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Knowledge Level of Rural Women on Health and Nutritional Practices in Tikamgarh District of M.P.

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ABSTRACT

The strategy of increasing the health and nutritional status of rural women to a certain extent depends on their knowledge level of health and nutritional practices. The main purpose of the study was to know the knowledge level of rural women on selected health and nutritional practices in Tikamgarh district of Madhya Pradesh. The study was limited within six selected villages of Tikamgarh block namely, Alampura, Takha, Maharajpura, Samarra, Ganeshganj and Pahaditilwan Khas. For the study married rural women were selected purposively. From the selected villages 20 rural women were selected randomly for the study thus total 120 respondents were selected for the study. The result obtained indicated that majority of respondents (80%) had medium level of knowledge on health and nutritional practices the result of the study also shown that eight variables namely; education, caste, land holding annual income, occupation, participation in local institution, source of information and extension participation were significant whereas other variables namely age and family type were not found to have any relationship with knowledge level of rural women on health and nutritional practices.

Key words: Health and nutritional practices; Knowledge level of rural women;

Proper nutrition is a key indicator of health, both in childhood and beyond. All women in rural areas are affected by many issues, particularly the lack of primary and specialty care. Rural areas also tend to have higher rates of chronic disease, including heart disease, diabetes and cancer. Rural women face many hurdles during their reproductive years. Surveys conducted by rural health experts have shown that maternal, infant, and child health rank as a top three concern in rural areas. Rural women are particularly subjected to poor prenatal care due to limited resources available to them. Rural areas often have limited public transportation, and inhabitants must travel greater distances to access health care, social opportunities, healthy food options, and other necessities. Hence, the lack of availability of transport facility can seriously hamper the mobility of rural women, compromising their quality of life. Other challenges faced by rural women include lack of knowledge of available services, and lack of needed services in or near the community.

In rural areas poor health and malnutrition are the prevailing issues related to the women. In terms of health services Tikamgarh district is considered to be one of the extremely backward districts in Madhya Pradesh. The two standard outcome indicators in the context of health are Infant Mortality Rate and Mother Mortality Rate. The district figure of Infant Mortality Rate (IMR) is 713 per 1 lakh live births and Mother Mortality Rate (MMR) is 90.5 per 1000 live births. Keeping this in view the present study was conducted to know the Knowledge level of Rural Women on Selected Health and Nutritional Practices in Tikamgarh District of M.P.

METHODOLOGY

The investigation was conducted in Tikamgarh district of Madhya Pradesh. Tikamgarh block of Tikamgarh district is selected purposively because NRC (Nutrition Rehabilitation Centre) is situated in Tikamgarh block. On the basis of availability of

Anganwadi centre, ASHA (Accredited Social Health Activist) and any other Nutritional Centre, six villages namely Alampura, Takha, Maharajpura, Samarra, Ganeshganj and Pahadtilwaran Khas were selected purposively for study. Since the main objective of the study is to measure the knowledge level of rural women on health and nutritional practices, which includes different facets like- personal hygiene, sanitation, care of surroundings, diet of individual, drinking water, child immunization, food preservation, it is felt that the respondent should have sufficient knowledge of family life so the married women were selected purposively for the study. From each selected village 20 rural women were selected making a total sample size of 120 respondents. The data was collected personally by interviewing the selected respondents with the help of well-structured and pre – tested interview schedule. The collected data were quantified, classified and tabulated on the basis of mean, standard deviation, frequency and percentage.

Knowledge test was developed to measure the knowledge level of rural women regarding health and nutrition practices. The knowledge test composed of thirty statements. The statements were prepared by consulting the health and family welfare department, members of advisory committee, journals, and staff of Nutrition rehabilitation centre (NRC), doctors of primary health centers and review of literature. The knowledge test thus developed was used to measure the knowledge of rural women about health and nutritional practices. The collection of statements was done keeping in view of health and nutrition aspects. Total thirty statements were collected. All the statements were provided with yes or no answers with the weightage of 2 and 1.

RESULTS AND DISCUSSION

Profile characteristics of rural women : Profile characteristics of rural women play a major role in knowledge. Hence, these profiles of rural women were compiled and details are presented in abovetable. Basic statistical values of these selected profiles were briefly discussed for proper understanding.

Age: The Table 1 showed that 14.17 per cent rural women belonged to young age group very less percentage 5.83 per cent belonged to old age group and remaining 80.00 per cent belonged to middle age group.

Education: Education is the process of developing knowledge, wisdom and other desirable qualities of mind, character and general competencies, especially

by a source of formal instruction. Education is considered as a factor for improving the knowledge of rural women and may affect the adoption of health and nutrition practices. Data presented in table 1 indicates that 36.67 per cent women were illiterate, 10.00 per cent women were educated up to primary level, 31.67 per cent women were educated up to middle level and 6.66 per cent women were educated up to college and above. *Caste* : it is clear from the table 1 that majority (72.50%) of the respondents belonged to other backward caste (OBC) whereas 17.50 per cent women belonged to ST/SC category and remaining 10.00 per cent belonged to general category.

Family type: Table 1 present the percentage distribution of respondents according to their family type. From table 1 it is clear that 58.33 per cent respondents belonged to nuclear family and 41.67 per cent women belonged to joint family.

Land holding : It is the area of land possessed by the family of rural women. The distribution of respondents according to their family land holding from table 1 revealed that majority of the rural women's families were land less (43.33%) followed by marginal (20.00%) small (18.33%), medium (16.67%) and large (1.67%) size of land holding. Thus, it may be inferred from the data that most of the rural women's family were land less.

Annual income: In measuring this variable the total yearly earning of rural women's family was measured in rupees from all the sources. The result showed that majority of rural women (61.67%) belonged to low level income while 21.66 per cent belonged to high level income and remaining 16.67 per cent belonged to medium level income group. The detail distribution of rural women according to annual income was presented in Table 1.

Occupation: Information in table 1 indicates that majority (40.00%) of respondent were house wife, whereas 18.33 per cent were engaged in caste occupation, 23.33 per cent were engaged in agriculture activities, 11.67 per cent were labour and 6.67 per cent were doing service.

Participation in local institution: The level of participation in local institute or involvement in social organizations reflected their contribution towards knowledge and adoption of health and nutritional practices. A perusal of table 1 reveals that out of total 120 respondents, 60.00 per cent of rural women were

Table 1. Distribution of rural women according to their profile characteristics (N=120)

Variables	No.	%	Mean	SD
Age (Years)				
Young age	17	14.17		
Middle age	96	80.00	39.083	13.558
Old age	7	5.83		
Education				
Illiterate	44	36.67		
Primary	12	10.00		
Middle	38	31.67	2.45	1.30
H.S. and Intermediate	18	15.00		
College and above	8	6.66		
Caste				
SC/ST	21	17.50		
OBC	87	72.50	2.16	0.63
General	12	10.00		
Family type				
Nuclear	70	58.33		
Joint	50	41.67	1.41	0.49
Land holding				
Land less	52	43.33		
Marginal land holding	24	20.00		
Small land holding	22	18.33	2.13	1.19
medium land holding	20	16.67		
large land holding	2	1.67		
Annual income (in Rs.)				
Low (<50,000)	74	61.67		
Medium (50,000 to 1, 50,000)	20	16.67	83583.33	64600.2
High (>1,50,000)	26	21.66		
Occupation				
House wife	48	40.00		
Caste occupation	22	18.33		
Agriculture	28	23.33	2.26	1.28
Labour	14	11.67		
Service	8	6.67		
Participation				
Low	42	35.00		
Medium	72	60.00	10.025	1.343
High	6	5.00		
Source of information				
Low	18	15.00		
Medium	98	81.67	26.73	2.96
High	4	3.33		
Extension participation				
Low	24	20.00		
Medium	86	71.67	10.65	2.45
High	10	8.33		

found to have medium level of participation in local institution followed by low (35.00%) and high (5.00%) level of participation in local institution. Hence, on the basis of data it can be concluded that, most of the rural women were found to have medium level of participation in local institute.

Source of information: Communication behaviour refers to different sources of information consulted by rural women with respect to general health and nutritional practices. The result presented in table 1 indicates that majority (81.67%) of rural women had medium use of source of information followed by low (15.00%) and high (3.33%) use of source of information.

Extension participation: Extension participation referred to the extent of participation of rural Women in different extension activities like meetings, field days, film shows, exhibitions, demonstrations, kisan mela etc. information in Table 1 indicates that 71.67 per cent women had medium level of participation whereas 20.00 per cent women had low level of extension participation and remaining 8.33 per cent women had high level of extension participation.

Knowledge level of rural women on selected health and nutritional practices : The data in Table 2 shows the knowledge level of rural women on health and nutritional practices. The data reveals that higher

Table 2. Distribution of rural women according to their knowledge level

Categories	No.	%	Mean	SD
Low	22	18.33	50.36	6.11
Medium	96	80.00		
High	2	1.67		
Total	120	100.00		

percent (80%) of rural women had medium knowledge level followed by 18.33 per cent had low knowledge level and only 1.67 per cent had high knowledge level on health and nutritional practices.

Therefore, it may be concluded that majority of respondents (80%) had medium level of knowledge on health and nutritional practices. the finding of the present study is in line with the finding of Vani K.P., 2007 and Kumari et al., 2010.

Knowledge level of rural women on individual health and nutritional practice : The data in Table 3 shows the Knowledge level of rural women on individual health and nutritional practices. Regarding health practices for children, majority of the rural women

Table 3. Knowledge level of rural women on individual health and nutritional practices (N=120)

Statements	Known		Unknown	
	No.	%	No.	%
<i>Health practices for children</i>				
Immunization is must for children.	108	90.00	12	10.00
Daily bathing is good for the health of the child.	112	93.3	8	6.6
Child's body makes vitamin D when their skin exposed to the sun.	98	81.6	22	18.3
It is good to wash hands before carrying and feeding the child.	92	76.6	28	23.3
Monthly checkup is must for the health of the child.	58	48.3	62	51.7
<i>Health practices for adult</i>				
House hold bleach should be used for cleaning the house.	102	85.00	18	15.00
It's good to cut nails once in a week.	94	78.3	26	21.7
Boiled and clean water helps to protect from water borne diseases.	100	83.3	20	16.7
Food should be covered properly to protect it from contamination.	108	90.00	12	10.00
Fruits and vegetables should be washed properly before cutting.	102	85.00	18	15.00
Washing hands before cooking and eating the food is good for health.	88	73.3	32	26.7
There should be proper management of drainage because insects breed in standing water.	84	70.00	36	30.00
One should drink at least 2 liters of water in a day for good health.	80	66.6	40	33.4
Dustbins should be covered properly.	76	63.3	44	36.7
Open defecation is harmful for both the environment and health.	58	48.3	62	51.7
<i>Nutritional practices for child</i>				
Colostrum should be given to new born baby.	96	80.00	24	20.00
It is nutritious to add khichdi, rice, pulses and chapatti in food, for 7 years old child.	60	50.00	60	50.00
Daily consumption of pulse, rice and vegetables is good for the health of growing child.	96	80.00	24	20.00
It is good to add fruit juice and supe in food of 3-year-old child.	62	51.6	58	48.4
Rice water and dal water are good source of calcium, vitamin, protein and iron.	52	43.3	68	56.7
<i>Nutritional practices for adults</i>				
Sprouted grain is more nutritious for health.	96	80.00	24	20.00
Green vegetables are good source of iron.	110	91.6	10	8.4
Daily consumption of milk and curd strengthen the bones.	108	90.00	12	10.00
Iodized salt is good for health.	88	73.3	32	26.7
Daily consumption of jaggery in food cures iron deficiency.	76	63.3	44	36.7
Fruits are good source of vitamins and minerals.	68	56.6	52	43.4
Pulses are good source of protein and helps in strengthening the muscles.	84	70.00	36	30.00
Chapattis made by mixing the wheat flour with Sorghum and soybean, are more nutritious.	54	45.00	66	55.00
Consumption of egg, fish and meat is nutritious for health.	62	51.6	58	48.4
Without strained rice is more nutritious for health.	38	31.6	82	68.4

(93%) believe that daily bathing is good for their health. for nutritional practices; majority (80%) knows that Colostrums should be given to new born baby and Daily consumption of pulse, rice and vegetables is good for the health of growing child.

Regarding health practices for adults, majority of the rural women (90%) believe that Food should be covered properly to protect it from contamination. for nutritional practices; majority (91%) knows that green

vegetables are good source of iron.

Influence of profile characteristics on knowledge level of rural women on health and nutritional practices : Table 4 reveals that correlation of profile characteristics with knowledge level on health and nutritional practices revealed that education, caste, land holding annual income, occupation, participation in local institution, source of information and extension participation were significant at 0.05% and 0.01% level

Table 4. Influence of profile characteristics on knowledge level of rural women on health and nutritional practices

Characteristics	'r'	't' Value
Age	0.002769 ^{NS}	0.030074
Education	0.18586*	2.054763
Caste	0.284892**	3.228507
Family type	0.026814 ^{NS}	0.291383
Land holding	0.294405**	3.346371
Annual income	0.311695**	3.563393
Occupation	0.317453**	3.636533
Participation	0.1920070*	2.125274
Source of information	0.299466**	3.409508
Extension participation	0.261076**	2.937908

NS =Non significant, * Significant at 0.05 level,

**Significant at 0.01 level

of significance whereas other variables namely age and family type were not found to have any relationship with knowledge level of rural women on selected health and nutritional practices.

Education, caste, land holding, annual income, source of information and extension participation were found to be significantly related with the knowledge level of rural women. This finding is supported by the work of Vani KP (2007).

Education and farming experience of the respondents had positive significant relationship with their knowledge level where the coefficient of correlations (r value) was 0.484**, 0.309** and 0.440**, respectively at 1.0% level of significance. This finding is supported by the work of Sultana *et al.* (2016).

Family income and education was found to be significantly related with the knowledge level of rural women. This result is in line with the work of Suchitra

and Ravindra Kumar (2018).

CONCLUSION

The findings of the study shows that majority of rural women were in the middle age group, were illiterate, were OBC category, belonged to nuclear family, were land less, had low annual income, were house wife, had medium level of participation in local institution, medium use of source of information, medium level of extension participation. Regarding the knowledge level, from the above findings it can be concluded that majority of rural women had medium level of knowledge on selected health and nutritional practices hence efforts should be made to increase the knowledge level of rural women on health and nutritional practices in rural areas. The relationship between eight attributes i.e. education, caste, land holding, annual income, occupation, participation in local institution, source of information and extension participation were found to be significantly related with the knowledge level of rural women whereas two variables namely age and family type had non-significant relationship with the knowledge level of rural women on selected health and nutritional practices. More number of awareness programs should be conducted in rural areas with an objective to provide knowledge related to health and nutritional practices. Education level of women should also be increased in rural areas as it directly influences the knowledge level of women related to health and nutrition. Training should be given to the rural women for developing the nutritional garden so that they can have timely access to nutritional food at their home on cheap prices.

CONFLICTS OF INTEREST

The authors have no conflicts of interest.

REFERENCES

- Kumari, M.; Srivastava, A.K. and Sinha, N. (2010). Extent of knowledge of farm women on nutrition. *Indian Res. J. Ext. Edu.* **10** (1): 65-68.
- Suchitra and Ravindra Kumar. (2018). Knowledge of rural women regarding nutrition practices in Bikaner district of Rajasthan, India. *Int. J. Curr. Microbial. App. Sci.*, **7**(02): 3174-3184.
- Sultana, A.; Afrad, M.S.I.; Hoque, M.Z. and Bhattacharjee, D. (2016). Knowledge of farm women on nutritional value of farm products in Bangladesh. *Indian Res. J. Ext. Edu.*, **16** (2), 25-30.
- Vani, KP. (2007). A study on knowledge and adoption of selected health and nutritional practices by rural women in Belgaum district, Karnataka Thesis, University of Agricultural sciences, Dharwad, Karnataka.

