 39 per cent farm women did not get their children vaccinated at all, due to ignorance; while 33.6 per cent were partially vaccinated.
9. None of the parents were aware of the names of the vaccines that were administered to the children and had no vaccination records cards.
10. The parents of 52 per cent of the children reported that the children were irregular in brushing their teeth.
11. Kharwar children (74%) were not in the habit of regular grooming of hair or cutting nails, which resulted in scattered and tangled hair.
12. As for toilet behaviour, 53 per cent of pre-school children were self-reliant and rest children were assisted.

Thus, the study revealed that preschool children of Kharwar tribe needed attention to their health, which was essential for better quality of living.

Role of extension system on the issue of health of tribal children of women in agriculture

Development of Kharwar tribe, especially children, needs conscious efforts on the part of extension system that includes social workers, scientists and welfare officers of the state development system, the NGOs and semi Government agencies. They can function at the grass-root as well as planning level to :

- Acquaint the parents and the tribal leaders (*Mukhia* and *Baiga*) of the health status of their children and health care practices that seem to affect their health status.
- Enlighten the tribal parents on the issues related to health of the children like adequate nutrition, timely vaccination, perseverance of vaccination cards and personal cleanliness through the use of folk media and multi-channel mass media.
- Equip the parents with well-proven home treatments and first-aid approaches that would be functional in their culture like preparation and use of homemade ORT solution.
- Launch health and nutrition awareness and education campaigns for the tribal farm families.
- Facilitate the farm women's families in up-grad- ing their lands for cultivation, providing additional income generating activities and functional literacy on war footing to enhance their socio-economic and educational status.
- Block Development Office, Krishi Vigyan Kendra and Vanvasi Seva Kendra working in the area should co-operate and collaborate to facilitate education and training to parents and village leaders to enhance their development, in an integrated and wholesome manner.

CONCLUSION :

Children are the assets of our country and children of women in agriculture are no exception. They, in fact, form an especial category, as they are the torch holders of the traditional and practical agriculture knowledge and at the same time the future of our country, which is basically an agricultural country. So, for children of women in agriculture and that of agrarian tribe: Let development occur without invading the Tribal life style and culture.

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