

**A STUDY OF AWARENESS TOWARDS HEALTH
DIMENSIONS OF POPULATION EDUCATION AMONG
RURAL WOMEN OF DISTRICT GORAKHPUR**

Mansha Mani Tripathi*

Abstract

In the present study, the investigator attempted to investigate the knowledge of health awareness towards health dimensions of Population Education among rural women in relation to their literacy level of district Gorakhpur. A random sample of 120 (60 literate and 60 illiterate) women of 18-45 age group were selected from different villages under two towns i.e. Bhatpar Rani and Chauri-Chaura of Gorakhpur division (U.P.) From the result it is clear that there was significant difference in the awareness level of literate and illiterate women towards health dimensions of Population Education.

Keywords:Population EducationHealthAwarenessHealth Dimension

*** Doctorate Program, Linguistics Program Studies, Udayana University Denpasar, Bali-Indonesia (9 pt)**

1. Introduction

Population education is defined as an educational process which assists persons: 1) to learn the probable causes and consequences of population phenomena for themselves and their communities; 2) to define for themselves and their communities the nature of the problems associated with population processes and characteristics; and 3) to assess the possible effective means by which the society as a whole and individually respond to and influence these processes in order to enhance the quality of life now and in the future. The present study is related to the awareness/knowledge of rural women towards health dimension of Population Education. Certain dimensions of health have been taken to find out the status of health awareness among literate and illiterate women in relation to their education level.

Article 25(1) of Universal Declaration of Human Rights (1948) stated that, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." According to World Health Organization, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Awareness towards health or proper health is necessary at present to improve the standard of life and maintain the quality of life. Hyper-growth of population influences the health dimension and so it is necessary to increase the level of health information, especially women need to pay attention in this regard. Low awareness is found among illiterate women regarding their health as a result of which their family size increases and the whole family struggles with poverty, malnutrition, poor health and diseases like anemia etc. Level of health status of women in India is critical. The United Nations Millennium Development Goals 2012 report expressed seriousness towards the female health as it was stated that the status of childbearing mother is really very pathetic in India.

According to the 2013 report of the United Nations, the highest maternal mortality rate (17%) is in India. Maternal mortality is 50,000 among 2.89 Lakh women. Nigeria is on the second place.

This rate from 1990 to 2013 reduced to 45% but it is required to reduce more. According to research, leading cause of death of women is ignorance about early age marriage and prenatal pregnancy. After delivery, the leading cause of death was bleeding. It is evident that the public is still having lack of information regarding their health, especially in rural areas.

Good health and education of any region is the indicator of socio-economic and health development. Education is the mean through which a person can increase their functionality and consciousness. Female education is the task of awakening consciousness in society. Women through education may focus on appropriate and proper health of their children. With regard to education and health, India is behind poor countries like Bangladesh and Nepal. According to a UNICEF report released on May 30, 2013; under the age of 5 years, mortality in children is a major problem in India today. In the list of countries with the highest mortality rate, India is in 41th place while Nepal is in 47th and Bangladesh is in 60th place. In 2011, 61 children in per thousand children died in India, 46 in Bangladesh and 48 in Nepal. In contrary, this data in the year 1990 was 114, 131 and 135 respectively in India, Bangladesh and Nepal.

India is not only backward in death rate but also in population control, women's education and in terms of children's nutrition. 28% babies are born with low weight due to lack of proper nutrition of women. This study, which was done under action research, has attempted to determine the awareness level of rural women towards different dimensions of population education.

2. Research Method

The objective of the study is to find out the level of awareness/knowledge regarding health dimensions of population education among literate and illiterate rural women. A general survey method was used for the study. 60 literate and 60 illiterate (neo-literate) rural women were selected through random sampling method from different villages under Chauri-Chaura and Bhatpar Rani Towns of Gorakhpur division of Uttar Pradesh. For the collection of data, interview schedule (self structured) was used. Hypothesis was used that there is no significant difference in the level of knowledge between literate and illiterate (neo-literate) women.

3. Results and Analysis

Table 1.1

Significance of Difference between Mean Score regarding 'Anemia' under the Health Dimension of Population Education for Literate Vs. Illiterate (Neo-Literate) Women

S.No.	Statements of Anemia	Literate (N=60)		Neo-Literate (N=60)		df= 118 p= 1.98
		Mean	SD	Mean	SD	Sig. value of t-test
1.	Lack of substance which leads to anemia is?	0.40	0.49	0.07	0.25	4.66
2.	What are the main causes of anemia in women?	0.63	0.49	0.25	0.44	4.54
3.	What are the symptoms of Anemia?	0.58	0.50	0.23	0.43	4.14
4.	What is the level of normal hemoglobin in women?	0.38	0.49	0.05	0.22	4.81
5.	What are the two main causes of death during pregnancy?	0.73	0.45	0.47	0.50	3.07

Table 1.1 reveals that there is significant difference between the literate and illiterate women as significant value of t-test is greater than 0.05 in all statements. Thus, it is concluded that awareness of literate women is higher than illiterate (new-literate) women.

Table 1.2

Significance of Difference between Mean Score regarding 'Nutrition' under the Health Dimension of Population Education for Literate Vs. Illiterate (Neo-Literate) Women

S. N o.	Statements of Anemia	Literate (N=60)		Neo- Literate (N=60)		df= 118 p= 1.98
		Mea n	S D	Mea n	SD	Sig. value of

						t-test
1.	Why nutritious food is important in our meal?	0.75	0.44	0.45	0.50	3.49
2.	Give three nutritional foods which are important for good health?	0.92	0.28	0.68	0.47	3.31
3.	Which disease occurs due to lack of nutrition?	0.48	0.50	0.22	0.42	3.16
4.	How long after birth breast feeding should be done?	0.80	0.40	0.58	0.50	2.62
5.	What element in salt deficiency leads to goiter?	0.70	0.46	0.22	0.42	6.02

Table 1.2 reveals that there is significant difference between the literate and illiterate women as significant value of t-test is greater than 0.05 in all statements. Thus, it is concluded that awareness of literate women is higher than illiterate (new-literate) women.

Table 1.3

Significance of Difference between Mean Score regarding 'Small Family and Family Welfare' under the Health Dimension of Population Education for Literate Vs. Illiterate (Neo-Literate) Women

S. No.	Statements of Anemia	Literate (N=60)		Neo-Literate (N=60)		df= 118 p= 1.98
		Mean	SD	Mean	SD	Sig. value of t-test
1.	Before which age, girl marriage is illegal?	0.65	0.48	0.12	0.32	7.13
2.	What is the permanent method of having small family?	0.58	0.50	0.08	0.28	6.80

3.	What are the two benefits of adopting family planning?	0.78	0.42	0.27	0.45	6.57
4.	What should be the birth difference between two child?	0.67	0.48	0.17	0.38	6.39
5.	What impact occurs on the family income having large family.	0.80	0.40	0.15	0.36	9.31

Table 1.3 reveals that there is significant difference between the literate and illiterate women as significant value of t-test is greater than 0.05 in all statements. Thus, it is concluded that awareness of literate women is higher than illiterate (new-literate) women.

Table 1.4

Significance of Difference between Mean Score regarding 'Immunization' under the Health Dimension of Population Education for Literate Vs. Illiterate (Neo-Literate) Women

S.No.	Statements of Anemia	Literate (N=60)		Neo-Literate (N=60)		df= 118 p= 1.98
		Mean	SD	Mean	SD	Sig. value of t-test
1.	At childbearing stage, how many vaccines are required	0.67	0.48	0.17	0.38	6.39
2.	Which are the four vaccines that should be given to child to prevent from life-threatening diseases.	0.73	0.45	0.15	0.36	7.88
3.	What are the benefits of vaccinations?	0.75	0.44	0.40	0.49	4.11
4.	How long after birth vaccination begins?	0.75	0.44	0.50	0.50	2.90
5.	At what age polio drops to the child must be given?	0.57	0.50	0.18	0.39	4.68

Table 1.4 reveals that there is significant difference between the literate and illiterate women as significant value of t-test is greater than 0.05 in all statements. Thus, it is concluded that awareness of literate women is higher than illiterate (new-literate) women.

Based on the findings by analysis of data hypothesis (H0) is rejected on all the statements under the health dimension (Anemia, Nutrition, Small Family & Family welfare, Immunization) of population education and concluded that literate women are higher than their illiterate counterparts regarding knowledge/awareness of health dimensions of population education.

4. Conclusion

Health problem is a matter of great concern and is closely related to human development. Based on data analysis it is submitted that illiterate women had low level of knowledge regarding health-related issues in comparison of literate women. Low educational level and low level of health awareness was the leading cause of this result. Low knowledge, inappropriate practicality, prevalent misconception, lack of social mobility, irregular involvement to communication sources related to anemia, nutrition, small family and immunization are the hindrances in their health related viability and awareness.

It is suggested that effective programmes should be implemented to enhance awareness level of rural women towards health dimension of population education. Attention should be given to improve and enhance education level, information and communication facilities and employment status of the people to achieve awareness among rural women regarding their health. Development and strengthen behavioral change of communications and activities in order to create awareness about anemia, nutrition, small family, immunization, HIV/AIDs, etc. is also important. Regular awareness program may be conducted; Government and non-government organizations should be integrated, more in health dimensions. Educational programmes related to health must reach to rural areas. Female literacy rates in rural areas should be enhanced. Dimensions of Population and Health Education should be incorporated in the School Curriculum.

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