



Adoption of Nutrition and Health Care Technologies by the Rural Women

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ABSTRACT

The objective of the present study was to find out the adoption of nutrition and health care technologies by the rural women. The study was conducted in *Bhadesar* and *Bassi* panchayat samities of Chittorgarh district of Rajasthan state. From each panchayat samiti, two villages where the nutrition and health care technologies have been promoted by the KVK since last five years were included in the study. The sample consisted of randomly selected 100 rural women, 25 from each village. Personal interview method was used for data collection. Frequency distribution, percentage and mean per cent score were used for analysis of data. The findings revealed that the adoption level of nutrition technologies was 77.22% whereas, it was 100% in case of health care practices.

Key Words : Rural women, adoption, nutrition, health care, Homestead technologies

INTRODUCTION

Indian rural women who fulfill multifarious responsibilities daily without any hue and cry, is the mother, wife or sister responsible for family's well being as well as a farmer producing food for the family. She does not hold any apparent and discrete identity of her own on world platform but undoubtedly perform the most arduous and time consuming work behind the curtain without much resources and technologies at her disposal. Although she does all the multiple productive functions from bearing the children to performing house hold chores, her role has often been underestimated or ignored. It is a matter of great concern that in spite of magnificent tradition of women's participation in the affairs of the family, women still lag behind men in every sphere. In spite of the rapid strides made in scientific and technological development women has not yet received due importance in transfer of technology programmes. Technological innovations and their reach to the rural women can result in enhancing women's welfare and their empowerment. Low cost, reliable homestead technologies related to nutrition and health sanitation, can provide a great leap forward for improving nutrition and health condition of the rural families. The KVKs are organizing capacity building programmes for women in the area of nutrition and health and are motivating them to adopt the improved technologies. The present study was undertaken with the objective to find out the adoption of nutrition and health care technologies by the rural women.

METHODOLOGY

The study was conducted in Chittorgarh district of Rajasthan state. The district has 11 panchayat samities out of which, two panchayat samities namely *Bhadesar* and *Bassi* were selected purposively where the nutrition and health care technologies have been promoted by the KVK since last five years. Total four villages from two selected panchayat samities were included in the study. Sample for the study consisted of 100 rural women, 25 from each village. Personal interview technique was used to collect the data from the respondents. Frequency, percentage, mean percent score were used for analysis of the data.

RESULTS AND DISCUSSION

Background information of the respondents :

More than 40 per cent respondents belonged to the age group of 18-30 years and 38 per cent were from 31-45 years of age. Majority of the respondents (60%) were under upper caste category. Regarding education, 29 per cent respondents were illiterate and 24 per cent were educated up to middle level. Only 15 per cent respondents were graduates. Farming was the main family occupation of 89 per cent respondents. All the respondents were involved in some subsidiary occupations like farm labor, business and service. Majority (63%) belonged to nuclear family. More than 40 per cent respondents had small size family consisting of up to 4 members. Majority of the respondents (62%) were small and marginal farmers. Majority of the respondents (75%) were residing in *pucca* houses.

Adoption of nutrition and health care technologies by the rural women:

(i) Nutrition

Nutrition is the selection and preparation of foods and their ingestion to be assimilated by the body. By practicing a healthy diet, many of the known health issues can be avoided. As rural women are engaged in many household and farm activities, it is essential for them to maintain good health by consuming appropriate nutrition. In this section an effort has been made to find out the adoption of nutrition technologies by the rural women. The results are presented in Table 1.

Perusal of Table 1 indicates that only 20.0 per cent respondents were taking the balanced diet daily whereas, 52.0 per cent respondents consumed balanced diet sometimes only. The adoption index presented in the table also reveals that the practice of consuming balanced diet was adopted to the extent of 46.0 per cent. Regarding food groups, it was found that all the respondents were consuming cereals, milk and milk products, fat and oil, sugar and jaggery in their daily diet however, pulses, fruits and vegetables were included in the daily diet only by 46 and 43 per cent respondents, respectively. More than half of the respondents reported that they use to take pulses and vegetables on alternate days and fruits once in a week. Nuts and oil seeds were not consumed by majority of the respondents (88%) as a part of balanced diet.

The findings of the study are in line with the findings of Khetarpal (2007) concluded that only 10 per cent of the women were consuming a balanced diet. The women showed a poor intake of vegetables, fruits and milk products however, the intake of oil, sugar and jaggery was nearly adequate.

Regarding methods of cooking all the respondents were using boiling and roasting methods regularly. However, method of pressure cooking was used always and sometimes by 62.0 and 32.0 per cent respondents, respectively. This is also depicted by the adoption index which is 100 for boiling and roasting and 78.0 per cent for

pressure cooking method. With respect to considerations while cooking food, it was encouraging to note that all the respondents were following practices like washing hands before handling food, cutting big pieces of vegetables, washing vegetables before cutting, washing pulses and rice before cooking, keeping food covered and not using excess water in cooking. However, the practice of not heating the food again and again was not followed by majority of the respondents (67%).

Table 1:Adoption of improved nutrition practices by the respondents

n=100

S. No.	Practices	Extent (f/%)			Adoption index (%)
		Always	Sometimes	Never	
1.	Balanced diet	20	52	28	46
2.	Food groups				
	a) Cereals	100	0	0	100
	b) Pulses	46	54	0	73
	c) Fruits and vegetables	43	57	0	71.5
	d) Milk and milk product	100	0	0	100
	e) Oil and fat	100	0	0	100
	f) Sugar &jaggery	100	0	0	100
	g) Nuts & oil seeds	0	12	88	6
3.	Methods of cooking				
	a) Boiling	100	0	0	100
	b) Pressure cooking	62	32	6	78
	c) Roasting	100	0	0	100
4.	Considerations while cooking food				
	a) Wash hands before handling food	100	0	0	100
	b) Cut big pieces of vegetables	100	0	0	100
	c) Wash vegetable before cutting	100	0	0	100
	d) Wash pulses and rice before cooking	100	0	0	50

	e) Cooking food on low flame	50	0	50	100
	f) Kept food covered				100
	g) Use water according to requirement	100	0	0	27
		100	0		
	h) Did not heat food again and again			0	
		21	12		
				67	
5.	Methods of improving nutritive value of food stuffs				
	a) By combination of food groups	67	33	0	83.5
		100	0	0	100
	b) Fermentation	0	36	64	18
	c) Sprouting				

In case of methods of improving nutritive value of food stuffs it was reported that the combination of food groups i.e. cereals with pulses, pulses/cereals with green leafy vegetables was adopted to the extent of 83.50 per cent while fermentation method was adopted by 100 per cent respondents. The women reported that they use to prepare fermented foods viz. *dhokla*, *khaman*, *idli* and *dosa*. The practice of sprouting of pulses/cereals was adopted by only 36.0 per cent respondents and that too occasionally.

(ii) Health care

The adoption index presented in Table 2 reveals that all the respondents (100%) have adopted the practice of maintaining personal hygiene like cleaning teeth, eyes and ears, washing hair, cutting nails, taking bath daily. Similarly the practice of washing hands after defecation, before taking meal and before cooking food was adopted by cent per cent respondents.

Vani (2007) in a study on “Knowledge and adoption of selected health and nutritional practices by rural women in Belgaum district, Karnataka” concluded that 40.22 per cent rural women adopted the health and nutritional practices partially whereas, 20.66 per cent respondents adopted fully and 36.67 per cent respondents had not adopted the health and nutritional practices.

Table 2 Adoption of improved health care practices by the respondents

n = 100

S. No.	Practices	Extent (f/%)			Adoption index (%)
		Always	Sometimes	Never	
1.	Considerations for keeping the body healthy				
	a) Clean teeth daily	100	0	0	100
	b) Clean eyes daily	100	0	0	100
	c) Washing hairs daily	100	0	0	100
	d) Cut nails daily	100	0	0	100
	e) Ears	100	0	0	100
2.	Take bath daily	100	0	0	100
3.	Washing hands				
	a) After defecation	100	0	0	100
	b) Before taking meal	100	0	0	100
	c) Before cooking	100	0	0	100
	d) Before taking out water from pot	100	0	0	100

Overall Adoption Level :

Fig. 1 clearly reveal that in two components i.e. nutrition and health care the respondents had high adoption with adoption index 77.22 and 100 per cent, respectively.

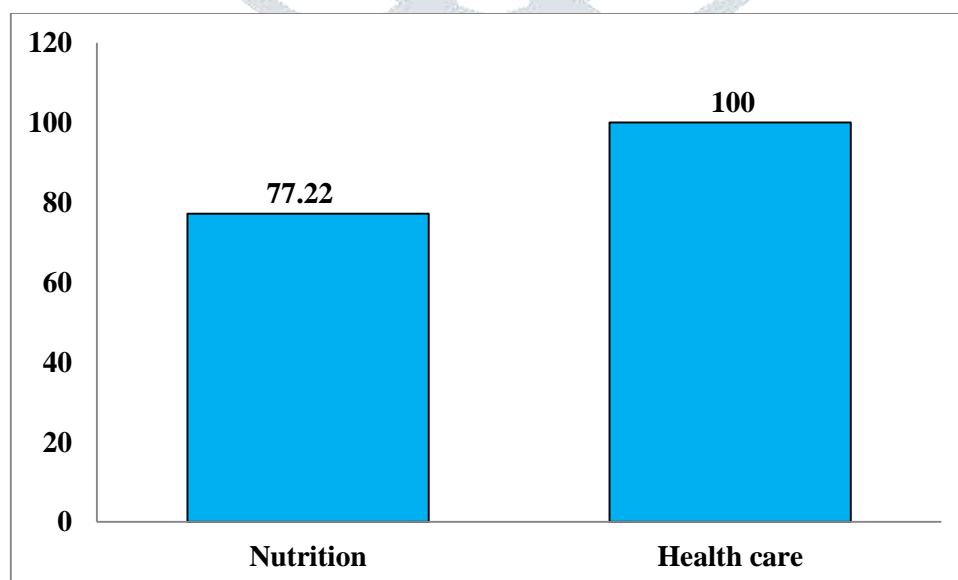


Fig. 1: Overall Adoption level of nutrition and health care technologies by the rural women

Conclusion :

Based on the findings it could be concluded that the respondents had good adoption level regarding different nutrition and health care practices. This shows that KVK has played a significant role in motivating women to adopt improved nutrition and health care technologies.

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