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Existing knowledge of the underprivileged women for various health and nutritional practices

Komal Kriti and Dr. Meera Singh

Abstract

A study was undertaken in Masinadih village of Samastipur district, Bihar, to know the existing knowledge of the Underprivileged women for various health and nutritional practices. For this the developed knowledge test was subjected to the 50 respondents. For this purpose, primary data have been collected. The findings of the present investigation indicate that most of the respondents 58% were in the category of medium knowledge with mean percent score of 66.95 while 40% percent respondents were in the category of low knowledge with mean percent scores of 45.96 and 8% percent respondents were in the category of high knowledge with mean percent scores of 100.

Keywords: Underprivileged women, health, nutrition and knowledge

Introduction

The people of different castes, cultures and religions lived on vast landscape of India. The Underprivileged community occupies the bottom most rung of the social ladder. The word underprivileged refers to a “group of persons deprived of a number of the fundamental rights of all citizens of a democratic society by means of social and economic conditions.” In India, underprivileged peoples account for around one-fourth of the population. Underprivileged communities are categorized under the Dalit and Mahadalit groups, from the economic status and caste perspective. All groups known as deprived communities share a particular characteristic: they lack the privilege, right, advantage or benefit that other communities have. They had no money, no land, no technology and no education. Unprivileged women are discriminated against not only by upper caste individuals but also within their own communities. In India, underprivileged women live a worst-case life mixing abject deprivation with hard labour in the workplaces and in the oppressed and impoverished home. Underprivileged women's issues and concerns vary from those of other Indian women. They were oppressed by human rights of all kinds, education, employment, dignity, social status, religious rights, etc. Compared to upper-caste women, the proportion of underprivileged people below the poverty line is comparatively greater. In 1948, Health as defined by the World Health Organization (WHO), is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Owing to illiteracy, poor environmental sanitation and inadequate awareness, the health status of underprivileged women is worse than others, rendering them more vulnerable to health problems. Nutrition is part and parcel of food security. Population nutritional health is regarded as an economic advantage and a prerequisite for national growth. The WHO defines “Nutrition as the intake of food, considered in relation to the body's dietary needs.” Good nutrition-a healthy, well-balanced diet paired with daily physical activity-is a pillar of good health. Body requires varying amounts of various nutrients in order to maintain proper body functions. The US Department of Health and Human Services, 1998; Food and Nutrition Board on Diet and Health, 1989 shows in its study that the population's nutritional status plays an indispensable role in the country's overall socio-economic growth. Diet and nutrition play significant roles in health care management and disease prevention. Basu (1992) ^[1] recorded the issues involved in increasing India's health status under privileged classes. The article points out that cultural factors also play a role in addition to the social and economic factors that are causative to the underprivileged groups' poor health status.

Health culture has been seen as a sub-cultural complex of the people's whole way of life. The shift is the dynamic change in a community's culture. A community's health culture as a component of its overall culture is influenced by the interplay of a variety of social, political, cultural, and economic factors. In his study "Scheduled Castes and Tribes-The Reservation Debate" Prakash Louis (2003) [2] stated that even after 66 years the social status of the untouchables has not changed significantly. He further stated that the similar condition of untouchability prevails even nowadays, which was prior to independence. Even in certain parts of the world they don't even have rights, including the right to choose on their diet. They're not considered equal to cattle to be permitted access to public utilities like ponds, wells, etc.

Objectives of the study

In the light of the aforementioned observations, the article critically sets the following objective:-

To know the existing knowledge of the underprivileged women for various health and nutritional practices.

Material and Methods

Selection of area: The study was conducted in Masinadih village at Samastipur district of Bihar. Bihar is the first state to constitute a commission to study the status of the neglected sub castes among Dalits and suggest ways to uplift them. The Bihar state holds 3rd rank among all the states and UTs in terms of SC population. There is approx. 6,28,838 underprivileged community in Samastipur district.

Selection of sample: For the present study, total 50 respondents were randomly selected.

Collection of data: An interview schedule was formulated to elicit information regarding existing knowledge of the Underprivileged women for various health and nutritional practices.

Results and Discussion

Existing knowledge of the Underprivileged women for various health and nutritional practices: In the present study knowledge refers to the state of being conscious of something. It is processing of information which is cognitive. It includes remembering, recognizing, knowing, applying and evaluating facts, patterns and concepts. It is the sum of accurate information of individual trainees' passes. It was measured by using scale of Chikkannavar (2000) with partial modification. The correct answer were tick marked. The knowledge score of each respondents were calculated by assigning marks for correctly answered questions. There were total 120 questions. Questions were related to various aspects of health and nutritional practices i.e., personal health, environmental hygiene, first aid techniques, healthy cooking methods, balanced diet, nutrients and its sources, minerals and its sources, nutritional and food requirements of infants, pre-school children, school going children, adolescents, expected mother and lactating mother. Prior to the existing knowledge of the Underprivileged women for various health and nutritional practices, the developed knowledge test was subjected to the respondents.

Category	Score
Low	1
Medium	2
High	3

Table 1: Distribution of respondents on the basis of their existing knowledge for various health and nutritional practices N=50

Knowledge with score range	n	%	Total mean score	Mean	Per cent mean score
Low (23-36)	20	40	570	28.5	45.96
Medium (36-49)	29	58	1204	41.51	66.95
High (49-62)	1	2	62	62	100

Mean score: Mean score was derived by dividing the total score by number of respondents.

$$\text{Mean score} = \frac{\text{Total scores}}{N}$$

Total mean score

It may be defined as the sum of scores of the respondents (N).

$$\text{Total mean score} = \text{Sum of scores of all respondents (N)}$$

Mean percent score

Mean percent score were obtained by multiplying the total obtain score of the respondents by hundred and divided by maximum obtainable score under each aspect.

$$\text{Mean percent score} = \frac{\text{Total score obtained by the respondents}}{\text{Maximum obtainable score}} \times 100$$

Perusal of table 1. reveals that the minimum and maximum scores obtained by respondents were 23 and 62, respectively out of 120. This variable was categorized into three categories namely low, medium and high. As per the available data, majority of the respondents 58% were in the category of medium knowledge with mean percent score of 66.95 while

40% percent respondents were in the category of low knowledge with mean percent scores of 45.96 and 8% percent respondents were in the category of high knowledge with mean per cent scores of 100.

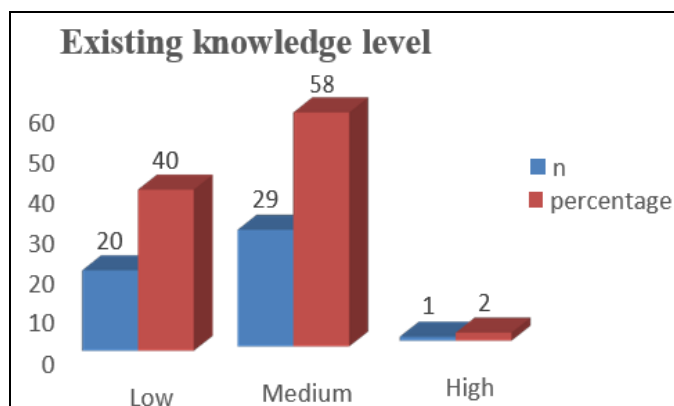


Fig 1: Existing knowledge level of the respondents for various health and nutritional practices

Conclusion

The findings of the present investigation indicate that majority of the respondents 58% were in the category of medium knowledge with mean percent score of 66.95 while 40%

percent respondents were in the category of low knowledge with mean percent scores of 45.96 and 8% percent respondents were in the category of high knowledge with mean per cent scores of 100.

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