

## **Health Condition among the Rural Poor Women - A Comparative Study between the Educated and Uneducated Married Women**

**\*Dr. Rantu Gohain**

### **Abstract**

*There goes saying, 'Health is Wealth.' A sound health is the abode of a tranquil mind which is of immense importance for doing anything noteworthy. Women all over the world are a vulnerable group with regard to their health status. In India about 15 million girls are born per year but almost one fourth of this number does not see their 15th birthday. Mortality indicators show that up to the age of 35 years, more females than males die at every age level. Maternal mortality rate in India is unacceptably high. The similar picture can be observed in the north-east India too, especially in Assam. The women of Assam particularly in the rural areas suffer from many health care and health services problems.*

*The present study intends to explore the causes behind poor health of the educated and uneducated rural poor women. It also aims at studying the knowledge of good health between them and to suggest some remedial measures for solving those problems. Normative survey method of research is used to conduct the present study. The required data have been collected from both primary as well as secondary sources with the help of a self-prepared questionnaire and books, journals etc. respectively. The collected data have been analyzed and interpreted with help of simple frequency percentages, t-test etc.*

**Key words : Health, Mortality, Poor women, Consciousness, Education.**

### **Introduction :**

Health is an important component of human capital. Health status exercises

---

\*Assistant Professor of Education, Sibsagar Girls' College, Sivasagar

profound influence on human resource development and effective utilization of human resources. Sound health is the abode of a tranquil mind which is of immense importance for doing anything noteworthy.

Women all over the world are a vulnerable group with regard to their health status. In India about 15 million girls are born per year but almost one fourth of this number does not see their 15th birthday. Mortality indicators show that up to the age of 35 years, more females than males die at every age level. Maternal mortality rate in India is unacceptably high. In the early decades of 20<sup>th</sup> century when fertility levels were very high, women unsure of child's survival rates, bore a heavy burden of repeated pregnancies. Every minute, a woman somewhere dies in pregnancy or child birth. This adds up to 1400 women dying each day, i.e. 5,29,000 each year from pregnancy related causes. The similar picture can be observed in the north east India, especially in Assam also. The women of Assam particularly in the rural areas suffer from many health care and health services problems. The Table-1 gives the standard height and weight for Women of medium frame bodies :

**Table - 1**  
**Standard heights and Weights for Women (For 25 years and above)**

Height		Weight Kg.	Height		Weight Kg.
c.m	Ft.		c.m	Ft.	
152	5/ 0//	50.8 - 54.4	168	5/ 6//	58.9 - 63.5
155	5/ 1//	51.7 - 55.3	170	5/ 7//	60.8 - 65.3
157	5/ 2//	53.1 - 56.7	173	5/ 8//	62.2 - 66.7
160	5/ 3//	54.4 - 58.1	175	5/ 9//	64.0 - 68.5
162	5/ 4//	56.3 - 59.9	178	5/ 10//	65.8 - 70.3
165	5/ 5//	57.6 - 61.2	180	5/ 11//	67.1 - 71.7

Source: M.K.Gupta, Health Charts and Tables for You, Pustak Mahal, Delhi, P-9, 2001

**Objectives of the Study :**

The objectives of the study are-

1. To explore the causes of poor health of the educated and uneducated rural poor women,
2. To study the knowledge of good health between the educated and uneducated rural poor women, and
3. To suggest some remedial measures for solving these problems.

**Hypotheses :**

Based on the objectives, the following null hypotheses were formulated-

H<sub>01</sub> : There is no difference of the causes of poor health between the educated and uneducated rural poor women

H<sub>02</sub> : There is no significant difference of knowledge of good health between the educated and uneducated rural poor women.

**Operational Definition of the Terms :**

Health : A state of complete physical, mental and social wellbeing, i.e. normal functioning of the body.

Rural Poor Women : The socio-economically backward women who are living in the remote village areas.

Educated women : In this study, minimum HSLC passed women are considered as educated women.

Uneducated Women : Both the illiterate and HSLC failed women are considered here as uneducated women.

**Limitation of the Study :**

1. The sample of the study is confined to the married women only.
2. This study is restricted to those women who are living below the poverty line.
3. Physically and mentally handicapped women are not taken into account in this study.

**Method Used in the Study :**

Normative survey method of Research was used to conduct the present

study as it gives pertinent and precise information concerning the problem under study.

#### Area of the Study :

The study has been conducted in the Dhakuakhana Sub-division of Lakhimpur District of Assam. Samples were collected from the four different villages out of which two villages were of S.C. communities, one village was of Muslim community and rest one was of mixed community. All the four villages are located at the riverine tract of the river of Charikoria which is highly flood prone area, and due to periodic flood inundation the socio-economic condition of majority of the people of Dhakuakhana has become very pitiful.

#### Sample :

All total 80 samples have been collected from four different villages randomly in homogenous figure. Out of these 80 samples 40 were educated and rest forty were uneducated women. A Schematic diagram is given below to have a better view of the sample size-

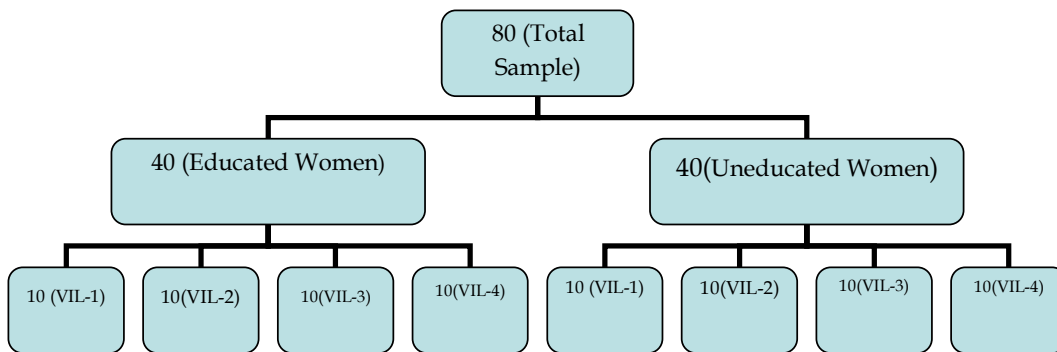


Fig: The sample size used in the present study.

#### Tools to be Used :

The required data for the study have been collected from primary sources with the help of a self-prepared questionnaire.

#### Analysis and Findings of the Study :

To know the causes of poor health among the rural poor women, the

investigator categorized all the diseases into five categories such as water borne, air borne, vector borne, gynecological and malnutritional etc. The total member of sufferer educated and uneducated rural poor women from the diseases that are the causes of poor health are given in Table-2

**Table-2**

**Rate of educated and uneducated rural poor women suffering from diseases.**

Sl. no	Categories/ sources of diseases	Symptoms of diseases	Nos. and P.C (%) of sufferer women				Total %
			educated		uneducated		
1	Water borne	Diarrhea, dysentery, jaundice, cholera, pneumonia etc.	13	32.5	14	35	34
2	Air borne	Asthma, T.B, bronchitis, allergy etc	5	12.5	5	12.5	12
3	Vector borne	Malaria, enchaphalaitis, diphtheria, worm problem etc	2	5	1	2.5	4
4	Gynecological	Anaemia(iron), goiter(iodine), osteopathy etc	12	30	14	35	33
5	Malnutritional	Anemia and other related diseases	8	20	6	15	17

From the above table it is found that—

1. 32.5% educated and 35% uneducated women suffer from the water borne diseases, 12.5% educated and 12.5% uneducated women from air borne, 5% and 2.5% respectively from vector borne diseases and the like.
2. Most of the educated and uneducated women suffer from the water borne and gynecological diseases. Here the average percentages were found as 34% and 33% respectively.
3. It is observed from the table that there are no remarkable differences of sufferer women regarding various diseases between the educated and uneducated rural poor women.

The rate of educated and uneducated rural poor women suffering from various diseases can be represented graphically as follows—

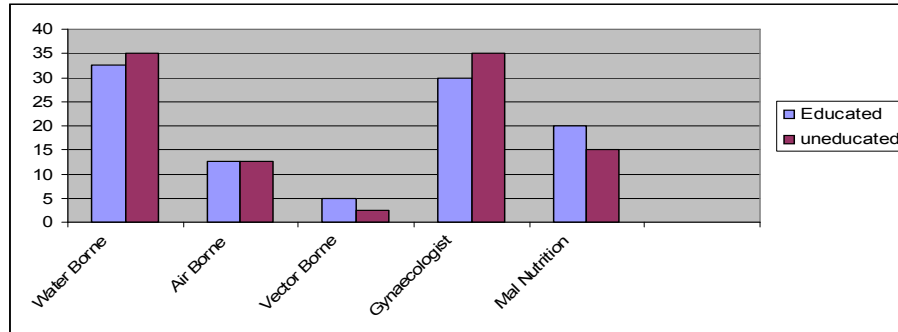


Fig.1: Showing the rate of educated and uneducated rural poor women suffering from diseases.

To check the knowledge of a good health between the educated and uneducated rural poor women, the investigator selected certain indicators such as knowledge of food habit, physical and mental rest, neat and clean, awareness of the health schemes and projects taken by the government and other organizations and participation in the health check up and health care services etc. the collected data were classified, tabulated and analyzed in the following ways (Table-3).

**Table - 3**

Rate of knowledge of Good Health between the educated and uneducated rural poor women

Sl. no	Indicators/ variables	Educated (40)		Uneducated (40)		Total average (%)
		total	%	total	%	
1	Knowledge of food habits	19	48	6	15	31
2	Physical and mental rest	22	55	11	27	41
3	Neat and clean	18	45	7	18	31
4	Awareness of health schemes and projects	28	70	16	40	45
5	Participation in the health care services	17	42	5	13	28

The above table shows that-

1. The educated women have much knowledge in all the indicators of keeping good health than the uneducated women though the percentages were not satisfactory.
2. Both the educated and uneducated women were found more aware regarding the health schemes taken by the government and other social service organizations, than other indicators but the educated were found more conscious than the uneducated women. Here the percentages were 70% and 40% respectively and the difference was 30%.

The rate of knowledge of good health between the educated and uneducated rural poor women can be represented graphically as follows-

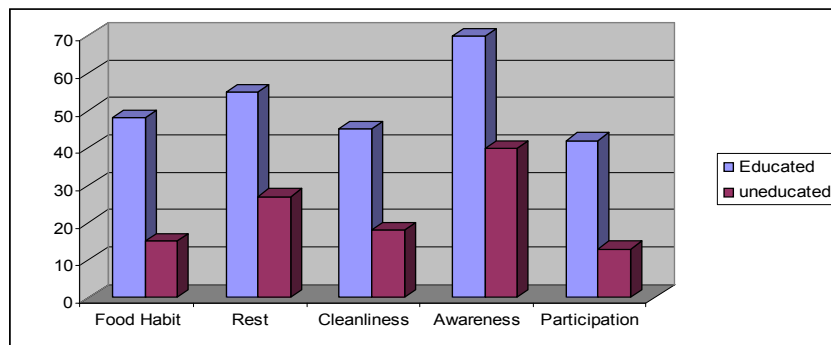


Fig.1 : Showing the rate of knowledge of good health between the educated and uneducated rural poor women.

**Table-4**

Comparison between educated and uneducated rural poor women regarding knowledge good health

Educated Women			Uneducated Women		
$X_1$	$x_1$	$x_1^2$	$X_2$	$x_2$	$x_2^2$
19	-1.8	3.24	6	-3	9
22	1.2	1.44	11	2	4
18	-2.8	7.84	7	-2	4
28	7.2	51.84	16	7	49
17	-3.8	14.44	5	-4	16
$\sum X_1=4104$		$\sum x_1^2=478.8$	$\sum X_2=45$		$\sum x_2^2=482$

M <sub>1</sub>	M <sub>2</sub>	Pooled S.D (σ)	σ <sub>D</sub>	t	Df	Critical t - value at		Remark about significant difference
						5% level	1% level	
20.8	9	4.48	2.82	4.18	8	2.31	3.36	Significant difference at both 5% and 1% level

**Interpretation :**

Significance difference was found regarding the knowledge of good health between the educated and uneducated rural poor women. Because computed t-value i.e., 4.18 was higher than the critical t-value at both 5% (2.31) and 1% (3.36) level of significance. Hence, the  $H_0$  formulated in the study is rejected in both the levels (Table-4).

**Major causes of poor health among the rural poor women :**

1. Poverty is the root causes of poor health among the rural poor women.
2. Illiteracy and limited education is also another significant cause for which the women cannot understand and the health care practices in many times.
3. Deep rooted customs, superstition and prejudices etc prevailing in the society sometimes compel the poor women to go against their thinking and ultimately they have to suffer from many health problems. Repeated pregnancy is a great example of it for which many maternal problems occur.
4. Inadequate health care coverage particularly in the rural area is also another important factor of poor health. The women of the rural area do not get sufficient health facilities provided by the government.

**Remedial measures to be taken :**

In order to solve the problems mentioned above, some remedial measures can be taken that are given below-

1. The economic condition of the rural poor women should be improved. Poverty should be checked at any cost.
2. The position and status of women in the society should be ensured by providing proper education and training. Only education can remove the superstition, prejudices, negative attitudes etc. from the mind of the people.



3. Health awareness programs should be promoted through organizing camps, workshops etc. in the rural areas as it is said that awareness is the greatest weapon against disease.
4. Free health check up and other health facilities should be provided and participation of women should be ensured.
5. The government should implement the health schemes timely and properly. In this regard, the NGO's and other social service organizations should also play a crucial role.

**Conclusion :**

In conclusion, it can be said that to improve women access to health services, there is a need to do away with the social constraints restricting women from approaching health services. Broad based policies for redressing gender discrimination and long term programs for women empowerment would not only improve women's access to health services but also enhance women's health and over all well being. The remark of the General Assembly of the UNO, 1948 is of immense importance here, "the right of health and medical services are vital and are the fundamental rights of every human being. Health is the right of every citizen. It is an integral part of national development."

**References :**

- Gupta, M.K. (2001) : *Health Charts and Tables for You*, Pustak Mahal, Delhi, P-9.
- Malhotra, Meenakshi (ed., 2004) : *Empowerment of Women*, ISHA Books, Delhi, Vol.-3, P. 196.
- Mishra, Ruchi (2006) : *Health for All- Today and Tomorrow*, Adhyayan Publishers & Distributors, New Delhi, P. 122.
- Prasad, Narendra (2007) : *Women and Development*, APH Publishing Corporation, New Delhi, P. 185.
- Singh, U.K & Nayak, A.K. (2008) : *Health Education*, Commonwealth Publishers', New Delhi, P. 203.

□□□