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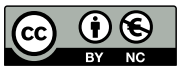

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Health Awareness and its Effect on Married Women: A Case Study of Taluka Gari Yasin District Shikarpur Sindh

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Abstract

Health awareness and its effect on the married women has significant impact on the new generation as healthy women can bring certain changes in bringing up the family in better way as compared to the women deprived of health awareness. This is the descriptive research on the consequences of health awareness on the married women in Taluka Gari Yasin District Shikarpur Sindh. Total one hundred married women were taken for the interview schedule. The responses of the participants were verified by the simple percentage distribution and the non-parametric chi-square test to analyze the relationship between the variables. The results obtained revealed that the heath awareness has significant impact on the living standards of the women as well as family members.

Keywords: Health facilities, Cultural norms, Primary Health care, Universal approach, Health awareness.

1. Introduction

Individually or collectively everyone is affected by the presence of healthy atmosphere of the house and that milieu is only possible lf the women are aware of the primary health care and its direct impact on the family.

Not only well aware women contribute towards the family development but at large level society is also affected. In the past research has indicated that family has been highly suffered owing to the scarcity of heath awareness in married women. Because most married women have been found non –participant in health awareness programs due to some personal indifferent attitude and rigid attitude of family heads as well.

This situation has engendered too many diseases in the family like measles, tuberculosis, diphtheria; poliomyelitis and tetanus, etc. The high motility rates due to such diseases have made the underdeveloped countries as the highly vulnerable to fatal diseases.

2. Literature Review

Egwu (1995) has highlighted the four main responsibilities of married women especially in the health sector.1.Care provider, 2.evalution of heath care of the children, 3.Teacher and educator, 4.Health invigilator.

WHO and UNICEF (1978) has explained the health awareness as," the awareness which people are aware that certain ignorant attitude and lethargic attitude will result in the diseases and the enervating of body immunity system is called health awareness or knowledge that certain approach in certain atmosphere will leave the people in deplorable condition.

McGraw (1985) informed that health awareness regarding the primary health care includes acquaintance of health services, although not all are Government health services but personal awareness also matters a lot.

Personal health care of married women only comes from high literacy of the masses.

Ajayi (1985) Primary health care has played and still playing main role regarding the labor and delivery issues as well informed women can contribute a lot in reducing the mortality rate and other fatal diseases.

3. Illustrious of Health Awareness

Heath awareness consists of the following main components.

1. Education regarding the different diseases and acquaintance of their remedial measures which include the people's attitude towards the cleanliness.

2. Provision of food supply and awareness i.e. which food contains proteins and vitamins which are strong agents to fight against the diseases. This knowledge helps in maintaining food hygienic condition.

3. Water purification and its awareness' play a very vital role for the personal hygiene as contaminated water can bring lot of diseases. Waste disposal through the pipe and proper drainage of the waste also protect the people from many diseases.

4. Prevention of locally endemic diseases which are caused by flies, rates, mosquitoes and other related diseases help the people to be protected from the fatal diseases.

5. Immunization against the infectious diseases like tetanus, diphtheria, measles, poliomyelitis and plagues.

6. Quick treatment of common diseases and injuries also saves the lives at the initial stages like the treatment of diarrhea with oral rehydration therapy (ORT) saves the children lives.

7. Maternal and child health care also matter a lot as family planning practices improve the health of mothers and child as well. Prenatal care, safe deliveries and post natal care are essential.

8. Provision of essential drugs is also necessary to treat the diseases and initial level. Medicines should be available at the time of emergency.

9. Child health care should be focused more as children are more inclined towards the exposure of the diseases.

10. Dental health is also necessary to know the normal and decayed teeth.

11. Mental health awareness is also essential as stress and depression are common these days but people remain ignorant to such highly prevalent diseases.

The health of the mother is very determining factor to measure the health of the family and children. There are many factors which are responsible for the women empowered status in the society regarding the heath awareness.

Those are education status, her social status, her nutrition, and her living condition. The mothers' nutrition has great effect on the infant development therefore good nutrition practices should be kept in view.

4. Methodology

4.1 Research Design.

This is the descriptive research as the researcher intends to analyses the impact on the health awareness on married women in Taluka Garhi Yasin District Shikarpur.

4.2 The Population of the Study

The population of the research was Taluka Gari Yasin and purpose sample of size 100 were taken and only married women were focused for the interview to analyze the impact of the heath.

4.3 Research Instrumentation

Self-developed questionnaire was used for the study and oral interview was conducted the illiterate participants using the structured questionnaire's questionnaire had two sections, 1. Demography of the participants and 2. Impact of awareness on married women through non-parametric test.

4.4 Analysis of the Data

The data obtained were analyzed by the descriptive statistics. The results were represented by the tables and percentage for the demography while chi- square was used for the responses on the impacts of health awareness.

4.5 Results and Discussion

Table 1: The Age Distribution of the Participants

Age	Frequency	Percentage
Below 20	-	-
21-25	20	20
26-30	45	45
31-35	25	25
36-40	10	10
41-45	-	-
46 and Above	-	-
Total	100	100

Graph 1: Age Distribution of the participants

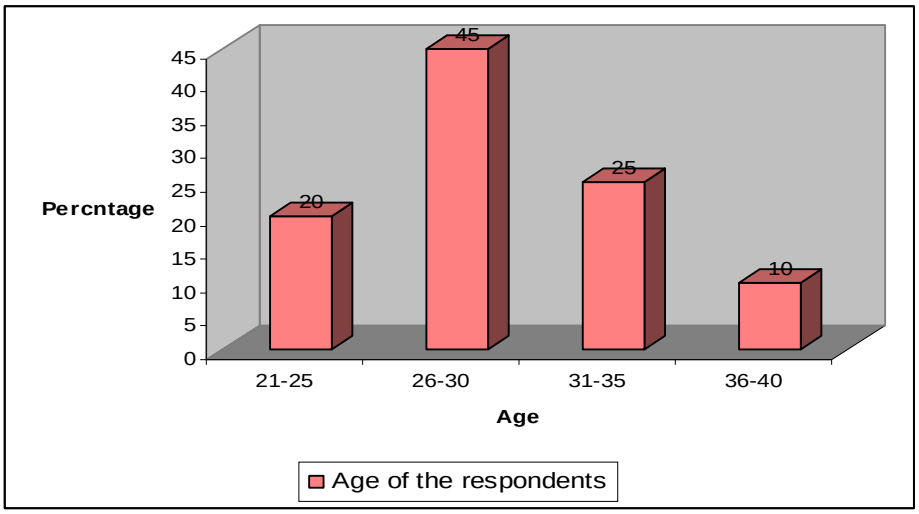


Table 1 shows the age distribution and the table shows that majority of the 45 (45%) were between the age of 26 and 30 years, 20 (20%), 21-25 years, 25 (25%), 31-35 years and 10 (10%) were between 36-40 years.

Table 2: The Religion Distribution of the participants

Religion	Frequency	Percentage
Muslims	90	90
Christians	5	5
Hindus	5	5

Graph 2: The Religion Distribution of the participants

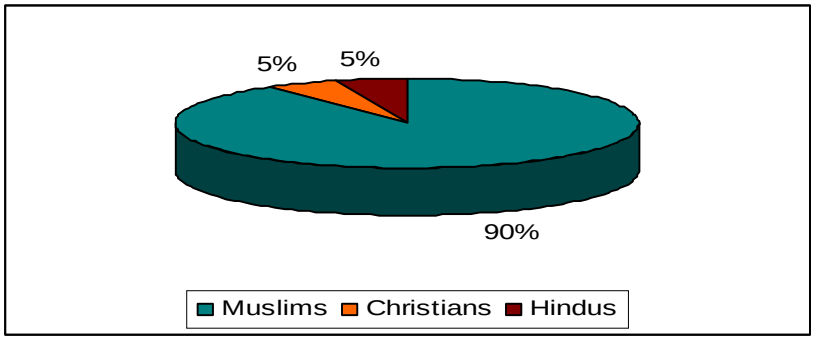


Table2 Shows that majority of the participants is the Muslims 90 (90%), 5 (5%) Hindu and 5 (5%) Christians.

Table 3: Education Level of the Participants

Education Level	Frequency	Percentage
Illiterate	15	15
Primary	65	65
Metric	10	10
Secondary	5	5
Graduate +	5	5

Graph 3: Education Level of the Participants

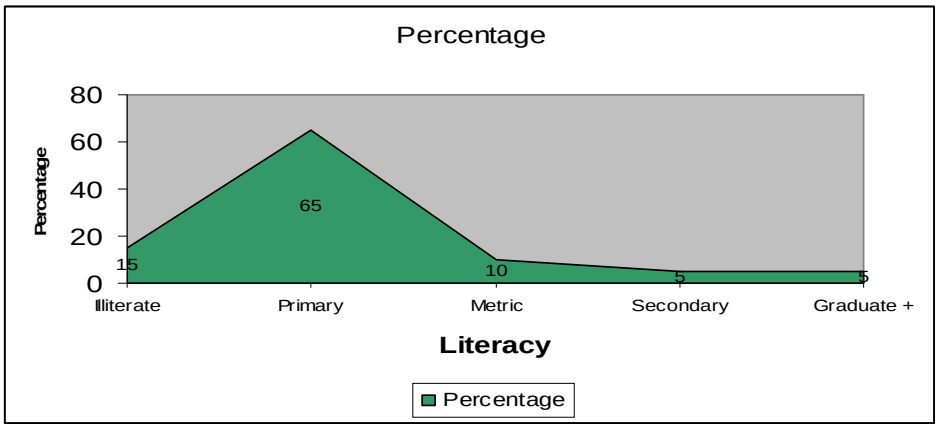


Table3 shows that the majority of respondents possessede primary education i.e. 65 (65%), 15 (15%) were illiterate, 10 (10%) were matric, 5 (5%) were secondary and 5 (5%) were graduate plus.

Table 4: Occupation of the Participants

Occupation	Frequency	Percentage
Housewife	75	75
Farming	20	20
Civil servant	3	3
Private job	2	2

Graph 4: Occupation of the Participants

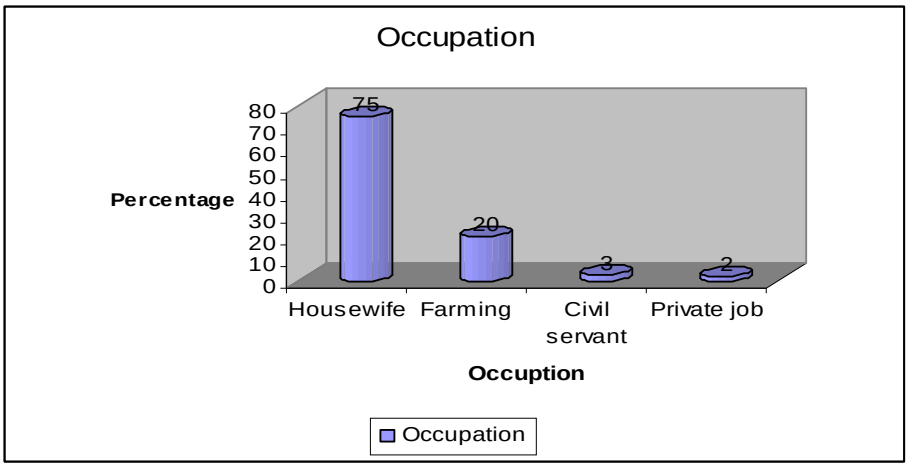


Table 4 indicates that the majority of the participants were house wives i.e. 75 (75%), 20(20%) belong to farming occupation, 3 (3%) were civil servants and 2 (2%) were doing private job.

Table 5: Number of Children of the Respondent

No: of Childern	Frequency	Percentage
1--2	5	5
3--4	38	38
5--6	55	55
7--8	2	2

Graph 5: Number of Children of the Respondent

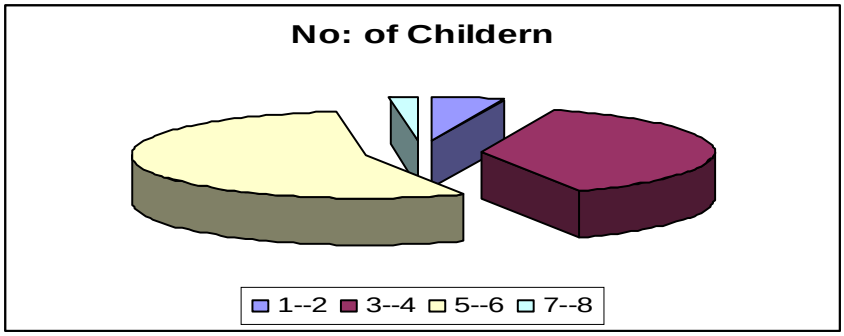


Table 5 indicates that majority of the participants have 5-6 children 55(55%), 38 (38%) have 3-4 children, 5 (5%) have 2-2 and 2 (2%) have 7-8 children

Table 6: Duration of delivery interval of Respondent

Duration (Years)	Frequency	Percentage
1	35	35
2	45	45
3	10	10
4	5	5
5	5	5

Graph 6: Duration of delivery interval of Respondent

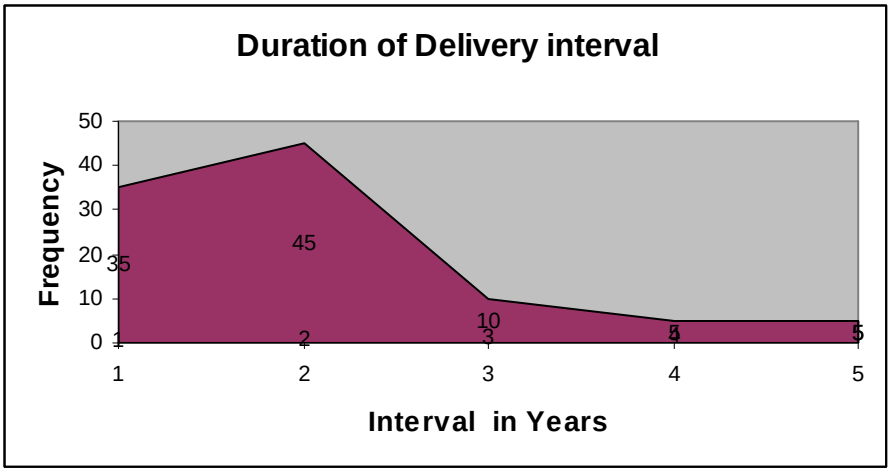


Table 6 shows the delivery interval, 45(45%) majority of the respondents have delivery interval of 2 year,.35 (35%) have one year delivery interval,10 (10%) have three years interval,5 (5%) have four years interval and 5 (5%) years have five years interval.

4.6 Testing of Hypothesis I

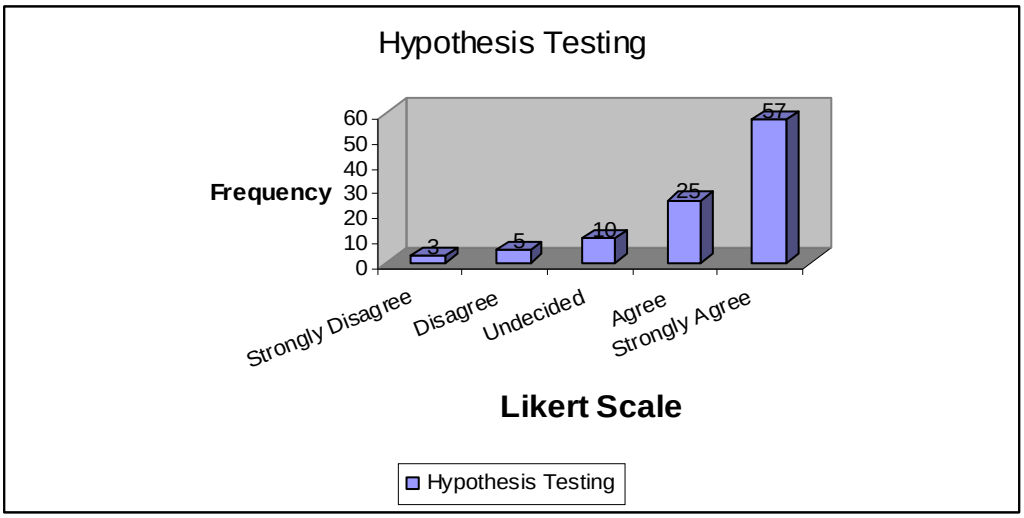
H_o=Health awareness has no significant effect on living style of married women.

H_1=Health awareness has significant effect on the living style of married women.

Table 7: Contingency Table of the Participants

Frequency	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Observed Frequency	3	5	10	25	57
Expected Frequency	20	20	20	20	20

Graph 7: Contingency graph for Hypothesis testing



By Appling the Chi-Square, hypotheses are verified.

$$\chi^2_{Obs} = \sum_{cells} \frac{(O-E)^2}{E}$$

Chi-Square=100.4

Critical Value=9.49

P value = 0.05

As calculate value > Tabulated value

Therefore null hypothesis Ho is rejected and working Hypothesis H1is accepted. From the above findings it is interpreted that heath awareness has significant effect on living standards of married women. The greater is the heath awareness; greater will be the change in the health conditions of the family and its subsequent effect on the living style of the married women.

Moreover, P value is 0.05 which indicates that we are 95% sure that there are significant relationships between the health awareness and improved living styles of married women.

4.7 Testing of Hypothesis II

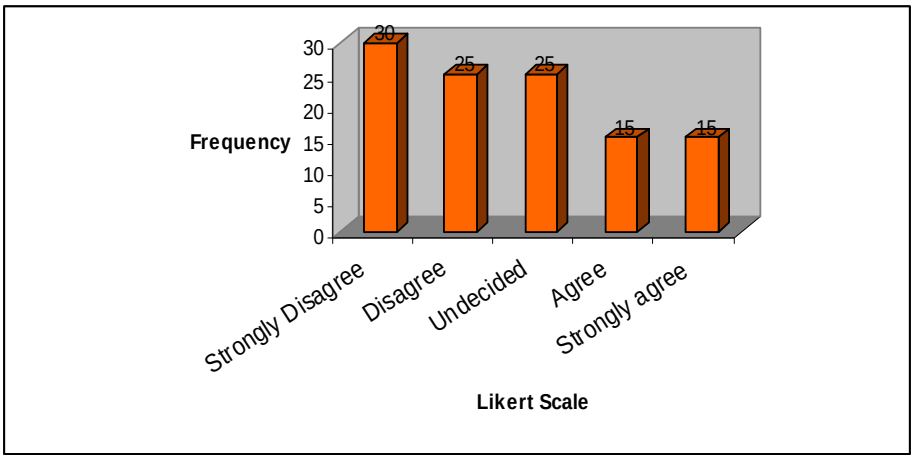
Ho=Health Programmes have no significant effect on the married women

HI=Health Programmes have significant effect on the married women.

Table 8: Contingency Table of the Participants

Frequency	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Observed Frequency	30	25	25	15	15
Expected Frequency	20	20	20	20	20

Graph 8: Contingency graph for Hypothesis testing



By Appling the Chi-Square, hypotheses are verified.

$$\chi^2_{Obs} = \sum_{cells} \frac{(O-E)^2}{E}$$

Chi-Square=17.5

Critical Value=9.49

P value = 0.05

As calculate value > Tabulated value

Therefore null hypothesis Ho is rejected and working Hypothesis H1is accepted. From the above findings it is interpreted that heath programmes have significant effect on the married women. The greater is the heath efficacy of the health programmes awareness; greater will be the change in the health conditions of the married women and its subsequent effect on the living style of the family.

Moreover, P value is 0.05 which indicates that we are 95% sure that there are significant relationships between the health programmes and improved living styles of married women.

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