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Socioeconomic and communicational profile of tribal women about health and nutritional practices

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Abstract
From the study it was found that majority of the respondents had high knowledge but medium adoption level about health and nutritional practices. The correlation analysis revealed that independent variables, namely education, land holding, annual income, social and cultural participation, extension participation and sources of information had positive and significant relationship with knowledge and adoption while age had positive and significant relationship with adoption about health and nutritional practices. The findings of the present investigation indicate that majority of the respondents (85.00%) were in young age group and (89.16%) were educated upto high school and above level. The majority of respondents (48.34%) had land up to 1.01 to 2.00 ha. Over (82.50%) of respondents had annual income between 25,001/- to 50000/-. Majority of them (73.33%) had nuclear family type.
Exactly half (50.00%) of the respondents were having medium family size. 71.66 per cent of them had expenditure pattern in the range of 12667 /- to 25332 /-. Nearly half (48.33%) of the respondents were having medium level of social and cultural participation and exactly half (50.00%) of the respondents had medium level of extension participation, while little more than half (51.67%) of them had medium level of sources of information. The majority (56.67%) of the respondents were having high level of knowledge about health and nutritional practices. Most of the respondents (66.67%) had medium level of adoption about health and nutritional practices.

Keywords: Health, nutritional practices, tribal women

Introduction
Healthy Women are the Prerequisite for Creating a Healthy Nation. The tribal women contribution in agriculture operations is helpful to the developmental workers to plan in a right direction for tribal development. The present study would be an effort to know the knowledge and adoption about health and nutritional practices by tribal women. Health is an essential requirement of all irrespective age, caste, creed, race, religion and economic standard. Health means not the mere absence of disease but it is the "complete state of the physical, mental and social wellbeing". Health of an individual can be affected by general health condition of the society and vice-versa. Therefore, health of the community needs higher attention while considering the development of a region or a country. Surveys carried out by the national nutrition and monitoring Bureau (NNMB) over the past decades in rural and urban areas of 10 states of the country have revealed that, the diets of the middle income groups in urban areas is fairly satisfactory, whereas diets of the rural people and slum dwellers is inadequate in many aspects. It is very important that women are properly educated. They can change the status of the family and help in the progress of the community. The knowledge possessed by the weaker section of the society is found to be merge and most of them ignorant about their own health, nutrition and the family welfare activities. After knowing the actual adoption of health and nutrition practices by the tribal women, it will form a basis for several national activities related to food and nutrition (a) like fixing minimum wages of workers by the planning commission (b) planning food production through agriculture (c) planning import of food to meet the food needs of our population, etc.
Hence, the study on knowledge and adoption of health and nutritional practices by the tribal women was undertaken with the specific objectives. To study the socio-economic and communicational profile of tribal women about health and nutritional practices and to obtain the suggestions of tribal women for the improvement of their health and nutritional practices.

Methodology
The study was purposively conducted in Achalpur and Dharni talukas of Amravati district of Vidarbha region of Maharashtra state. Exploratory research design was used for this study. Out of 10 villages, total 120 respondents such as 12 from each village were selected by using

random sampling method. The data were collected by personal interview with the help of pretested and well-structured interview schedule subjected to appropriate statistical analysis.

Results and Discussion

Nearly more than three fourth (85.00%) of the tribal women respondents were found in young age group that is up to 35 years. The findings of the study are supported by the findings of Mankar *et al.* (2007) [6], Komal Kashid (2008) [4] and Savita Dhoke (2013) [10]. Relatively higher proportion (89.16%) of the women respondents were having high school and above education. Findings are consistent with the findings of Kiran Vani (2007) [3] and Kavita Khade (2011) [2]. Nearly half of the respondents (48.34%) was marginal (up to 1 ha) of land holding. Similar findings were observed by Komal Kashid (2008) [4] and Nita Divekar (2010) [8]. Majority of the respondents (82.50%) had annual income in the range of Rs. 25001 /- to Rs. 50000 /-. The findings of the study are in line with the findings of Nita Divekar (2010) [8] and Kale *et al.* (2012). Majority of the respondents (73.33%) were from nuclear family. The study derived support from the findings of Kiran Vani (2007) [3], Komal Kashid (2008) [4] and Ashwini Shintre (2009) respectively. Exactly half (50.00%) of the respondents belonged to medium size of family having family members in family (5 to 8 members). The above findings are similar with the findings of Nita Divekar (2010) [8], Ujwala Jadhav (2011) [11], Megha Thakare (2013) [7], Pooja Damodar (2013) [9] and Laxmi *et al.* (2015) [5], respectively. Majority (71.66%) of women respondents were having expenditure pattern in the range of Rs 12667 to Rs 25332. The findings of the study are in line with findings of Velgu (2001).

Nearly half of tribal women respondents (48.33%) were participated in social and cultural organizations at medium extent. The study derived support from the findings of Vidya Tayade (2006) [12], Komal Kashid (2008) [4] and Rani Kale (2012). In case of extension participation, majority (44.67%) of the respondents occasionally participated in demonstrations. In case of meeting little more than half (53.33%) of the respondents were occasionally participated in the meetings. With regards to animal health camp majority of the tribal women respondents (55.84%) were participated occasionally in the animal health camp. In case of film shows, it is surprisingly to note that majority (55.83%) of the tribal women respondents were never participated in the film shows whereas, 58.33 per cent of the tribal women respondents were not participated in the tribal health scheme. The findings of the present study is corroborate with the findings of Pooja Damodar (2013) [9] and Savita Dhoke (2013) [10] respectively.

It is evident that half of the tribal women respondents (50.00%) were participated in extension activities at medium extent. In case of Sources of information, Informal sources, majority (62.50%) of the respondents consulted family members regularly, whereas in case of friends it was 54.16 per cent, In case of neighbours it was 50.00 per cent of the respondents consulted regularly. In case of formal sources, 45.00 per cent of the respondents consulted medical officers regularly, In case of auxiliary nurse it was 57.50 per cent and with regards to local doctors, it was found that little less than half (49.16%) of the respondents consulted regularly. In case of media, it is surprisingly observed that majority of the respondents (69.17%) were not reading the newspaper, 38.33 per cent of the respondents were hearing radio regularly and 40.83 per cent of them were not hearing radio. In case of television 52.50 per cent of the respondents were using television regularly, In case of magazine only 5.00 per cent of the respondents were using magazines regularly. It is revealed that majority of the tribal women respondents (51.67%) had sources of information at medium extent. The above findings are in accordance with Vidya Tayade (2006) [12], Nita Divekar (2010) [8] and Savita Dhoke (2013) [10] respectively.

Table 1: Personal socio-economic and communicational characteristics of the tribal women

Characteristics	Respondents(n=120)	
	Number	Percentage
Age (Years)		
Young (Up to 35)	102	85.00
Middle (36 to 50)	16	13.33
Old (Above 50)	2	01.67
Education		
Illiterate	2	1.67
Can read only	0	0.00
Can read and write	0	0.00
Primary education	2	1.67
Middle education	9	7.50
High School and above	107	89.16
Category (ha)		
Landless (0.00)	33	27.50
Marginal (Up to 1.00 ha)	58	48.34
Small (1.01 to 2.00 ha)	13	10.83
Semi Medium (2.01 to 4.00 ha)	5	04.16
Medium (4.01 to 10.00 ha)	8	06.67
Large (Above 10.00 ha)	3	02.50
Annual income (Rs.)		
Up to 25000/-	21	17.50
25001/- to 50000/-	99	82.50
Above 50000/-	00	00.00
Family Type		
Nuclear	88	73.33
Joint	32	26.67
Family Size		
Small (Up to 4 members)	44	36.67
Medium (5-8 members)	60	50.00
Large (Above 8)	16	13.33
Expenditure pattern (Rs)		
Up to Rs. 12666/-	26	21.67
Rs.12667/- to Rs.25332/-	86	71.66
Above Rs.25332/-	08	6.67
Social and cultural participation		
Low (Up to 1)	57	47.50
Medium (2 to 3)	58	48.33
High (Above 3)	05	04.17
Extension participation level		
Low (Up to 6)	21	17.50
Medium (7 to 9)	60	50.00
High (Above 9)	39	32.50
Category		
Low (Up to 18)	15	12.50
Medium (19 to 22)	62	51.67
High (Above 22)	43	35.83

Table 2: Distribution of respondents according to their suggestions for improvement of health and nutritional practices

Sl. No.	Suggestions	Respondents (n=120)	
		Frequency	Percentage
1	Conduct more number of educational programmes on health and nutritional aspects	86	71.67
2	Use of audio-visual aids in educational programmes	79	65.83
3	Proper provision should be made available in the PHCs by the government	90	75.00
4	Educational programmes should be frequently conducted	85	70.83
5	Hygienic conditions should be maintained in the local health centres or local hospitals	80	66.66
6	Villages should be kept clean by developing drainages and dust bins	109	90.83
7	Safe disposal of non-degraded and health hazardous products from the village	94	78.33
8	Training should be given to the tribal women on kitchen garden to meet the nutritional requirement	114	95.00
9	Mobility services should be provided to the angan wadi workers	90	75.00

The results from Table 2. indicated that great majority (95.00%) and (90.83%) of the respondents were suggested that training should be given to the tribal women on kitchen garden to meet the nutritional requirement and villages should be kept clean by developing drainages and dust bins respectively. The suggestions like, safe disposal of non degraded and hazardous products from village and mobility of services should be provided to angan wadi workers were reported by majority of the respondents (78.33%) and (75.00%) respectively. It was followed by (75.00%), (71.67%), (70.83%), (66.66%), (65.83%) of the respondents suggested proper provision should be made available in the PHCs by the government, conduct more number of educational programmes on health and nutritional aspects, educational programmes should be frequently conducted, hygienic conditions should be maintained in the local health centres or local hospitals and use of audio-visual aids in educational programmes, respectively Similar findings were reported by Kiran Vani (2007) [3] and Savita Dhoke (2013) [10].

Conclusion

It is concluded from results, that in order to improve the health conditions of the tribal women, the health care delivery should be designed for specific needs and problems by ensuring their personal involvement. Also the various training programmes should be arranged to give training to the tribal women regarding various nutritional practices and nutrition gardening. Besides, the study as a whole would serve as a foundation in building up body of knowledge with regard to health and nutritional practices. It can be concluded that, there is a need to extend their hands in conducting the education programmes and motivate the tribal women to get the information and increase the adoption level of the health and nutritional practices. Women are prime producers of necessities of life and the society heavily depends on women for economic support and family health care.

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