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Constraints faced by the underprivileged women in acquiring various health and nutritional practices

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Abstract

India is the seventh largest country in the world, yet its women still have to experience some of the worst living situation on the globe. Women are the most affected and have been on leave for a long time. The word “Underprivileged” refers to a “group of persons deprived of a number of fundamental rights”. Underprivileged women are discriminated against not only by the upper caste individuals but also within their own communities. Underprivileged women’s issues and problems vary from those of other Indian women. Owing to illiteracy, poor environmental sanitation and inadequate awareness, the health and nutritional status of Underprivileged women is worse than others, rendering them more vulnerable to health problems. The present study is related to the constraints faced by them in acquiring various health and nutritional practices.

Keywords: underprivileged women, constraints, health and nutritional practices.

Introduction

Women are the most powerful component of rural society that was long neglected or, ignored in the health and nutritional sector. The realities of cultural, social and political inequality and unfairness are so overwhelming that the development programs do not have the requisite effect in case of women. Women’s remained limited by the patriarchal society in India as well as continuing caste discrimination. Due to a patriarchal mindset, women’s health status have often been neglected in our society. This neglect has not only deteriorated their health but it is also a reason behind their family’s unhealthy condition. Poor health is still too prevalent in Underprivileged communities. So that’s why they were facing so many health issues. This study was related to the constraints faced by them in acquiring various health and nutritional practices. Constraints may be defined as the control that limits or restricts someone’s actions or behavior. They were facing many constraints in acquiring various health and nutritional practices that was necessary for them to lead a healthy life. Rajuladevi (1982) ^[1] stated that the problems faced by rural women were low literacy ratio, inadequate training, social and cultural constraints of age. In his research Woods (2006) ^[2] indicated that requirements of female hygiene have often been overlooked in initiatives to improve hygiene. Many girls and women find it difficult to follow hygiene behaviours due to constraints such as unavailability of underwear and sanitary napkins, inaccessibility as well as affordability of sanitary napkins, lack of clean water and soap for washing and drying, lack of privacy to change and wash, and menstrual social taboos, lack of awareness about hygiene and sanitation-related needs and demands.

Objectives of the Study

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

- To elucidate the constraints faced by the Underprivileged women in acquiring various health and nutritional practices.

Materials and Methods

The study was conducted in the Masinadih village at Samastipur district of Bihar state. Total

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50 respondents were randomly selected for the study. Several health and nutritional practices were given to them with the help of different communication aids. These practices were given to them to improve their health and nutritional status and also to enhance their knowledge regarding various health and nutritional practices. They had facing so many constraints in acquiring the practices. As per the objective of the study, the constraints faced by the Underprivileged women in acquiring health and nutritional practices were explored by asking the respondents to indicate the constraints perceived and encountered by them. A questionnaire were asked from the Underprivileged women for obtaining their constraints in acquiring the practices. As per the need of the study, constraints were divided into ten components that were listed below. They were facing this constraints at three different levels: Always, Sometimes and Never. For deriving the results, percentage and frequency had been calculated and also the rank had been assigned.

- Constraints No. 1: Lack of education
- Constraints No. 2: Lack of capital
- Constraints No. 3: Lack of awareness
- Constraints No. 4: Lack of time
- Constraints No. 5: Lack of self-reliance
- Constraints No. 6: Lack of resources
- Constraints No. 7: Faith in old things
- Constraints No. 8: Lack of publicity
- Constraints No. 9: Hesitation
- Constraints No. 10: Lack of proper support and cooperation from family members

Result and Discussion

Constraints faced by the Underprivileged women in acquiring various health and nutritional practices were presented in table 1.

Table 1: Constraints faced by the Underprivileged women in acquiring various health and nutritional practices

S. No.	Constraints	Number of respondents		Percentage		Rank
1.	Lack of education	Always	10	Always	40%	I II III
		Sometimes	8	Sometimes	32%	
		Never	7	Never	28%	
2.	Lack of capital	Always	15	Always	60%	I II -
		Sometimes	10	Sometimes	40%	
		Never	-	Never	-	
3.	Lack of awareness	Always	9	Always	36%	II I III
		Sometimes	11	Sometimes	44%	
		Never	5	Never	20%	
4.	Lack of time	Always	10	Always	40%	II I III
		Sometimes	11	Sometimes	44%	
		Never	4	Never	16%	
5.	Lack of self-reliance	Always	7	Always	28%	III II I
		Sometimes	8	Sometimes	32%	
		Never	10	Never	40%	
6.	Lack of resources	Always	14	Always	56%	I II -
		Sometimes	11	Sometimes	44%	
		Never	-	Never	-	
7.	Faith in old things	Always	-	Always	-	- II III
		Sometimes	9	Sometimes	36%	
		Never	16	Never	64%	
8.	Lack of publicity	Always	10	Always	40%	I II III
		Sometimes	9	Sometimes	36%	
		Never	6	Never	24%	
9.	Hesitation	Always	8	Always	32%	II I III
		Sometimes	10	Sometimes	40%	
		Never	7	Never	28%	
10.	Lack of proper support and cooperation from family members	Always	15	Always	60%	I III II
		Sometimes	4	Sometimes	16%	
		Never	6	Never	24%	

The findings of the study were given below

Constraints No. 1 (Lack of education)

As per the table, 40 percent respondents (Rank I) always face the problem of lack of education, 32 percent respondents (Rank II) sometimes face the problem of lack of education and 28 percent respondents (Rank III) never face the problem of lack of education. Majority of the respondents were facing this constraint. Lack of education limits prospects, decreases family income, reduces health and limits the economic advancement of entire countries. Due to lack of education, respondents were not able to understand and analyze the practices.

Constraints No. 2 (Lack of capital)

As per the table, 60 percent respondents (Rank I) always face the problem of lack of capital and 40 percent respondents (Rank II) sometimes face the problem of lack of capital. Poverty is the major cause of ill health and a barrier to accessing health care when needed. Due to lack of capital, respondents cannot afford to purchase those things that was needed for their good health, including sufficient quantities of quality food and health care services.

Constraints No. 3 (Lack of awareness)

As per the table, 44 percent respondents (Rank I) sometimes face the problem of lack of awareness, 36 percent respondents (Rank II) always face the problem of lack awareness and 20 percent respondents (Rank III) never face the problem of lack of awareness. Lack of awareness is basically due to the absence, inaccessibility or, inaccuracy of information which is made harder by taboos, myths and fear, which can stop respondents from taking prevention regarding health and nutritional problems. It is not only dangerous in terms of worsening health problems, it can also affect their quality of life.

Constraints No. 4 (Lack of time)

As per the table, 44 percent respondents (Rank I) sometimes face the problem of lack of time, 40 percent respondents (Rank II) always face the problem of lack of time and 16 percent respondents (Rank III) never face the problem lack of time. Sometimes respondents had no enough time to acquire the practices due to the work load of home activities, sometimes due to family members etc.

Constraints No. 5 (Lack of self-reliance)

As per the table, 40 percent respondents (Rank I) never face the problem of lack of self-reliance, 32 percent respondents (Rank II) sometimes face the problem of lack of self-reliance and 28 percent respondents (Rank III) always face the problem of lack of self-reliance. Self-reliance is the capacity of individuals and communities to make their own good decisions relating to their health and nutrition. Therefore, the respondents should become self-reliant. Respondents should be free to decide what they and their family should eat and to understand what is good for them.

Constraints No. 6 (Lack of resources)

As per the table, 56 percent respondents (Rank I) always face the problem of lack of resources and 44 percent respondents (Rank II) sometimes face the problem of lack of resources. Majority of the respondents had lack of resources. Lack of resources has serious consequences for the quality of life. Resources are defined as all materials, personnel facilities, funds and anything else that can be used in acquiring health and nutritional practices. They had no proper income, not any media facilities and even no proper education, so they had facing problem in acquiring the practices.

Constraints No. 7 (Faith in old things)

As per the table, 64 percent respondents (Rank I) had never faith in old things and 36 percent respondents (Rank II) had sometimes faith in old things. Some respondents had faith in so many old things. They believed on taboos and myths which can stop them to acquire the practices. Faith in old things lead to poor health and nutritional status of women resulting in several health and nutritional issues.

Constraints No. 8 (Lack of publicity)

As per the table, 40 percent respondents (Rank I) always face the problem of lack of publicity, 36 percent respondents (Rank II) sometimes face it and 24 percent respondents (Rank III) never face the problem of lack of publicity. Majority of the respondents were facing this constraint. Respondents faced a lot of problem due to lack of publicity. Publicity is the promotional method to deliver messages. It is important because it create awareness and visibility among individuals. They had lack of media exposure. That's why they were facing the constraint in acquiring the practices.

Constraints No. 9 (Hesitation)

As per the table, 40 percent respondents (Rank I) sometimes face the hesitation in acquiring the health and nutritional practices, 32 percent respondents (Rank II) always and 28 percent respondents (Rank III) never face the hesitation in acquiring health and nutritional practices. Some respondents were facing hesitation in acquiring the practices. Hesitation happens when someone feels uncertainty and doubt. They feel hesitated due to lack of education. They had no right to take any decision regarding their life. So they were feeling hesitated in acquiring the practices.

Constraints No. 10 (Lack of proper support and cooperation from family members)

As per the table, 60 percent respondents (Rank I) always face the lack of support and cooperation from family members, 24 percent respondents (Rank II) never face this problem and 16 percent respondents (Rank III) sometimes face this problem. Most of the respondents were facing this constraint. Family plays a pivotal role in influencing health impacting behavior. So that family should provide proper support and cooperation to the respondents and motivate them to acquire health and nutritional practices.

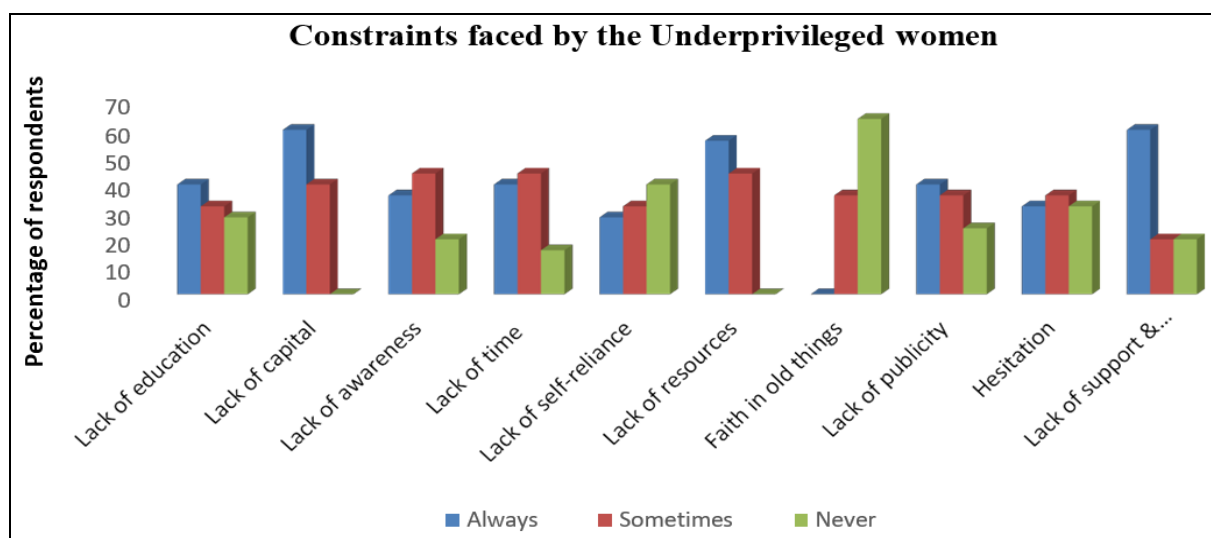


Fig 1: The above bar graph shows distribution of the percentage of respondents with respect to various constraints faced by them at three different levels i.e., Always, Sometimes and Never.

Conclusions

From the above results, it could be concluded that Underprivileged women plays an important role in the health and nutritional status of their family members. How well they perform their role is affected by their education level, social status, economic condition, availability of resources, their awareness and their family support that permit or, inhibit them from acquiring the practices. On the basis of these findings, it could be concluded that Underprivileged women should become self-reliant to decide what is good for their health and also the health of their family members. They should be educated enough to lead a healthy life. They should face the constraints and try to acquire various practices.

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