Health Awareness status in terms of knowledge of symptoms of various diseases and source of awareness among women of village Kathadih, Raipur district

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***Abstract*: A good health is a condition and extent of a person's body in which it is free from illness. Such healthy population is vital indicator of social well being and prerequisite for progress of a country. To maintain a healthy society, role of aware and educated women is very important. In India literacy and awareness level of village community differs from urban community and also of men and women. To know the status of awareness for symptoms of various diseases and source of awareness of women of a village community, Kathadih village, of Raipur, Chhattisgarh is selected as study area. Thirty five women of eighteen to forty years of age are selected from Purposive Sampling of target population. Primary data is collected by Interview Schedule. The questions included in the schedule are close ended. Observation is another tool of primary data. Reports and research articles are source of secondary data. Quantitative analysis of primary data gave conclusion that women of village Kathadih have various level of awareness from moderate to high for symptoms of various diseases. Awareness for nutrition related diseases is low as compare to other diseases. Main source of media for generating such awareness is television, while the role of newspapers is negligible.**

***IndexTerms*: Health, Awareness, Disease/s, Symptoms, Village, Women, Media.**

1) Introduction –

Awareness means knowledge about something. Awareness of symptoms of disease is one of key components in controlling diseases and maintaining good health. Good health is a state in which a person is not suffering from illness and is feeling well. "Health is wealth."Only healthy citizens are productive human resource of the country. To make a healthier and wealthier country the role of women is more significant. A woman who is axis of a family , if aware and educated about health of their family members then she could ensure healthy family and thus healthy society and country. One aspect of awareness for health is knowledge about symptoms of various diseases. The study include following diseases :

- General illness - include common fever, cold & cough
- Seasonal and infectious diseases - malaria, dengue, chickungunya , swine flu
- Life style related disease – diabetes , high blood pressure
- Serious diseases – tuberculosis , HIV-AIDS, Cervical cancer
- Nutrition related diseases – Anaemia, low weight
- Pregnancy related health problems

Questions also include awareness regarding importance of sanitation and hygiene for health and awareness for governmental health programmes including –

- Sanjeevani Express (toll free no.108)
- Mahatari Express (toll free no. 104) free ambulance service for pregnant and lactating women,
- Nutritional programme for women through anganwadis,
- Health education programme for teenage girls "Sabla",
- Vaccination programme "Mission Indradhanush" ,
- Free counselling, diagnostic and treatment for HIV-AIDS.

The sources of awareness for these diseases and governmental health programmes include in the study are media like newspaper, television, radio, internet via computer or smart phones and ASHA/ANM (Accredited Social Health Activist/Auxiliary Nurse

Midwifery) locally called "Mitanin" , anganwadi workers. It is important to know which medium or media is more popular in generating awareness among women of village, so accordingly effective utilization of medium or media could be ensured by government.

Which medium or media would be popular as a source of awareness of population is determined by literacy/education level. In Chhattisgarh the women literacy rate in rural area is very low i.e 55.1% and also there is a big gender gap in literacy rate in rural area which is 21.9%. See table below –

Table 1 Showing Women Literacy status of Chhattisgarh

AREA	MALE	FEMALE	GAP
State wide	80.3%	60.2%	20.1%
Rural	77.0%	55.1%	21.9%

2) Significance of the Study -

i) The study also throws light on the effectiveness of governmental efforts for health sector as most of villagers depend and opt governmental health services.
ii) The study also helps policy makers in deciding, shaping and harnessing role of media and other sources for generating awareness among women of village community for various other issues.

3) Objectives of the Study -

i) To know the level of awareness for symptoms of various diseases among women of a village community (Kathadih).
ii) To find out the usage of sources of awareness viz. various media and others.

4) Hypothesis -

i) Women of a village community have low level of awareness about symptoms of various diseases as literacy rate is generally low among them.
ii) Awareness for symptoms of various diseases is sufficient among women of a village community in spite of low level of literacy.
iii) Role of media is more significant in generating awareness as compare to other sources.

5) Review of Literature –

A range of studies have done on health awareness. Most of studies focused on single disease for a study area. The present study covers range of common diseases. Padmawati Tyagi, Arati Roy, M.S.Malhotra found in their study on "Knowledge, awareness and practice towards Malaria in communities of rural, semi rural and bordering areas of east Delhi (India) "(2005) that respondents including rural women have moderate to high level of awareness ,as malaria being an oldest disease of mankind and various control measures opted by the government played an important role in spreading awareness. Vishnupriya (2013) found in her study on awareness of Diet related diseases among rural women of Bihar that television, radio and newspaper are having comparatively good reach among rural women as compare to internet. Dr. Kankana De (2017) has studied in tribal area of Purilia, West Bengal where 24% population is tribal and 21.8% is schedule caste. Only 38.6% of tribal women of age group of 15 – 49 years had heard or knew about AIDS , while 55.3% of SCs women do not have any knowledge of AIDS. Television enlightens common sources of information about AIDS through different programmes. M.Deepa et al (2014) had selected 188 urban areas and 175 rural areas of Tamilnadu , Jharkhand , Maharastra and Chandigarh for their research on awareness about diabetes. Findings of their study that urban residents had higher awareness rate i.e. 58.4% as compared to rural area which was 36.8% which is significantly lower than urban areas. Also overall (including urban and rural area) 46.7% of males and 39.6% of females reported that they knew about diabetes. Clearly females have low level of awareness. According to Ranjita Biswas in her article "Rural Indian women face heightened cervical cancer risks" mass media can play an important role in spreading awareness while many rural women in India lack meaningful exposure to the media. Only one half of rural women surveyed in National Family health Survey – 2 said they had **regular** exposure to newspapers, magazines , television , radio as compare to 87% of urban women. The article also underline the importance of role of anganwadi (grassroot) workers to spread awareness among women of villages. One of findings of National Family Health Survey -3 is women have lower access to media than men in every age group. 35% of women have no regular exposure to media.

6) Limitations of the Study –

i) The study does not cover some important women specific health issues like mensuration related problems, hormonal change related problem during physical growth etc.
ii) The study does not directly correlate the level of awareness with the level of education of women.

iii) The study focuses on symptoms of various diseases but not on impact of awareness in terms of preventive and curative measures adopted by women accordingly.

7) Research Methodology –

This is a Descriptive Research studies designed to obtain information concerning the current status of a given phenomenon. The aim of research is to describe "what, how and why" about the particular phenomenon. The present study describe the health awareness status of women of a village community. Primary data is collected from women of village Kathadih of Raipur district (Chhattisgarh).

7.1) Population and Sample - The target population is women of age group from 18 years to 40 years. Thirty five women are taken as sample. Sample from target population is selected through purposive sampling.

7.2) **Data and Sources of Data -** Primary data is collected with the help of structured and close ended questions of Interview Schedule. Primary data is also collected through Observation for sanitation and hygiene at personal, household and community level. Primary data collected with the help of Interview Schedule are quantitative in nature which are classified and tabulated for analysis and obtain findings. Data regarding rate of literacy and other health indicators are obtained from secondary sources. Secondary data is used for analysis with Primary data. Summary of Research Methodology –

Research design	Data type	Sampling	Sample size	Source of Primary data/Stakeholders	Tools of Primary data collection
Descriptive Study	Quantitative	Purposive Sampling	35 women	Women of age group from 18 to 40 years	Interview Schedule & Observation

8) Classification, Tabulation of data and Results -

Primary data collected with the help of Interview Schedule is classified and tabulated as follows-

Table – 2 Showing literacy status of sampled women

Parameters	No. of Women	% of Women
Illiterate	13	37.15
Education up to 5th class	11	31.43
Education between 5th to 8th class	7	20.00
Education between 9th to 12th class	3	8.57
Graduate	1	2.85
Post Gradute	0	0
Total	**35**	**100**

Table – 3 Showing Awareness status of women for symptoms of various diseases

Parameters	Overall % of women aware	Overall % of women unaware	Overall % of women have little knowledge
Common fever, cold & cough	82.85	5.7	11.42
Seasonal & Infectious diseases	88.57	5.7	5.7
Serious diseases	80.0	8.57	11.42
Life style diseases	74.29	8.57	14.29
Nutrition related diseases	60.09	34.29	5.7
Pregnancy related problems	100	0	0
Sanitation, hygiene and health	82.86	0	17.14
Governmental health programmes	77.14	17.14	5.7

Table – 4 Showing contribution of sources of awareness of women

Source of awareness	No. of women use as source	% of women use as source
Newspaper	1	2.85
Television	17	48.57

Radio	3	8.57
ASHA/ANM (Mitanin)	8	22.85
Anganwadi workers	6	17.4
Two or more sources (T.V/ ASHA/ANM etc.)	26	74.28
Internet via computer or smart phone	0	0

Primary qualitative data through Observation for sanitation and hygiene has given impression that women maintain their personal hygiene and keep their home clean. The village is also clean.

Secondary Data -

Table – 5 Showing Status of some Health Indicators of the State

Health indicator	**Status (2005 -06)**	**Status (2015 -16)**
Institutional Delivery	14.3%	70.2%
Registered pregnancies for which the mother received Mother and Child Protection (MCP) card	na	90.3% (rural)
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery	20.9% (total)	60.5% (rural)
Mothers who received financial assistance under Janani Suraksha Yojana (JSY) for births delivered in an institution	na	71.9%
Infant Mortality Rate	63/1000	41/1000
Maternal Mortality Rate	365/lakh	221/lakh
Vaccination Coverage	48.7%	76.4%
No. of girls covered under "Sabla	-	3.51 lakh
All women age 15-49 years who are anaemic	57.5% (total)	48.2%
Low weight children of 0 to 5 years age		47.1%
Total children age 6-23 months receiving an adequate diet	na	10.9
Children under 5 years who are stunted (height-for-age	52.9% (total)	39.2%(rural)
Children under 5 years who are wasted (weight-for-height	19.5% (total)	23.7% (rural)
Children under 5 years who are severely wasted (weight-for-height)	5.6% (total)	8.5% (rural)
Children under 5 years who are underweight (weight-for-age	47.1% (total)	39.6% (rural)
Households with any usual member covered by a health scheme or health insurance	3.3% (total)	71.4% (rural)

9) Analysis of Data –

1) It is clear from table no. 1 that literacy rate among rural women is very low about 55% . Table 2 is showing 37.15% of sampled women are illiterate, 68.58% women are whether illiterate or studied only up to 5th standard, near about 60% women have got school education and only single woman is graduate. This education scenario has impacted choice of media or source of information by women. It is proved by Table 4. Table 4 shows :

a) Single woman of sampled women read newspaper to get information. Also most of households do not subscribe newspaper is another reason of not reading newspaper.

b) Most of women which is 48.57%, became aware of various diseases through television. It is logical that television is most popular source of information both for illiterates and literates as it is entertaining, easy to understand and memorise information by watching them on T.V. All houses taken for study have television set, is also a reason of popularity of t.v. The educational messages for diseases like for T.B. by a famous celebrity with a slogan "T.B. harega India jeetega", "do boond zindagi ki" for polio eradication mission, for mission Indradhanush for vaccination of infants, "darwazaa band to bimari band" for sanitation and against open defecation , hand washing messages, information about ways spreading of HIV-AIDS, or messages for symptoms of dengue, chickengunea, malaria etc. The local channels also broadcast many informative messages like for pregnant women, about various governmental health programmes in local language and they have significant impact especially on village community.

c) Penetration of radio is low as 8.57% women agree they get these type of information from radio.

d) While role of Mitanin (ASHA/ANM) is quite important as 22.85% women obtain such information from her.

e) Anganwadi workers (grass root workers) are effective for 17.4% women studied for their source of information.

f) 74.28% women are benefitting from two or more source of information viz. television with mitanin and/or anganwadi worker, radio etc.

g) No women use internet.

2) From table 4 it is clear there is very high level of awareness for pregnancy related problem thanks to efforts of Mitanin (ASHA/ANM) , anganwadi workers , as well as educational messages broadcasted in television, traditional knowledge transferred from generations by local older women of village.

3) Level of awareness for diseases other than nutrition related diseases is also high. For nutrition related diseases/problems, level of awareness is moderate at 60.09%. Women of village generally ignorant about proper diet and nutritious values of food and required nutrition according to age. It is important that due to increasing rate of prevalence of diabetes and blood pressure, these life style related diseases now become matter of discussions even in villages. This is also a reason that women have knowledge of such diseases.

4) Table 5 verifies the findings of the study which shows positive improvements in institutional deliveries, IMR,MMR , coverage of teenage girls under "Sabla"etc. However a high % of low weight infants is cause of concern.

The high level of awareness is also due to nearness to the Raipur city. Villages which are far flung to cities or interior or backward , generally less better in terms of awareness.

10) Conclusion –

Hence hypothesis no. one proved wrong that women of a village community have low level of awareness. Hypothesis no. two proved correct, that women of village have high level of awareness despite the low literacy rate. Low level of literacy or education is not a barrier for their awareness. Hypothesis no. three proved partially correct as media is an important source of awareness especially television, but role of newspaper, radio is not significant. ASHA/ANM (mitanin) or anganwadi workers are playing more important role.

11) Recommendations –

i) However low literacy rate is not a barrier for making women aware , but there is no substitute for education. Efforts should be made to increase literacy among women who are literate or having very low education level. Educated and aware women will do best for community and society.

ii) Further study should be conducted which would focus on preventive and curative measures adopted by these women so to confirm whether they utilize their knowledge or not. Only having knowledge is not sufficient. Their awareness will meaningful only when they clubbed it with prevention and action.

iii) Approach and popularity of radio should be increased as it is flexible in nature. It can be carried easily and can be taken anywhere in the fields or kitchen or any work place.

iv) Mass media including television, radio ,newspaper should make more programmes focused on generating health awareness. Also internet could be popularized.

v) PACE (Prevention, Awareness, Counselling, Evaluation) type project which is running in other state/s should be launched at national level.

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