

## HEALTH AND NUTRITION KNOWLEDGE OF RURAL WOMEN ATTENDING ICDS PROGRAMME

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### ABSTRACT

*The present investigation was undertaken to study the profile of rural women and health and nutrition knowledge of rural women attending ICDS programme. A sample of 120 rural women were selected from four villages of Lunkaransar ICDS block of Bikaner district. The findings of the present study revealed that the majority of the respondents were illiterate. The overall knowledge regarding health and nutrition of rural women was very low. They did not realize the importance of health and nutrition messages. Thus, if correct knowledge is provided to them in the areas of health and nutrition by strengthening the 'Nutrition and Health Education' component of the ICDS, it can prove to improve their health and nutrition knowledge for maintaining health.*

**Key Words:** Health, Nutrition, ICDS, Messages

### INTRODUCTION

In India, the mortality and morbidity rates among children and women are very high. After independence Government is doing continuous effort to improve the health status of people, especially mothers and children. The Integrated Child Development Services programme incorporates health and education programme. There is a need to strengthening the 'Nutrition and Health Education' component of the ICDS scheme, so that the latest knowledge about health and nutrition could be transferred to rural women. Therefore, any effort to increase the knowledge of rural women in the areas of health and nutrition will be worthwhile.

For the present investigation efforts were made to assess health and nutrition knowledge of rural women attending ICDS programme, as they lack knowledge and awareness towards the importance of health and nutrition messages. The objectives of the present study were:

1. To study the profile of rural women in ICDS programme.
1. To assess health and nutrition knowledge of the respondents.

### METHODOLOGY

The study was conducted in randomly selected Lunkaransar ICDS block of Bikaner district, four villages were selected looking to the ease of investigator. A sample of 120 rural women in the age group of 15-45 years (30 rural women from each village) were selected from these villages, who were ready to cooperate.

The interview method was used for data collection.

The structured schedule used for the investigation was divided into two sections. First section included profile of the respondents and second section included knowledge check developed by Juliana Shharmah and S. Sithalakshmi (2001) was used. This knowledge check was pre-tested with twenty respondents (not included in final sample), to see the clarity of questions and improvement were made in the schedule accordingly. Data were analysed by using percentage, standard deviation and per cent mean score.

### RESULTS AND DISCUSSION

The findings of the study are reported under two major headings :

The data in the Table 1 reveals that majority of respondents (54.67%) were in the lower age group, 68.33 per cent were having non-irrigated land and 50 per cent were having monthly income up to Rs. 1500.

Most of the respondents (38.33%) belonged to schedule caste, 65.83 per cent respondents were illiterate and 66.67 per cent had cultivation as their main occupation.

Majority of the respondents (61.67%) belonged to nuclear family and 85.83 per cent respondents had more than five members in their family.

Majority of the respondents (95.83%) were not member of any organization, 93.33 per cent were married and 48.33 per cent respondents visited city sometimes.

Maximum number of respondents (46.67%) had exposure to radio and 88.33 per cent had not attended any training.

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Table 1. Profile of Rural Women N = 120

Profile	n	Percentage (%)
<b>Age</b>		
Upper Age	19	15.83
Middle Age	39	32.0
Lower Age	62	51.67
<b>Land Holding</b>		
Irrigated	21	17.5
Non-Irrigated	82	68.33
No Land	17	14.17
<b>Farming Income (Monthly) in rupees</b>		
Up to 1500	60	50.0
1500-2500	31	25.83
Above 2500	29	24.17
<b>Caste</b>		
Upper caste	33	27.5
Middle caste	41	34.17
Lower caste	46	38.33
<b>Education</b>		
Illiterate	79	65.83
Can read only	12	10.0
Up to primary	24	20.0
Up to secondary	4	03.33
Graduate	1	0.83
<b>Occupation</b>		
Labour	27	22.5
Service	8	06.67
Cultivation	80	66.67
Business	5	04.17
<b>Size of family</b>		
Up to five members	17	14.16
Above five members	103	85.83
<b>Social Participation</b>		
Member of 1-2 organization	5	04.17
No-membership	115	95.83
<b>Marital Status</b>		
Un married	8	0.6.67
Married	112	93.33
<b>Mass Media Exposure</b>		
Radio	56	46.67
T.V.	28	23.33
Magazine	01	0.83
Books	05	04.17
Contact with Exten.Worker	20	16.67
<b>Urban exposure</b>		
Frequently (once twice a week)	14	11.67
Some Times (once in a fortnight)	58	48.33
Rarely (once in a 6 month)	58	48.33
Never	05	04.17
<b>Training Attended</b>		
Yes	14	11.67
No	106	88.33

**Overall Knowledge Regarding Health And Nutrition**—To test knowledge of the respondents a knowledge check developed by Juliana Sharmah and S. Sithalakshmi (2001) was administered to the respondents individually and their responses were recorded. Maximum scores of the knowledge check was 97. Knowledge check was categorized into three categories i.e. high, medium and low on the basis of standard deviation.

Perusal of Table 2 reveals that majority of the respondents (54.16%) were in the category of low knowledge with mean per cent scores of 46.95, while 11.66 per cent respondents were in the category of high knowledge with mean per cent scores of 66.94 and 34.16 per cent respondents were in the category of medium knowledge with mean per cent scores of 58.49.

**Table 2. Distribution of Respondents by overall Knowledge regarding Health and Nutrition and mean scores of each Category (N = 120)**

Knowledge with score range	n	%	Percent mean score
High (61.47-97)	14	11.66	66.94
Medium(52.15-61.47)	41	34.16	58.49
Low (0-52.15)	65	54.16	46.95

## CONCLUSION

The findings of the present study revealed that the majority of the respondents were illiterate. The overall knowledge regarding health and nutrition of rural women was very low. They did not realize the importance of health and nutrition messages. Thus, if correct knowledge is provided to them in the areas of health and nutrition by strengthening the 'Nutrition and Health Education' component of the ICDS, it can prove to improve their health and nutrition knowledge for maintaining health.

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