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Knowledge of health and nutritional practices by tribal women

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Abstract

From the study it was found that majority of the respondents had high knowledge but medium adoption level about health and nutritional practices. The correlation analysis revealed that independent variables, namely education, land holding, annual income, social and cultural participation, extension participation and sources of information had positive and significant relationship with knowledge and adoption while age had positive and significant relationship with adoption about health and nutritional practices.

Keywords: Health and nutritional practices, tribal women

Introduction

Healthy Women are the Prerequisite for Creating a Healthy Nation. The tribal women contribution in agriculture operations is helpful to the developmental workers to plan in a right direction for tribal development. The present study would be an effort to know the knowledge and adoption about health and nutritional practices by tribal women. Health is an essential requirement of all irrespective age, caste, creed, race, religion and economic standard. Health means not the mere absence of disease but it is the “complete state of the physical, mental and social wellbeing”. Health of an individual can be affected by general health condition of the society and vice-versa. Therefore, health of the community needs higher attention while considering the development of a region or a country. Surveys carried out by the national nutrition and monitoring Bureau (NNMB) over the past decades in rural and urban areas of 10 states of the country have revealed that, the diets of the middle income groups in urban areas is fairly satisfactory, whereas diets of the rural people and slum dwellers is inadequate in many aspects. It is very important that women are properly educated. They can change the status of the family and help in the progress of the community. The knowledge possessed by the weaker section of the society is found to be merge and most of them ignorant about their own health, nutrition and the family welfare activities. After knowing the actual adoption of health and nutrition practices by the tribal women, it will form a basis for several national activities related to food and nutrition (a) like fixing minimum wages of workers by the planning commission (b) planning food production through agriculture (c) planning import of food to meet the food needs of our population, etc.

Hence, the study on knowledge and adoption of health and nutritional practices by the tribal women was undertaken with the specific objectives. To study the knowledge and adoption of tribal women regarding health and nutritional practices, relationship of selected characteristics of the tribal women with their knowledge and adoption about health and nutritional practices and to obtain the suggestions of tribal women for the improvement of their health and nutritional practices.

Methodology

The study was purposively conducted in Achalpur and Dharni talukas of Amravati district of Vidarbha region of Maharashtra state. Exploratory research design was used for this study. Out of 10 villages, total 120 respondents such as 12 from each village were selected by using random sampling method. The data were collected by personal interview with the help of pretested and well-structured interview schedule subjected to appropriate statistical analysis.

Results and Discussion

Distribution of tribal women according to personal, socio-economic and communicational characteristics

Majority (85.00%) of the tribal women respondents were found in young age group with (89.16%) having high school and above education, (48.34%) were marginal of land holding, (82.50%) had annual income in the range of Rs. 25001/- to Rs. 50000 /-, (73.33%) were from nuclear family, (50.00%) of the respondents belonged to medium family size, (71.66%) of women respondents were having expenditure pattern in the range of Rs 12667 to Rs 25332, (48.33%) were participated in social and cultural organizations at medium extent, (50.00%) were participated in extension activities at medium extent and majority of the tribal women respondents (51.67%) had sources of information at medium extent.

Knowledge level of tribal women about health and nutritional practices

The knowledge level of the tribal women about health and nutritional practices was measured with the help of knowledge test development for the study. The respondents were categorized into three groups based on equal interval method as presented in Table 1.

Table 1: Distribution of the respondents according to their overall knowledge level about health and nutritional practices

Sl. No.	Knowledge Index Level	Respondents(n=120)	
		Frequency	Percentage
1	Low	00	00.00
2	Medium	52	43.33
3	High	68	56.67
	Total	120	100.00

Table 1 reveals that majority (*56.67%) of the tribal women respondents were having knowledge about health and nutritional practices at extent of high level followed by medium (43.33%) and low (0.00%) knowledge level about health and nutritional practices. The findings of the study are consistent with the findings of Deshpande *et al.* (1994) [1] and Prashant Masram (1999) [4].

Table 2: Relationship between personal, socio-economic and communicational characteristics of the respondents and their knowledge level of health and nutritional practices

Sl. No.	Independent Variables	'r' value
1	Age	-0.176NS
2	Education	0.685**
3	Land holding	0.275**
4	Annual income	0.312**
5	Family type	-0.0716NS
6	Family size	-0.121*
7	Expenditure pattern	0.017NS
8	Social and cultural participation	0.222*
9	Extension participation	0.290**
10	Sources of information	0.223*

**= Significant at 0.01 percent level of probability

*= Significant at 0.05 percent level of probability

NS= Non significant

From Table 2 correlation analysis revealed that independent variables, namely education, land holding, annual income, social and cultural participation, extension participation and sources of information had positive and significant relationship with knowledge while Family size is negatively significant with knowledge while family type and expenditure pattern had non-significant correlation with knowledge and

age showed non-significant correlation with knowledge about health and nutritional practices. Similar findings were reported by Raja Laxmi (1995) [7], Sudharani (2006) [9], Kiran Vani (2007) [3], Parvinder Sharma *et al.* (2013) [6] and Savita Dhoke (2013) [8]. Therefore the null hypothesis was accepted for these characteristics with knowledge of tribal women about health and nutritional practices.

Combined effect of all selected independent variables on knowledge of tribal women about health and nutritional practices

In order to determine the combined effect of all the selected independent variables in explaining the variation in knowledge of respondents, Multiple Regression analysis was carried out. The computed coefficient of determination (R^2) value and regression coefficient (b) values with their corresponding 't' values were presented in Table 3. The 'R²' and 'b' values were tested statistically for their significance. From Table 3 it is evident that all the selected 10 independent variable put together about 56.60 per cent variation in the knowledge level of the respondents as indicated by R² value, which was significant.

Table 3: Multiple regression of respondents with their knowledge of health and nutritional practices

Sl. No.	Independent variables	Regression coefficient (b) value	't' value
1	Age	0.0125	0.120
2	Education	2.575	7.644**
3	Land holding	0.436	1.081
4	Annual income	0.00050	2.908**
5	Family type	1.288	0.459
6	Family size	-0.789	-1.407
7	Expenditure pattern	-0.00016	-1.0113
8	Social and cultural participation	0.396	0.407
9	Extension participation	0.424	1.014
10	Sources of information	0.772	2.397*

**= significant at 1% level of probability

*= Significant at 5% level of probability

$R^2 = 0.56$ F value = 12.85**

Thus, it could be concluded that the variables selected largely explained the variation in knowledge level of tribal women about health and nutritional practices. In other words, the variables selected for the study were relevant to the problem selected.

When multiple regression coefficients were tested it is observed that the education and sources of information as a variables show positive and significant relationship with knowledge of tribal women which indicate that when tribal women's education increases by 1 per cent their knowledge about health and nutritional practices increases by 2.57 per cent and when sources of information changes by 1 per cent then their knowledge about health and nutritional practices changes by 0.77 per cent. Annual income showed positive and significant relationship with knowledge of tribal women which indicates when annual income changes by 1 per cent then their knowledge changes by 0.00050 per cent.

Thus, the present study clearly indicated that the personal, socio-economic and communicational variables assumed greater importance in further action about knowledge of tribal women about health and nutritional practices.

Conclusion

Majority (*56.67%) of the tribal women respondents were having knowledge about health and nutritional practices at

extent of high level followed by medium (43.33%) and low (0.00%) knowledge level about health and nutritional practices. Education widens the horizons of knowledge of an individual. Formal education of the respondents might have helped them to greater extent in understanding the importance of health and nutritional practices. It is concluded from results, that in order to improve the health conditions of the tribal women, the health care delivery should be designed for specific needs and problems by ensuring their personal involvement. Also the various training programmes should be arranged to give training to the tribal women regarding various nutritional practices and nutrition gardening. Besides, the study as a whole would serve as a foundation in building up body of knowledge with regard to health and nutritional practices.

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