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Quality of Life Among Farmers In Rural Areas of Rahata Taluka Ahmednagar District Maharashtra

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***ABSTRACT*:**

Background : Agriculture is one of the most important and oldest occupation. Traditional practices of farming has been altered tremendously according to needs of society and its preferences In 21 century Drastic change is seen in farming and farm related activities. It has affected relationship between farming and our culture. Today' s farming is focusing mainly on improving agricultural production and gaining more profit this is getting intensified day by day. The consequences of this transition has not only environmental and economic impact but also affects general and psychological health of farmers and quality of life among them. In the present study an attempt is made to assess quality of life among **f**armers

Materials and methods: A descriptive design with cross-sectional survey approach was adopted for the study. **Quality Of Life (WHOQOL) -BREF** scale was used to asses quality of life among farmers. The samples were selected by simple random sampling method . The samples comprised of 150 farmers of selected villages of Rahata taluka Ahmednagar District Maharashtra. Descriptive and inferential statistics were used for data analysis.

Major findings of the study: Overall quality of life among farmers is found to be average for most of the study participants (97.3%). The same results are found in each domain of quality of life a that is in physical domain 81.3%, psychological domain 94%, social domain 85.3% and in environmental domain 62.7% of participants had average quality of life. Self rating of quality of life indicated that 82% of farmers had poor QOL and 78% farmers were dissatisfied with their health status.The mean score was found to be 67.78 with SD of $\pm$7.30. Significant association was found between age and QOL with p value of 0.043

Conclusion and recommendations: Study concluded that the farmers in rural areas are having average quality of life hence study recommends the community based Interventional programme to improve the quality of life among them.

Key Terms: Quality of Life, Farmer

INTRODUCTION :

The quality of life is the standard of health, comfort, and happiness experienced by an individual or group. In another sense it is general well-being of a person or society, defined in terms of health and happiness, rather

than wealth. There are many factors that that affect a person's quality of life may be physical, emotional, intellectual or social. These factors are important for everyone[1]

Physical factors include diet, exercise, physical comfort, safety, hygiene, pain relief. Psychological factors are privacy, dignity, approval, psychological security and autonomy.Intellectual factors include stimulation, engaging in activities and social factors are social contact and social support[2].

As we know the farmers works on farm, either commercially or to sustain themselves or their families . Unfortunately agricultural occupation is endangered by many problems and issues; some of them are natural and some others are man made. They are; small and fragmented land-holdings, unavailability or difficulty in getting good quality Seeds, Manures, Fertilizers and biocides, lack of irrigation facilities, Lack of mechanization, Soil erosion, lack of agricultural Marketing facilities, Inadequate storage facilities, Inadequate transport, Scarcity of capital. Combination of all these factors affect adversely the health of farmers and leading to poor quality of life among them.

An exploratory study was conducted to examine the quality of life of farmers. Total 55 farmers were selected for the study. 34 item questionnaires were created to assess the data. Farmers reported a negative outlook on life, and were less satisfied with their overall quality of life because of their health. They also reported that the external factors, such as cost of equipment, financial pressures, and input costs, as having a negative effect on their quality of life. They further were not satisfied with the amount of vacation time (60.6%), managing farm work and family life (54.6%), overall health (55%), and quality of life (27%). There was significant difference between the farmer's overall quality of life and the variables such as gender, net cash income, outlook on life, health, stress, farm work, managing farm and family, social activities, and emotional support for farmers with disabilities[3].

A study was conducted to assess the quality of life and working level of farmers and ranchers with disabilities. 398 farmers and ranchers with varying disabilities were selected for the study. The results indicated that there were no differences in type of disabilities and QOL levels. Support and existential well-being was the highest among the QOL sub- scales, In independent living and working and the age group of participants there was significant variance in quality of life[4].

A study was conducted to determine the factors that have influence on quality of life of farmers. 84 farmers were selected for study that was treated for chronic obstructive pulmonary disease. Most of study participants suffered from depression and anxiety Level of depression was at higher level who smoked more. There was significant influence of lack of family support on exacerbation of the depressive and anxiety symptoms. There was lower quality of life and higher level of depression among farmers. Higher income had positive influence on quality of life of farmers[5].

Title of the study: Quality of life among farmers in rural areas of Rahata Taluka Ahmednagar district Maharashtra

Objectives:

1. To assess quality of life among the farmers in rural areas of Rahata Taluka
2. To determine the association between quality of life of farmers with their selected sociolect-demographic variables.

3. To find out association between quality of farmers with their selected agricultural characteristics

Assumptions:

- Quality of life among farmers is affected
- There is significant association between quality of life and selected socio-demographic variables
- There is significant association between quality of life and selected agricultural characteristics

Methodology:

Research approach: Quantitative non experimental approach

Research design: Descriptive research design

Setting of the study: Rural areas of Rahta Taluka Ahmednagar district Maharashtra. Three villages were selected where there was scarcity of water (Per-capita per day less than 40 liters)

Study Population: Farmers residing in selected rural areas of Rahata taluka

Study samples: Farmers who have fulfilled sampling criteria

Sampling Criteria:

Inclusion Criteria	**Exclusion Criteria**
Male and female farmers who were • More than 18years of age • Present during data collection and ready to participate in the study. • Mainly involved in farming for their livelihood	**Male and female farmers who were** • Not able to respond due known/diagnosed medical/psychiatric morbidity. • Farming laborers

Sampling technique: Probability sampling technique with simple random sampling method was used

Sample Size: 150 determined by using mean of previous studies conducted

Data Collection Tools:were divided into three sections

Section A: Socio-demographic Data: Structured questionnaire used to assess data such as age, gender, marital status, education, religion, average monthly income, housing, type of family; etc.

Section B:Agricultural characteristics: This section included the items related to irrigation facilities, electricity supply, timely availability of seeds, availability of financial resources, availability of pesticides/fertilizers, recent crop failure, compensatory government schemes, membership of farming association etc.

Section F: Quality Of Life (WHOQOL) -BREF: This scale has 26 items which are divided into four domains namely physical health, psychological health, social relationship and environment The four domain scores denote an individual's perception of quality of life in each particular domain. Domain scores are scaled in a positive direction (i.e. higher scores denote higher quality of life). The total score is of 120. Score of 0-40 is considered as

poor QOL, 41-80 considered as average QOL and 81 and above is identified as good QOL. There are also two items that are examined separately: question 1 asks about an individual's overall perception of quality of life and question 2 asks about an individual's overall perception of their health.

Validity and reliability of data collection tools: Validity of data collection tool was established in consultation with experts from related fields. The tools were sent to 18 experts i. e. Psychiatric nursing specialists (05), Psychiatrists (03), Psychologists (03),Research Experts (02), Agriculture experts (03), Statistician (01), Public health expert (1). Their opinions and suggestions were incorporated in the tools and modifications were done. Reliability of the tool was acertained by using test retest method. (r = 0.70)

Data collection procedure:

Ethical Aspects:

Ethical Clearance: Proposal was presented before Institutional Ethics and Institutional Research Committee of P.I.M.S. (DU), Loni and obtained ethical approval.

Permission from Concerned authority: Written permission was obtained from Taluka medical officer and Sarpanch of selected villages**.**

Written informed consent: Explanations regarding study and its objectives were given to study subjects and they were assured for anonymity and confidentiality of data given by them. Written consent was obtained for participation in the study.

Method of data Collection: Interview technique was used for data collection. Researcher himself interviewed the study subjects.

Data Analysis: Descriptive and inferential statistics was be used for data analysis.

1. Demographic data and agricultural Characteristics : Analyzed by using frequency and percentage
2. Quality of life: Measured by using mean, standard deviation and mean percentage
3. Association between quality of life and selected socio-demographic and agricultural variable was determined by using fisher's exact test.

Findings related to demographic profile: Equal distribution of farmers (24.7% each) was seen in age group of 45-50 years and in age group of 50 and above. The study was dominated by male farmers (92%). 46% farmers were with secondary/higher secondary school education. 94.7% were married. 86.7% of farmers were Hindu by religion 75.3% had source of income other than farming. 58.7% of the farmers per capita monthly family income was Rs. 986-1971. 58.7% of the farmers were residing in mixed (Kachha and pakka) type of house. 55.3% farmers were residing in joint families. 34.7% had more than three dependents in the family. 72% of the farmers had priority responsibility of higher education of their children. 62% of farmers had family member with major chronic illness out of which 25% farmer's parents were affected with it

Findings related to agricultural Characteristics: 373% farmers had more than four acres of agricultural land. 95.3% of farmers had only well (80.7%) as irrigation facility available for farming. 96% of them had electricity supply available for farming but it was irregular and inadequate for 94.% farmers. Duration of continuous

electricity supply was for less than or equal to 06hrs per day for 95.1% of farmers. 71.3% farmers had difficulty in getting good quality seeds 72.7% farmers had to purchase it from private agencies. 76.7% farmers were facing difficulty in getting fertilizers 50% of farmers were using organic as well as chemical fertilizers together. For 50% of farmers source of fertilizers was natural as well as synthetic together. 50% of farmers were getting fertilizers from private source. 92% of them were regularly using pesticides out of which 96.7% had to purchase it from private agencies.78.7% farmers had to borrow farming equipment from others on rent basis. 42% farmers were yielding food crops (wheat, maize , rice, millets and pulses). For 47.3% farmers nationalized bank loan was financial resource for farming. 90% of farmers had recent crop failure. For 97.7% farmers rain and unfavorable climate was the reason for crop failure. 80% farmers had no storage facility for yielded crops. 91.3% farmers had knowledge of government compensatory benefits for which source of knowledge was electronic media for 49.6% of farmers. 90% farmers applied for compensatory benefits.79.2% availed compensatory benefits but it was partial benefit for 86.9% farmers 82.2% farmers took longer time to get it. For 20.7% farmers reason for not getting compensatory benefit was lack of knowledge about scheme (35.7%) and lack of proper guidance (35.7%).

Major findings of the study: Overall quality of life among farmers is found to be average for most of the study participants (97.3%). The same results are found in each domain of quality of life a that is in physical domain 81.3%, psychological domain 94%, social domain 85.3% and in environmental domain 62.7% of participants had average quality of life. Self rating of quality of life indicated that 82% of farmers had poor QOL and 78% farmers were dissatisfied with their health status.The mean score was found to be 67.78 with SD of ±7.30. Significant association was found between age and QOL with p value of 0.043

Table no 01: Distribution of farmers based on Quality of life 9Overall)

SN	QOL (Overall)	Frequency	Percentage	Mean Score	SD
01	Poor (Score 24-55)	04	2.7%	67.78	±7.30
02	Average (Score 56-88)	146	97.3%		
03	Good (Score 89-120)	00	0%		

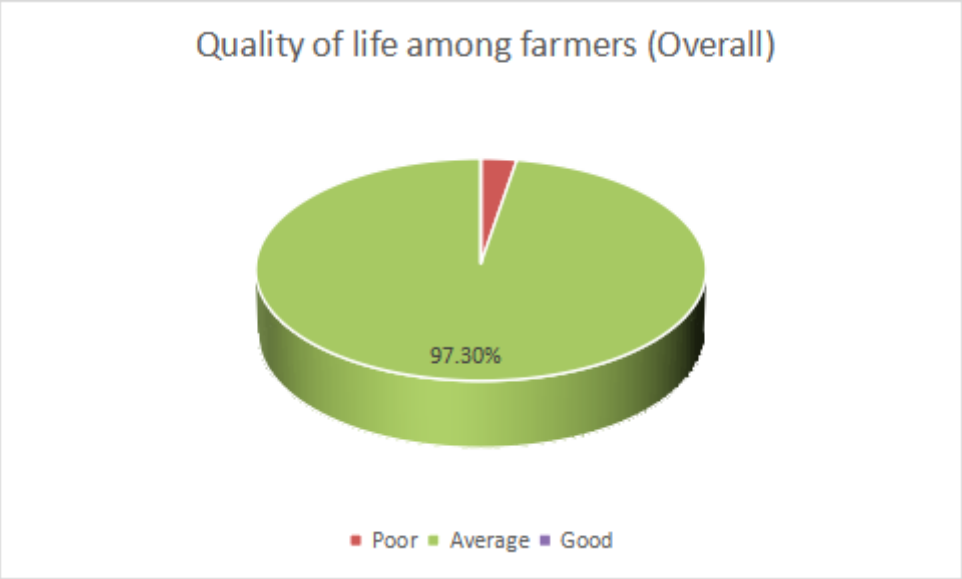

Fig no 01: Pie diagram showing distribution of farmers based on level of quality of life

IMPLICATIONS:

Nursing Practice: Community based Mass health educational as well as interventional programmes can be organized to make the farmers aware about the concept of quality of life and to improve quality of life among them.

Nursing Education: Short term training programme can be designed by giving emphasis on providing hands on experience in implementing psycho therapeutic treatment modalities which will enable Nursing students to improve quality of life of the individuals

Nursing Administration: At community health centers and subcentres policies can be formulated and protocols may be developed to focus on mental health care services with available human resources and infrastructure facilities

Nursing Research: Research studies can be replicated with large no of samples. Comparative studies can be undertaken to assess quality of life among rural and urban farmers. Interventional studies can be taken up to determine the effectiveness of certain treatment modalities in improving quality of life.

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