Women Awareness towards diseases and its determinants

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Introduction

A woman health is her total well-being, not arise by biological factors and reproduction factors but it is determined through the effects of work load, stress, nutrition, etc. (Van der kwaak, et al., 1991). Women are less likely to seek medical help and appropriate care until their condition get worsen. A large number of females were depend on self-care, home remedies or on traditional methods for the treatment of their diseases. As a matter of fact, awareness regarding diseases, its symptoms and risks are insufficient among women. They have developed a negative attitude towards the disease and have no knowledge about the advanced treatments techniques. In the Punjab state, women are economically more empowered as compared to others states, but are disadvantaged in case of health care due to social and cultural factors. These factors directly influence their health and hinder access to health related awareness and in developing a strong attitude towards diseases. So, need is to explore and enhance women's awareness towards the diseases.

Objectives of the Study

The objective of the paper is :

1. To examine the extent of awareness level of women towards the diseases

2. To examine the determinants of awareness level towards diseases.

Hypotheses of the Study

With the help of the primary data, the following hypotheses have been tested:

1. The awareness level of women regarding diseases is generally low.

2. Awareness regarding diseases is positively correlated with education, age, income, employment, standard of living and expenditure.

Data Sources and Research Methodology

The primary data have been used to analyse the extent of awareness of women respondents towards diseases in the state during the period 2019-20. The study is confined to two districts i.e. Hoshiarpur & Mansa selected on the basis of their highest and lowest literacy rate, as per 2011 Census. A well-structured questionnaire has been filled from 500 women respondents by face to face conversations. It captures both urban as well as rural areas of both the districts. For the presentation and analysis of the data statistical tools like Percentages and Chi-square test has been used. An effort has been made in the present study to examine the relationship between age, education, income, employment, standard of living of the respondents with their awareness level toward diseases.

Results and Discussion

Socio-economic profile of the respondents

The socio-economic profile of the respondents include age, education level, employment status, income level and expenditure done on diseases..

Table 1-Distribution of sample according to their socio-economic profile of women respondents in the study area

n=500

Sr. no.	Socio economic profile	Women respondents	
		Frequency	Percentage
1.	**Age group**		
	20-40 years	225	45
	40-60 years	204	40.8
	60-80 years	71	14.2
2.	**Education Level**		
	Upto Matric	200	40
	Senior Secondary	69	13.8
	Graduation	66	13.2
	Post Graduation	41	8.2
	Other qualification	19	3.8
	No education	105	21
3.	**Employment Status**		
	Wage employment	103	20.6
	Self employment	72	14.4
	Unemployed/Housewife	325	65

4.	**Income Level (in Rs.)**		
	Upto 10,000	392	78.4
	10,000-20,000	45	9
	20,000-30,000	34	6.8
	30,000-40,000	12	2.4
	Above 40,000	17	3.4
5.	**Standard of living**		
	Good	205	41
	Average	251	50.2
	Bad	44	8.8
6.	**Level of expenditure (in Rs.)**		
	Up to 1000	181	36.2
	1001-2000	181	36.2
	2001-3000	80	16
	3001-4000	28	5.6
	4001-5000	19	3.8
	Above 5000	11	2.2

Field survey, 2019

As revealed by Table 1, majority of the women respondents i.e. 45 per cent were young and belonged to age group 20-40 years. Near about 40 per cent of them were qualified up to matriculation level. Very few of them were qualified up to post graduate level i.e. 8 per cent whereas 21 per cent of them were illiterate. Majority of women respondents i.e. 65 per cent of them were housewives and depended on their husbands/parents for meeting their economic needs. Near about 50 per cent women had average, 41 per cent had good and 9 per cent of them had bad living standard. Majority of women were belonging to the lowest income group i.e., up to Rs. 10,000. In case of expenditure done on diseases, 36 per cent of women were spending below Rs. 1000/- per month

Awareness level of the women respondents

Awareness level of an individual plays an important role in decision making towards his/her health seeking behaviour. Generally, fully aware women are more conscious about their health issues and spent money for the treatment of their diseases as compared to women having slight awareness/knowledge or who are not aware about the symptoms and signs of the diseases. In order to examine the extent of awareness level, it has been categorized into: slightly aware, highly aware, fully aware and not aware(Table 2).

Table 2 –Awareness level of women respondents and their source of awareness

n=500

Sr. no.	Awareness level of women	Frequency	Percentage
1.	**Degree of awareness**		
	Slightly aware	258	51.6
	Highly aware	164	32.8
	Fully aware	41	8.2
	Not aware	37	7.4
2.	**Source of awareness**		
	Doctor	213	42.6
	TV, internet	82	16.4
	Friend, Relative	100	20
	Neighbours	58	11.6
	Husband	47	9.4

Field survey, 2019

Table 2 shows the awareness level of women respondents. In order to check the degree of awareness among women respondents, the analysed data showed that half of the women respondent were slightly aware, 7.4 per cent totally unaware, 32.8 per cent highly aware and 8.2 per cent fully aware about the signs and symptoms of diseases. About 59 per cent of women came under the category of slightly or not aware about the various type of diseases. Here, the first hypothesis of present study i.e., the extent of awareness of women regarding various diseases is less has been proved.

Research Study identifies that 42.6 per cent of women reported doctor as their main source of awareness. Friends, relatives were the source of awareness for 20 per cent respondents, 11.6 per cent respondents reported neighbors as their awareness source. Near about 17 per cent women have been found to be aware from the TV, Internet sources.

Determinants of Awareness

The number of determinants of awareness level identified by the research study are education, age of the respondent, level of income, employment status, expenditure level, and living standard of the women respondents. Table 3 reveals the impact of the determinants i.e., age education, income, employment status, and of standard of living on awareness level of women respondents.

Table3: Determinants of the awareness level of women respondents.

Determinants	Calculated Chi-square Value	Degree of freedom	Table value of Chi-square	Remarks
Age	69.35	6	12.6	S
Education	182.97	15	25	S
Employment status	58.26	6	12.6	S
Income level	115.69	12	21	S
Standard of living	180.69	6	12.6	S
Expenditure level	78.98	15	25	S

Field survey, 2019
Note: S=Significant: $P< 0.05$; NS=Not significant: $P > 0.05$ tested at 5% level of significance.

As revealed by the table 3, among all the determinants, education has been found to be the most important determinant of the awareness level. As educated women i.e., MA, B.A. were found to be more aware. Chi-square test confirms this association. In case of education, the table value of Chi-Square was 25 at 15 degree of freedom tested at 5 per cent level of significance which has been found to be quite less than its calculated value i.e. 182.97. It means the awareness level of women regarding diseases is significantly associated with their education level.

Living standard also reflects more or good awareness. The calculated value of Chi-Square was 180.89 whereas the tabulated value at 6 degree of freedom was 12.6 tested at 5% level of significance. It indicates that the calculated value of Chi-Square was greater than its tabulated value. So, in our research study, women enjoying good living standard, were found to have a higher awareness level as compared to women having low living standard.

Another important factor that determines the awareness level has been observed to be the income level of the respondents. The calculated value of Chi-Square i.e. 115.69 at 12 degree of freedom tested at 5 per cent level of significance was higher than its table value 21. Therefore, this shows association between these two variables. In our research study with an increase in the income level, the level of awareness of women found to be increased. High income level women were found to be more aware as compared to low income women.

The other important determinant was the age of the respondents. Our study results highlight this fact. The calculated value of Chi-Square was 69.35 with 6 degree of freedom tested at 5 percent level of significance whereas its table value was 12.6. It means calculated value of Chi-Square was found to be greater than its table value. This shows an association between the awareness level of women respondents and their age. Women in the age group 20-40yrs. were found to be more aware about their health.

Employment status also found to be have its effect on the awareness level. In our research study, the calculated value of Chi-Square was 58.26 and the tabulated value at 6 degree of freedom was 12.6 tested at 5% level of significance. The table value was less than its calculated value. So, the awareness level of the wage employed women was found to be highest, whereas the awareness level of housewives found to be least.

Other important factor has been observed to be the expenditure done by women on their diseases. Women having higher expenditure level on their diseases were found to have a high level of awareness as compared to women having lower level of expenditure. The Chi-Square test confirms this association. The tabulated value of Chi-Square was 25 at 15 degree of freedom tested at 5% level of significance which was quite less than its calculated value i.e.78.98

So, the Chi-Square test which has been applied to know the association between the awareness level of women respondents with various factors i.e., age, education, income level, employment status, living standard and expenditure level confirms the association. Here, the hypothesis of research study has been confirmed i.e.

awareness regarding diseases is positively correlated with age, education, employment status, income, expenditure and standard of living. Women having higher awareness level were found to develop a healthy and strong attitude towards the disease. These women were found to be adopting good practices and spending more on the treatment of disease as compared to less awared women.

Conclusion and Suggestions

The study results highlight that most of the women are unaware about the signs and symptoms of the disease. That's by they have not developed a positive attitude towards the disease. The reason for not having positive attitude includes:- low level of education, unemployment, having low income, and enjoying average living standard in the state. This fact is revealed by the socio-economic profile of the respondents also. Moreover, Chi-Square test proves this reality. Therefore, the need is to enhance their knowledge and awareness regarding their health issues so that they may develop a strong attitude towards their health seeking behaviour. Therefore, it is strongly recommended that:

- Government should endeavor to enhance the free girl/female education in the state. As education is closely related to awareness, so women should be provided quality education as well as employment opportunities so that they may be economically empowered.
- Government should take significant steps to organise various training programmes, workshops, seminars especially for women. It may provide them deep knowledge on health related issues and preventive measures and change the women mind set up or attitude towards diseases.

References

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