

**HEALTH AWARENESS AND HEALTH CARE  
PROGRAMMES OF MAHARASHTRA:  
AN EVALUATION**



ज्ञान-विज्ञानं विमुक्तये

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## **1. INTRODUCTION**

Health is human being's most precious possession. It influences all their activities and shapes the destiny of people. Without health there can be no solid foundation for man's happiness. Good health and long life have, therefore, traditionally been the most prized goals of mankind. Good health is considered a pre-requisite for economic development and social welfare. Health education is a process of providing or utilising experiences for favourably influencing understandings, attitudes and practices relating to individuals, family or community health. It helps persons to become aware of their health needs and of their own initiative in establishing practices to meet these needs. It is also concerned with the changes in knowledge, feeling and behaviour of people. It must teach the knowledge a person needs to protect his own health and the health of the people living around him. Though various government and non-government organizations, media, formal,

informal, and non-formal education agencies are playing a major role to disseminate health knowledge, preventive strategies of ill-health and disease, yet the efforts needed have to be continued in a vast country like India. At this juncture, research has a major role to play in identifying the availability and utilisation of health services and facilities, the awareness of sample respondents about different areas of health, communicable, non-communicable diseases, personal hygiene and first aid, nutrition, mother and child care and to suggest remedial measures.

Realising the importance of health and the necessity of keeping the people health conscious, there have been studies to identify the health needs or knowledge or awareness of adults. But the studies as presented in the review did not cover fully all the components / areas of health. The present study is an attempt to study the health awareness among sample respondents in a few important areas such as communicable and non-communicable disease, nutrition, mother and child care.

## **2. REVIEW OF RELATED LITERATURE**

The review of related literature is an important aspect in any research. Each new generation of human beings makes use of accumulated knowledge as a foundation for building up further knowledge. Hence, the study of related literature is necessary in any field of enquiry. It provides relevant material published in the problem area under study. Study of the related literature allows the researcher to acquaint himself with current knowledge in the field or area in which he is going to conduct research serves the following purposes:

- The study of related literature enables the researcher to define the limits of his / her field.

- The researcher can select those areas in which positive findings are very likely to results and his / her endeavours would be likely to add to the knowledge in a meaningful way.
- It gives the researcher an understanding of the research methodology which refers to the way the study is to be conducted.
- It comprehensive data and findings useful in the interpretation and discussion of results.
- It helps in developing expertise and general scholarship in the area investigated.

The review of related literature is presented under the following headings :

1. Studies on communicable diseases.
2. Studies on Non communicable diseases.
3. Studies on nutrition, mother and child care.
4. Studies on health facilities and services
5. Studies on attitude towards health.

## **2.1 STUDIES ON COMMUNICABLE DISEASES**

There are different communicable diseases like malaria, tuberculosis, typhoid, filariasis, jaundice, cholera, tetanus, ringworm, whooping cough, brain fever, leprosy osma, measles, AID, etc., prevailing in the society. The studies conducted by Neerajamma (1982), Omkar Rao (1987), Jayasree (1988), Renuka (1993), Tripathi and Suprabha (1997), Rangayan et al. (1998), Bhandari et al.,

(2003), Kumaraswamy and Venkata Lakshumma (2006) are reviewed.

## **2.2 STUDIES ON NON-COMMUNICABLE DISEASES**

The studies conducted by Sullivan (1986), Indira Bai (2002), Venkata Rao (2003) and Park (2007) are reviewed.

Sullivan (1986) conducted a study to prepare a model curriculum about cancer to the children whose parents have cancer. The introducing section provided the rationale for curriculum. The literature review section contained the available educational theories and models used to develop the curriculum. The project section provides the purposes and goals of the curriculum, a topical outline of cancer education curriculum and methods for evaluating the curriculum. The activities for curriculum focus on cancer, treatment of cancer, human needs experimental problems and creative situation for coping with cancer in the family.

## **2.3 STUDIES ON NUTRITION, MOTHER AND CHILD CARE**

The studies conducted by Chandrasekhar (1959), Jalso et al. (1965), Epright et. al. (1970), Emmons and Hayes (1973), Sims (1976), Arora and Sharma (1977), Somasundaram (1983), Ferry (1983), Kabir and Uddin Masleh (1987), Rily Sheela Bhatt and Sanoriya (1998), Faour and Muhammad (1989), Nsiah Jefferson, Laurie (1989), Nirmalamma and Reddy (1990), Victor Jesudason and Meera Chaterjee (1990) Hochstrasser, Donald and Gairola, Gerry (1991), Sivarama Krishnan, Malathi (1991), Gowri (1991), Jesurathanam (1992), Shanthi and Jayapoorani (1992), Aghajanian, Akbar (1994), Shalini and others (1995), Pooja et al. (1995), Ajanian, Akbar (1995), Kannae, Lawrence and Pendleton, Brian (1998), Ravi Kumar (2000), Agha (2000), Population Action International (PAI) (2001), Adinarayana Reddy et

al. (2002), Vasantha Kumari and Obulesu (2003), Subash Ch. Ghosh, et al. (2003), Sudha Rani and Srilatha Kishori (2004), Jasmin Helan et al. (2005), Dharani Kumari (2005), Heidi W. Reynold et al. (2006), Marie Furuta and Salway (2006), Mallikarjuna Rao et al. (2006), Nethaji (2006), Parthasarathy and Durga (2006) and Obulesu (2007) are reviewed.

## **2.4 STUDIES ON HEALTH FACILITIES AND SERVICES**

The studies conducted by Kondala Rao (1973), Prakasam (1985), Sivaraju (1985), Saksena and Rastogi (1986), Saksena and Rastogi (1986), Pai Kanandikar (1987), Devadas Rajammal and Prema Kumari (1988), Bhandari et al. (1989), Mayachansuria (1989), Kamble (1989), Satish Kumar (1990), Morey (1990), Sivagnanam, P. (1991), Vasudeva Rao (1992), Azuh (1992), Balachandra Kurup (1992), Mina Swaminathan (1993), Damodar Bachni Singh et al. (1993), Ranganathan and Rao (1993), Harbert, Kenneth Ray (1993), Paulo Ferrintio, Robb, Cornielji and Rex (1993), Ludwig, Michael John (1994), Kardinah Soepardjo Roestam (1994), Surabhya (1994), Lee, (1994), Charyulu and Srinivasan (1994), Shanmugam and Kandasawamy (1994), Singh and others (1994), Waid Nyana (1994), Keeran (1996), Abdullahai Ahmed, David Urassa, Eugamia Gheradi and Yetaguse Game (1996), Radha Kumari (1997), Stevens et al. (1997), Kahlon, Neena Rosey (1997), Ziniciki, Susan (1998), Smillie, Carol Louise (1998), Durga Prasad and Srinivasan (1998), Sathiya Suman et al. (2001), Navaneetam and Dharmalingam (2002), Neeraja Sharma (2004), Philips and Main Bazle Hussain (2006) are reviewed

## **2.5 STUDIES ON ATTITUDE TOWARDS HEALTH**

The studies conducted by Storer (1977) Menon and Prema (1977), Gupta (1978), Chalam (1981), Drexler Martha Susan (1982), Sreedevi (1990), Dilip Kumar Das and Shamem Ahmed (1995), Sharma (1997), Balaiah et al. (2001), Ramesh (2006), Mahesh (2006) and Bhaskar (2006) are reviewed

## **2.6 Research Gap**

An overview of the review of related literature denotes that not many studies are conducted on health awareness of sample respondents (beneficiaries of adult education programmes) on communicable and non-communicable diseases, nutrition, mother and child care. Moreover, they are conducted on general population. Further, the studies touching upon the influence on personal variables like gender, age, caste, locality on the health awareness of sample respondents are quite limited. The studies on health facilities and services have thrown much light on the status of health facilities and services both in India and abroad. In addition, the studies on nutrition, mother and child care have not dealt much on the role of different variables like gender, age, caste, locality on awareness aspects. Keeping the research gaps in view, the researcher has formulated the present study, the details of which are presented in the next chapter.

## **3. Methodology**

### **3.1 ANNOUNCEMENT**

Here covers the statement of the problem, need for the study, objectives of the study, hypotheses, variables studied, limitations and definition of certain terms.

### **3.2 TITLE OF THE STUDY**

Health Awareness and Health Care Programmes of Maharashtra: An Evaluation

### **3.3 NEED FOR THE STUDY**

In modern health care delivery system, health education occupies a very important place. Health Education is now a common word used all over the world. During the early periods of human civilisation, man was concerned only with his immediate needs. When he was hungry, he searched for food. When he was thirsty, he searched for water. When he was sick, he searched for a relief. So, it came to pass that for a long time, the Art of Healing remained paramount for him. But as human civilisation advanced, man realised that for maintenance of health, medical care alone was not sufficient. He realised that, cleanliness and environmental sanitation were also important. So, along with medical care, environmental sanitation also found a place in man's health care. Following the religious, political and industrial revolutions in the west, there was a rapid expansion of Modern Science. Different branches of science developed and they all made newer discoveries about the nature of things and added to the knowledge of man. Many discoveries were made in the field of medicine also. One of the most important discovery was about the cause of communicable diseases. It was established beyond doubt that they were caused by microscopic living organisms, commonly termed as 'germs'. Following this discovery, man was able to develop vaccines and sera which could successfully prevent many of these diseases. There are many things that are dangerous to health. Diseases, physical hazards, manmade environments like unguarded cooking fires, overcrowding, stressful work etc., all can pose health problems. There is another important factor which to a very large extent, decide why people stay

healthy or on the contrary became ill. This is due to their own actions or behaviour. Health education, while imparting information is particularly interested in the actions of the people i.e., their behaviour. Let us examine a simple example. Diarrhea is a common diseases. Our own actions like, not washing hands before taking food, using unclean vessels, defecating in the open etc., can produce diarrhea. Our actions like washing hands before meals, drinking good water, washing fruits before they are eaten etc., can prevent diarrhea. Similarly in many situations, our actions or behaviour, decides our state of health.

Health education can be defined as that part of health care, that is concerned with promoting health behaviour. It is a process that informs, motivates and helps people to adapt and maintain healthy practices and life styles, advocates environmental changes as needed to facilitate this goal and conducts professional training and research to the same end. Health education encourages behaviour that promotes health, prevents illness, cures diseases and facilitates rehabilitation. The needs and interests of individuals, families, groups, organisations and communities form the core of Health Education Programme.

It is rightly said, that the roots of Health Education are two in number. One, is the basic sciences which deal with Health Knowledge. It is essential, that people are oriented in the various components of health namely, human biology, nutrition, hygiene consisting of personal and environmental hygiene, family health care, control of communicable and non-communicable diseases, mental health, prevention of accidents and use of the Health Services. The second is the behavioural sciences like Sociology, Psychology and Social Anthropology. Health Education brings together, the art and science of Medicine, and the Principles and

practice of General Education. Education is primarily a matter of Communication. So, Health Education uses the various channels of communication, like audio-visual aids, group discussions, individual counselling etc. The objective is to create an awareness in the people, then to generate interest in them and ultimately motivate them to adopt the health practices in their own lives.

Adult education programmes are implemented by government and non-government agencies and a good number of illiterates are benefitted through their efforts. Apart from literacy skills emphasis is laid on functional aspects relating to vocational / occupation and awareness aspects dealing with health, development programmes and national concerns (alleviation of poverty, national integration, environmental conservation, population control, women's emancipation, etc.) in these centres. Adult education centres are organised immediately after the literacy phase in order to strength and further the basic literacy aspects of beneficiaries and improve their quality of life by organising several programmes. Different reading materials, publicity materials, posters, meetings, lectures, camps etc., are organised from time to time in the adult education centres and health is one of the major areas where attention is given through the above activities. These programmes basically aim at creating awareness among the beneficiaries and others on health issues like communicable diseases, non-communicable diseases, nutrition, mother and child care, etc., while organising the programmes community participation and local agencies is duly emphasised. Emphasis is laid on participation of beneficiaries in the health activities apart from other villager. Government and Non-Government functionaries, health personnel, etc., organise the camps in a co-ordinated manner. At this juncture, it is necessary to study the awareness of beneficiaries of adult

education programmes on different aspects health like communicable diseases, non-communicable diseases in order to identify the gaps and to organise the health activities in a more co-ordinated and systematic manner. The researcher finds the following questions to be answered through the study. What is the level of awareness of sample people on different areas of health (communicable diseases, non-communicable diseases, nutrition, mother and child care)? What about the influence of personal and demographic factors on the awareness of sample people in different areas of health? What about the role of attitude towards health, availability of health facilities and services on the awareness of sample people in different health aspects? The present study aims to enquire these aspects with a view to suggest remedial measures.

### **3.4 OBJECTIVES**

The following are the objectives of the study.

1. To know the health awareness of sample respondents in different areas of health (communicable diseases, non-communicable diseases, nutrition, mother and child care).
2. To study the influence of different independent variables (personal demographic and other variables) on different areas of health (communicable diseases, non-communicable diseases, nutrition, mother and child care).
3. To know impact of attitude towards health on different areas of health (communicable diseases, non-communicable diseases nutrition, mother and child care).

4. To study influence of health facilities and services on different areas of health (communicable diseases, non-communicable diseases, nutrition, mother and child care).
5. To know the percentage of contribution of different independent variables to different areas of health (communicable diseases, non-communicable diseases nutrition, mother and child care).

### **3.5 HYPOTHESES**

Keeping in view the objectives of the study, the following hypotheses were formulated for testing.

1. Personal and demographic variables do not significantly influence the health awareness of sample respondents on communicable diseases.
2. Attitude towards health does not significantly influence the health awareness of sample respondents on communicable diseases.
3. Health facilities and services do not significantly influence the health awareness of sample respondents on communicable diseases.
4. Personal and demographic variables do not significantly influence the health awareness of sample respondents on non-communicable diseases.
5. Attitude towards health does not significantly influence the health awareness of sample respondents on non-communicable diseases.
6. Health facilities and services do not significantly influence the health awareness of sample respondents on non-communicable diseases.

7. Personal and demographic variables do not significantly influence the health awareness of sample respondents on nutrition, mother and child care.
8. Attitude towards health does not significantly influence the health awareness of sample respondents on nutrition, mother and child care.
9. Health facilities and services do not significantly influence the health awareness of sample respondents on nutrition, mother and child care.
10. No single variable or a set of variables included in the study do not significantly exert their contribution to the awareness of sample respondents on communicable diseases.
11. No single variable or a set of variables included in the study do not significantly exert their contribution to the awareness of sample respondents on non-communicable diseases.
12. No single variable or a set of variables included in the study do not significantly exert their contribution to the awareness of sample respondents on nutrition, mother and child care.

### **3.5 VARIABLES STUDIED**

#### **3.5.1 Independent Variables**

1. Gender, 2. age, 3. caste, 4. locality, 5. occupation, 6. religion, 7. marital status, 8. income, 9. type of family, 10. membership in self-help groups, 11. Participation in Health Camps 12. attitude towards health and 13. health facilities and services.

### **3.5.2 Dependent Variables**

Awareness of sample respondents on aspects relating to:

- (a) Communicable diseases
- (b) Non-communicable diseases
- (c) Nutrition, Mother and child care

### **3.6 TOOLS USED**

The following tools developed by the investigator were used for the purpose of the study.

1. Interview schedule on health awareness of sample respondents.
2. Attitude scale to assess the attitude of sample respondents towards health.
3. Interview schedule on health facilities and services.

### **3.7 SELECTION OF THE SAMPLE**

Maharashtra state is one of the successful state in implementing adult education programmes viz., Total Literacy Campaign (TLC), Post-Literacy and Continuing Education Activities. The Maharashtra consists of 5 divisions. Adult Education Programmes were organised in all the divisions. **Multi-stage random sampling** was used for selecting the sample. At the first stage out of 5 revenue divisions, 2 divisions were randomly selected. At the second stage from each of the divisions 6 Talukas were randomly selected. At the third stage a sample of 30

members were randomly selected. Thus, the sample respondents for the study were  $2 \times 6 \times 30 = 360$  members.

### **3.8 COLLECTION OF DATA**

For the purpose of collection of data from the sample respondents who constitute the sample of the study. The support of the functionaries of health and education officers was taken in identifying the sample respondents who constitute the sample of the study. The sample respondents were administered the tools namely, (1) Interview schedule on awareness about health aspects. (2) Attitude scale on health, and (3) Interview schedule on health facilities and services. Data regarding the personal variables of the sample (gender, age, caste, locality, occupation, religion, marital status, income, type of family, membership in self-help groups, was collected by using the personal data sheet. At the first stage, the schedule on the health aspects was administered. After a gap of 10 minutes the attitude scale and schedule on health facilities and services were administered. Necessary rapport was established with the sample before collecting the data. Personal data was collected with the help of personal data sheet. It took approximately two hours for the completion of the tools by the sample respondents.

### **3.9 ANALYSIS OF DATA**

The data collected were analysed by using relevant statistical techniques like percentages, 't' test and 'F' test. The simple correlation 'R' was calculated by carrying out step-wise multiple regression analysis to find out whether it was possible to predict the contribution of different independent variables on the dependent variable i.e., health awareness of sample respondents.

### **3.10 LIMITATIONS OF THE STUDY**

1. The study is limited to 360 beneficiaries of the adult education programmes of Maharashtra.
2. The study is limited to a few health areas (communicable diseases, non-communicable diseases and nutrition, mother and child care).
3. The study is limited to a few personal and demographic variables and other variables (gender, age, caste, locality, occupation, religion, marital status, income, type of family, membership in self-help groups, attitude towards health and health facilities and services).
4. The study does not in depth with medical terminology and is limited to health education materials provided to adult education centres, issues as covered by government and non-government agencies related to health at the village level.

### **3.11 DEFINITIONS OF CERTAIN TERMS**

1. **Health:** "Health is a state of complete physical, mental and social, wellbeing and not merely an absence of disease or infirmity".
2. **Communicable Diseases:** 1. Typhoid, 2. Tuberculosis, 3. Leprosy, 4. Filariasis, 5. Viral Hepatitis, 6. Ringworm, 7. Japanese encephalitis, 8. Tetanus, 9. Malaria, 10. Whooping cough, 11. Cholera, and 12. AIDS.

3. **Non-communicable Diseases:** 1. Heart diseases, 2. Cancer, 3. paralysis, 4. Diabetes, 5. Blood Pressure, 6. Night Blindness, 7. Obesity, and 8. Headache.
4. **Nutrition:** Important of good foods, vitamins, diseases due to vitamin deficiencies, etc.
5. **Mother and Child Care:** Pre-natal, natal and post-natal care, immunization, family planning method and menopause.
6. **Beneficiaries of Adult Education:** A person who has completed the course of instruction through adult education centres.
7. **Adult Education:** Adult education is an indispensable aspect of the strategy of human resource development and of the goal of creation of a learning society. Many of the third world countries and the developing countries are now recognising that socio-economic planning alone is not enough and that the human resource development is a key enabling factor in development. All these countries are aware that education and human resource development will play a key role in the 21<sup>st</sup> century. What is more significant is the realization that expansion of formal education alone, which is only a small component of lifelong learning, cannot lead to human resource development. Formal education as an instrument of human resource development is not really effective in remedying the structural inequalities in the society. Adult education, which provides a second chance to those who missed formal education and is responsive learners' needs, directly addresses itself to structural inequalities. Only adult education can bring about full development of human resources. Since adult education is the opportunity to

engage in lifelong learning, adult education is now emerging as the main component of the broader view of education as a whole. Adult education includes all of the learning opportunities all people want or need outside of basic literacy education and primary education. In adult education, human resource development becomes the focus of attention. Thus, adult education is also an essential extension of literacy to promote human resource development.

**8. Community Participation:** A community is a primary group resulting from the social contacts, largely direct of those residing on a more or less definite but relatively small area as the people meet one another in an interplay of the various activities carried on by them. Participation is essentially a process of empowerment that initiates transition from the ignorant to informed, individual to collective, inactive to active, passive to partnership, dependent to self-reliant and decision receiver to decision-maker. Participation is understood as a process by which the people are enabled to organize themselves, able to share their own needs and share in the design, implementation and evaluation of the activity. Participation should not stop with information sharing or consultation but decision making and initiating it into action are important and essential components of participation. Community participation in the context of the present study refers to the participation of community members (which includes all groups, sections, institutional members living in the locality) in planning and organizational aspects of the health education programmes.

**9. Attitude towards Health:** In the context of the study attitude health refers to the attitude possessed by the people (beneficiaries of the adult education programmes) about the health related aspects.

**10. Membership in Self-help Groups:** It refers to the membership of sample respondents in DWCRA (Development and Women and Children in Rural Areas) group, CMEY Group (Chief Ministers Employment Yojana), Anganwadi, Water uses association, savings group.

**11. Health Facilities and Services:** It refers to the health facilities and services available in health aspects as provided by government and non-government organizations and the services of the personnel at primary health centre and sub-centres.

#### **4. RESULTS OF THE STUDY**

Keeping in view the objectives of the study, the results and discussion are presented under the following units:

- I. Distribution of the sample as per variables
- II. Distribution of health awareness scores
- III. Influence of independent variables on
  1. Communicable diseases
  2. Non-communicable diseases
  3. Nutrition, mother and child care
- IV. Correlation Matrices
  1. Communicable diseases
  2. Non-communicable diseases
  3. Nutrition, mother and child care

## UNIT - I : Distribution of the Sample as per Variables

The distribution of awareness scores of sample respondents on different health areas (communicable diseases, non-communicable diseases, nutrition, mother and child care and total awareness) are more or less normally distributed.

**TABLE 1 : Distribution of the sample as per variables**

Sl. No.	Variable	Group	N	Percentage
1	Gender	Male	180	50.00
		Female	180	50.00
2	Age	15-35 years	206	57.22
		36 years and above	154	42.78
3	Caste	Forward	150	41.67
		Backward	146	41.11
		SC & ST	44	12.22
4	Locality	Rural	207	57.50
		Urban	153	42.50
5	Occupation	Agriculture	187	51.94
		Non-agriculture	173	48.06
6	Religion	Hindu	232	64.44
		Muslims	62	17.22
		Christians	66	18.34
7	Marital Status	Married	236	65.56
		Unmarried	124	34.44
8	Income	Below Rs. 10,000/- per month	134	37.23
		Rs. 10,000-20,000 per month	142	39.44
		Rs. 20,000 above per month	84	23.33
9	Type of family	Nuclear	195	54.17
		Joint	165	45.83
10	Membership in Self-Help Groups	Yes	133	36.94
		No	227	63.05
11	Participation in Health Camps	Yes	104	28.89
		No	256	71.11

There are 47 questions in the area of communicable diseases and the mean score obtained by the sample (25.83) is above average. There are 33 questions in the area of non-communicable diseases and the mean score obtained by the sample (20.78)

is just above average. There are 60 questions in the area of nutrition, mother and child care and the mean score obtained by the sample (22.66) is below average. On the whole, the average scores secured by the sample in different areas denote that the sample respondents need to be provided with better knowledge about health aspects.

## II. DISTRIBUTION OF HEALTH AWARENESS SCORES

The distribution of awareness scores of sample on communicable disease is as shown in Table 2. It can be observed from the table that the scores are more or less normally distributed. The mean, median and mode of the distribution are 24.47, 25.60 and 27.16. The range of the scores is 30 (the lowest and highest scores are 8 and 38). The quartile deviation and standard deviation of the distribution are 5.25 and 7.96. The relationship between quartile deviation and standard deviation i.e.,  $2/3 (7.96) = 5.31$  indicates that the distribution is slightly skewed. The skewness and kurtosis values of the distribution are -0.31 and 2.49 whereas the coefficient of variation is 32.48. The distribution is negatively skewed since mode is the maximum and the value of arithmetic mean is the lowest. The value of median is less than mode but greater than mean.

**TABLE 2: Distribution of Health Awareness Scores on Communicable Diseases**

<b>Class Interval</b>	<b>Frequency</b>	<b>Cumulative Frequency</b>	<b>Mid-Point</b>
5 - 10	20	20	7.5
10 - 15	33	53	12.5
15 - 20	43	96	17.5
20 - 25	71	167	22.5
25 - 30	107	274	27.5
30 - 35	54	328	32.5
35 - 40	31	360	37.5

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**TABLE 3: Distribution of Awareness Scores of Sample on Non-communicable Diseases**

<b>Class Interval</b>	<b>Frequency</b>	<b>Cumulative Frequency</b>	<b>Mid Point</b>
6 - 9	14	14	7.5
9 - 12	32	46	10.5
12 - 15	68	114	13.5
15 - 18	88	202	16.5
18 - 21	65	267	19.5
21 - 24	46	313	22.5
24 - 27	30	343	25.5
27 - 30	17	360	28.5

**TABLE 4 : Distribution of Awareness Scores of Sample on Nutrition and Mother and Child Care**

<b>Class Interval</b>	<b>Frequency</b>	<b>Cumulative Frequency</b>	<b>Mid Point</b>
15 – 20	22	22	17.5
20 – 25	36	58	22.5
25 – 30	73	131	27.5
30 – 35	82	213	32.5
35 – 40	58	271	37.5
40 – 45	45	316	42.5
45 – 50	34	350	47.5
50 – 55	10	360	52.5

The distribution of awareness scores of Sample on nutrition, mother and child care is as shown in Table 4. It can be observed from the table that that score are more or less normally distributed. The mean, median and mode of the distribution are 33.60, 32.98 and 31.76. The range of the scores is 35 (the lowest and highest scores are 17 and 52). The quartile deviation and standard deviation of the distribution are 6.35 and 8.73. The relationship between quartile deviation and standard deviation i.e.,  $2/3 (8.73) = 5.82$  indicates that the distribution is slightly skewed. The skewness and kurtosis values of the distribution are 0.21 and 2.37 whereas the co-efficient of variation is 25.98. The distribution is positively skewed since arithmetic mean is maximum and mode is the least. The value of median is less than mode but greater than the mean.

## INFLUENCE OF VARIABLES

### 1. Communicable Diseases

**TABLE 5: Influence of Personal and Demographic Variables on Health Awareness in the area of Communicable Diseases**

Variable	Group	N	Mean	Standard Deviation	t / F Value
Gender	Men	180	23.46	8.93	2.24**
	Women	180	25.48	8.30	
Age	15 – 35 years	206	22.58	8.90	4.10**
	36 years and above	154	26.36	8.62	
Caste	Forward	150	26.05	9.01	7.75**
	Backward	166	24.36	8.64	
	SC & ST	44	23.02	7.55	
Locality	Rural	207	23.55	7.61	2.02*
	Urban	153	25.39	9.07	
Occupation	Agriculture	187	23.12	7.95	2.96**
	Non-agriculture	173	25.82	9.22	
Religion	Hindus	232	25.65	7.78	0.74@
	Muslims	62	23.89	8.56	
	Christians	66	23.87	8.42	
Marital Status	Married	236	26.68	8.88	5.13**
	Unmarried	124	22.26	7.25	
Income	Below Rs. 10,000/-	134	22.04	7.98	7.42**
	Rs. 10,000-20,000	142	24.63	7.99	
	Rs. 20,000 and above	84	26.74	9.48	
Type of family	Nuclear	195	23.26	8.40	2.98**
	Joint	165	25.68	7.03	
Membership in self-help groups	Yes	133	26.23	8.22	2.93**
	No	227	22.71	7.58	
Participation in health camps	Yes	104	24.86	8.01	0.84@
	No	256	24.08	8.28	

\* Significant at 0.01 level

\*\* Significant at 0.05 level

@ Not significant

As far as the influence of different independent variables in the area of communicable diseases is concerned, gender, age, caste, locality, occupation, marital status, income, type of family, and membership in self-help groups have significantly influenced the health awareness of sample respondents in the area of communicable diseases. Religion and participation in health camps have not significantly influenced the health awareness of sample respondents in the area of communicable diseases.

### III(b) Influence Of Independent Variables And Non-Communicable Diseases

**TABLE 6: Influence of Personal and Demographic Variables on Health Awareness in the area of Non-Communicable Diseases**

Variable	Group	N	Mean	Standard Deviation	'F' Value
Gender	Men	180	17.40	5.76	0.96@
	Women	180	18.02	6.62	
Age	15 - 35 years	206	16.65	5.36	3.21**
	35 years and above	154	18.77	6.75	
Caste	Forward	150	20.56	7.05	9.38**
	Backward	166	17.55	6.18	
	SC & ST	44	15.53	5.74	
Locality	Rural	207	16.71	6.23	3.29**
	Urban	153	18.72	5.44	
Occupation	Agriculture	187	16.93	5.79	2.47**
	Non-agriculture	173	18.49	6.21	
Religion	Hindus	232	18.79	6.90	1.82@
	Muslims	62	17.08	6.35	
	Christians	66	17.11	6.75	
Marital Status	Married	236	18.65	6.34	3.26**
	Unmarried	124	16.77	6.85	
Income	Below Rs. 10,000/-	134	13.82	5.08	6.95**
	Rs.10,000-20,000	142	18.62	5.31	
	Rs. 20,000 and above	84	20.54	6.98	
Type of family	Nuclear	195	17.44	5.79	0.93@
	Joint	165	17.98	6.73	
Membership in self-help groups	Yes	133	18.31	6.58	2.11**
	No	227	17.11	7.05	
Participation in health camps	Yes	104	19.16	7.28	3.56*
	No	256	16.27	6.66	

a. \* Significant at 0.01 level

b. \*\* Significant at 0.05 level

c. @ Not significant

Better health awareness scores in the area of communicable diseases were obtained by women, 35 years and above age group, forward castes, sample respondents representing urban areas, non-agriculture, Hindus, married group, sample having higher income, members representing joint family, and members participating in health camps in relation to their counterparts.

Better health awareness scores in the area of communicable diseases were obtained by women, 35 years and above age group, forward castes, sample respondents representing urban areas, non-agriculture, Hindus, married group, sample having higher income, members representing joint family, and members participating in health camps in relation to their counterparts.

### III(c) INFLUENCE OF INDEPENDENT VARIABLES ON NUTRITION, MOTHER AND CHILD CARE

**TABLE 7: Influence of Personal and Demographic Variables on Health Awareness in the area of Nutrition, Mother and Child Care**

Variable	Group	N	Mean	Standard Deviation	'F' Value
Gender	Men	180	31.59	9.86	3.52**
	Women	180	35.61	10.35	
Age	15 – 35 years	206	32.71	8.85	1.90@
	35 years and above	154	34.50	9.36	
Caste	Forward	150	37.27	10.60	6.83**
	Backward	166	35.24	9.52	
	SC & ST	44	28.29	8.33	
Locality	Rural	207	32.87	8.90	2.91**
	Urban	153	34.85	9.16	
Occupation	Agriculture	187	31.31	8.76	3.69**
	Non-agriculture	173	34.89	9.81	
Religion	Hindus	232	34.62	9.55	0.75@
	Muslims	62	33.60	9.21	
	Christians	66	33.50	8.56	
Marital Status	Married	236	35.75	9.63	3.79**
	Unmarried	124	32.38	7.91	
Income	Below Rs. 10,000/-	134	31.92	9.87	8.25**
	Rs. 10,000-20,000	142	32.89	10.22	
	Rs. 20,000 and above	84	35.98	10.57	
Type of family	Nuclear	195	31.69	8.63	4.09**
	Joint	165	35.50	9.16	
Membership in self-help groups	Yes	133	35.14	8.71	3.15**
	No	227	32.08	9.44	
Participation in health camps	Yes	104	34.11	8.39	1.04@
	No	256	33.09	7.12	

\* Significant at 0.01 level

\*\* Significant at 0.05 level

@ Not significant

Attitude towards health and availability of health facilities and services have significantly influenced the health awareness of sample respondents in the area of communicable disease. Higher the scores on these variables better were the health awareness scores in the area of communicable diseases.

## **2. Non-Communicable Diseases**

As far as the influence of independent variables on awareness of sample respondents on non-communicable diseases is concerned, the variables namely, age, caste, locality, occupation, marital status, income, membership in self-help groups and participation in health camps activities have significantly influenced the health awareness in the area. Variables namely, gender, religion, and type of family have not significantly influenced the health awareness of sample respondents in the area of non-communicable diseases.

The trend of the mean awareness scores revealed that better awareness scores have obtained by women, 35 years and above age group, forward castes, sample respondents representing urban areas, non-agricultural group, Hindus, members belonging to married group, higher income, sample respondents representing joint family and those having participation in health camps activities in relation to their counterparts.

Attitude towards health and availability of health facilities and services have significantly influenced the health awareness of sample respondents in the area of non-communicable diseases. Higher the scores on these variables better were the health awareness scores in the area of non-communicable diseases.

### **3. Nutrition, Mother and Child Care**

Independent variables namely, gender, caste, locality, occupation, marital status, income, type of family, and membership in self-help groups have significantly influenced the health awareness of sample respondents in the area of nutrition, mother and child care. Age, religion and participation in health camps have not significantly influenced the health awareness of sample respondents in the area of nutrition, mother and child care. Better awareness scores were obtained by women, 35 years and above age group, forward castes, members representing urban areas, non-agricultural group, Hindus, sample respondents belonging to married, higher income groups and those belonging to joint families, members possessing membership in self-help groups and those having participation in health camps activities.

Attitude towards health and availability of health facilities and services have significantly influenced the health awareness of sample respondents in the area of nutrition, mother and child care. Higher the scores on these variables better were the health awareness scores of the sample in the area of nutrition, mother and child care.

### **4. Correlation Matrices**

#### **Communicable Diseases**

The simple correlations with dependent variable i.e., awareness of sample respondents on aspects relating to communicable diseases are calculated. The order of high correlations with dependent variable are as follows : Attitude towards health (0.38), caste (0.35), income (0.28), health facilities (0.26), occupation (0.25),

gender (0.11), marital status (0.11), type of family (0.10), age (0.08), membership in self-help groups (0.08), religion (0.06), locality (0.05), participation in health camps (0.04).

### **Non-Communicable Diseases**

The simple correlations with dependent variable i.e., awareness of sample respondents on aspects relating to non-communicable diseases are calculated. The order of high correlations with dependent variable are as follows : Attitude towards health (0.34), caste (0.34), occupation (0.25), income (0.23), health facilities (0.22), participation in health camps (0.15), marital status (0.15), gender (0.08), age (0.07), membership in self-help groups (0.05), locality (0.04), religion (0.04), type of family (0.02)

### **Nutrition, Mother and Child Care**

The simple correlations with dependent variable i.e., awareness of sample respondents on aspects relating to nutrition, mother and child care are as shown in the last vertical column. The order of high correlations with dependent variable are as follows : Health facilities (0.37), caste (0.26), gender (0.26), occupation (0.24), attitude towards health (0.25), income (0.24), type of family (0.18), age (0.10), marital status (0.09), religion (0.08), participation in health camps (0.11), membership in self-help groups (0.06) and locality (0.03).

Out of 13 independent variables, namely, gender, age, caste, locality, occupation, religion, marital status, income, type of family, membership in self-help groups, participation in health camps, attitude towards health, and health facilities only 5 variables namely, attitude, caste, income, health facilities, and services have

significantly contributed to 39.04 per cent of variance in the awareness of sample respondents on communicable diseases.

Out of 13 independent variables, namely, gender, age, caste, locality, occupation, religion, marital status, income, type of family, membership in self-help groups, participation in health camps, attitude towards health, and health facilities, and services, only 4 variables namely, attitude, occupation, health facilities and services and marital status have significantly contributed to 32.69 per cent of variance in the awareness of sample respondents on non-communicable diseases.

Out of 13 independent variables, namely, gender, age, caste, locality, occupation, religion, marital status, income, type of family, membership in self-help groups, health camps, attitude towards health, and health facilities and services only 5 variables namely, health facilities and services, caste, occupation, and type of family have significantly contributed to 36.42 per cent of variance in the awareness of sample respondents on nutrition, mother and child care.

## **11. IMPLICATIONS OF THE STUDY**

1. In the present study, it was found that the awareness levels of sample respondents in different areas of health i.e., communicable diseases, non-communicable diseases, nutrition, mother and child care was just above average (around fifty per cent). It is suggested that health awareness programmes should be taken up by the government and non-government agencies to improve the health awareness among sample respondents.
2. It was found in the study that health awareness among men group is low with regard to nutrition mother and child care. It was also found that the

lower age group subjects (15-30 years age group), backward castes, scheduled castes and scheduled tribes, sample respondents belonging to rural background, agriculture and business groups, Muslims and Christians, unmarried, low income groups, and those belonging to nuclear families are having low health awareness in different areas i.e., communicable diseases, non-communicable diseases, nutrition, mother and child care. Hence, attention should be paid on these groups to improve their health awareness.

3. Membership in self-help group has contributed to better health awareness among the sample respondents. Hence, it is suggested that the sample respondents should become members in the self-help groups or they should be motivated to participate in the health activities organized for the self-help groups by different agencies, to improve their health awareness.
4. Attitude towards health has significantly contributed to health awareness among sample respondents. The sample who have obtained high scores on attitude have also obtained high scores on health awareness and vice-versa. Hence, it is suggested that steps should be taken to change the mindset of the sample respondents to strengthen their positive attitude on different health areas like communicable diseases, non-communicable diseases, nutrition, mother and child care, etc., to improve their health awareness.
5. It was found through the study that availability of health facilities and services has significantly contributed to the health awareness of sample respondents. Hence, steps should be taken to improve the status and quality of the activities of primary health centres and sub-centres and non-government agencies offering health awareness to the sample respondents.

6. The post-literacy and adult education materials should be developed keeping in view the local health needs and problems. The preraks should motivate the sample respondents to utilize the health materials and take the services of adult education functionaries and health personnel for proper health care.
7. There is lack of availability of doctors, multi-purpose workers, village health guides in some primary health centres. The government should take steps to fill in the vacancies so that the availability of full health staff in the centres will yield better results in promoting health care awareness among the masses.
8. At present, there is no proper utilization of health magazines, broadsheet and mass media like radio, television and newspapers in promoting health care awareness. Steps should be taken by the district administration in order to effectively utilize them for promoting health awareness among the masses.
9. Important days like World Health Day, International Women's Day, World Consumer Rights Day, Workers Day, Anti-Tobacco Day, World Environment Day, World Population Day, World Food Day, Human Rights Day, World AIDS Day etc., should be celebrated at the local level by involving the local community. The importance of health awareness should be duly emphasized in celebrating the functions and carrying out the activities.
10. A variety of charts, pictures, handouts, wall posters, audio and video cassettes are required to present the health information relating to

communicable diseases, non-communicable diseases, nutrition, mother and child care in a better manner. Steps should be taken by the government and non-government agencies to produce them and their effective utilization by the sample respondents and others at the gross root level should be duly emphasized.

11. There should be proper co-ordination between government, non-government and local agencies in promoting health care awareness and in organizing different health activities at the gross root level so that duplication of the efforts can be avoided.

## **12. SUGGESTIONS FOR FURTHER RESEARCH**

1. An exclusive research study may be carried out by considering the variables like motivation, personality factors on the health awareness of people.
2. A study may be carried out on the health awareness of adult education functionaries like preraks, nodal preraks, mandal literacy organisers.
3. A study on the problems of health personnel working in the government and non-government sectors may be carried out.
4. A study on the effectiveness of mass media in promoting health awareness may be undertaken.
5. In depth studies relating to health issues touching upon policy implications, training and administration may be attempted.

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### **Papers Published in International / Peer Reviewed Journals**

1. **Education and Health Practices of Warli Tribes: A Case Study** Journal of Culture, Society and Development, An International Peer-Reviewed Journal (<http://iiste.org/Journals/index.php/JCSD/article/view/40220/41363>) ISSN 2422-8400, P.p. 29-37, Vol. No. 37, 2017

### **Papers Published in UGC Care Listed Journals**

1. **Doctors be Aware: A Perspective** paper published in Journal of Research in Medical Education and Ethics (Indianjournals.com), Official Publication of Basic Medical Scientists Association ISSN 2231-671X, Vol. 6, No. 3, (<http://www.indianjournals.com/ijor.aspx?target=ijor:jrmee&volume=6&issue=3&article=002&type=pdf>), p.p. 115-120, November, 2016.
2. **Context Consciousness in Health Care: A Study of Pune Urban Slums** paper published in Indian Journal of Adult Education, ISSN 0019-5006, Vol. 77, No. 4, p.p. 87-103, October-December, 2016.

### **Papers Published in National and Regional Journals**

1. **Motivational Strategies for Adult Learners: Some Approaches** paper published in Journal of Social Science and Humanities Research (IJRDO), ISSN: 2456-2971, P.p. 1-8, Vol. 4, No. 8, August, 2019.
2. **Researcher as a Participant Observant: Some Methodological Issues** paper published in Indian Journal of Lifelong Learning and Development, ISSN. 2454-6852, Dept. of Lifelong Learning and Extension, Savitribai Phule Pune University (formerly University of Pune), p.p. 16 – 24, Vol. 7, No. 3, July – September, 2019
3. **Forging Ahead of Life Skills for Community Development: Issues and Challenges in Indian Education System** paper published in Journal of Adult Education and Development, AICMED, p.p. 3–10, Vol. 36, No. 4-6, ISSN: 2395 – 6143, July – December, 2018.

4. **Envisaging the Social Responsibility: A Perspective of Department of Adult, Continuing Education and Extension** paper published in Journal of Adult Education and Development, AICMED, p.p. 3–8, Vol. 3, No. 3-6, ISSN: 2395 – 6143, May – December, 2015.

### **Paper Presented in the Seminars / Workshops**

#### **International**

1. Participated in three days International Workshop “**Urban Health**” organized by the Department of Sociology, Savitribai Phule Pune University, Pune held on 23<sup>rd</sup> to 25<sup>th</sup> May, 2017
2. **Prevention of Child Trafficking and Protection of Child Rights: Some Case Studies of Andhra Pradesh** paper presented on three day International Conference on Human Trafficking in Asian Countries: Dynamics and Dimensions organized by Dept. of Political Science, Government College (UG & PG Autonomous), Ananthapuram in association with Rural Development Trust during 10<sup>th</sup> to 12<sup>th</sup> August, 2016.

#### **National and Regional**

1. **Education and Health Practices: A Case Study of Warli Tribes** paper presented in UGC Sponsored National Seminar on “Inclusive Development of Marginalised Sections: Issues and Challenges” organized by Centre for Study of Social Exclusion and Inclusive Policy (CSSEIP), Sri Krishnadevaraya University, Ananthapuram during 3<sup>rd</sup> – 4<sup>th</sup> March, 2017.
2. **Right to Health Care** paper discussed in One Day National level Workshop on “Dr. Ambedkar and Indian Constitution” organized by Department of Adult, Continuing Education and Extension, Savitribai Phule Pune University, Pune on 27<sup>th</sup> January, 2016.
3. **Health and Human Rights** paper discussed in One Day National level Workshop on “Dr. Ambedkar and Human Rights” organized by Department of Adult, Continuing Education and Extension, Savitribai Phule Pune University, Pune on 21<sup>st</sup> December, 2015.

#### **Diploma Dissertations (Tribal Development & Adult Education)**

1. Education and Health Practices: A Case Study of Warli Tribes, Arkade Prashik Vishwanath, 2015 – 16.

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**University of Pune**  
**Department of Adult, Continuing Education and Extension**

**Research Survey**

Dear Sir / Madam,

I have undertaken a research work for my project in UGC – MRP Scheme and Research Project entitled '**Health Awareness and Health Care Programmes Of Maharashtra: An Evaluation**' in the University of Pune. I request you kindly cooperate to provide the responses. All the information collected from you will be kept confidential and utilized strictly for academic purpose only.

Thanking you,

Dr. P. Viswanadha Gupta  
Assistant Professor &  
Principal Investigator

**Personal Information Sheet**

1. Name & Address :
2. Gender : Male / Female
3. Age : 15-35 / 36 & above
4. Cast : OC / BC / SC / ST
5. Locality : Rural / Urban
6. Occupation : Agriculture / Non-Agriculture
7. Religion : Hindu / Muslim / Christian
8. Marital Status : Married / Unmarried
9. Income : Below Rs. 10,000 / Rs.10,000-20,000 /  
Rs. 20,000 & above
10. Type of Family : Nuclear / Joint
11. Membership in SHG: Yes / No
12. Participation in Health Camps Yes / No

# 1. SCHEDULE ON HEALTH AWARENESS (Final Form)

A few questions relating to health aspects are given in this schedule. Every question has 3 alternative out of which only one is correct. I will read each question. Please give your response to only one alternative. The tool is designed to know about your health awareness so as to design suitable health programmes.

## A. COMMUNICABLE DISEASES

### MALARIA

1. How does malaria spread? ( )  
(a) Through mosquitoes (b) Through Flies (c) Through pigs
2. What are the symptoms of malaria? ( )  
(a) Cold and fever (b) Headache (c) Stomach pain
3. Which of the following is sprayed for controlling mosquitoes? ( )  
(a) Kerosene (b) Phenoyl (c) DDT

### TUBERCULOSIS

4. How does tuberculosis spread? ( )  
(a) Through cough (b) Through food (c) Through water
5. What is the symptom of tuberculosis? ( )  
(a) More sleep (b) Cough (c) Cold
6. What is the injection given for tuberculosis? ( )  
(a) BCG (b) Pencillin (c) Naphthalene

### TYPHOID

7. How does typhoid spread? ( )  
(a) Through mosquitoes (b) Through pigs (c) Through dogs
8. What is the symptom of typhoid? ( )  
(a) Reduction in weight (b) Fever (c) Lack of clarity in eye sight
9. Which part of the body is affected due to typhoid? ( )  
(a) Heart (b) Intestine (c) Brain

10. What is the measure to control typhoid? ( )  
(a) Using mosquito nets (b) Consulting doctor (c) Using local medicines

### **FILARIASIS**

11. How does filariasis spread? ( )  
(a) Through flies (b) Through mosquitoes (c) Through monkeys
12. What is the symptom of filariasis? ( )  
(a) Leg swelling (b) Hand swelling (c) Throat swelling
13. What is duration for filariasis after mosquitoes biting? ( )  
(a) 2 months (b) 6 months (c) After a few years
14. What is the method of controlling filariasis? ( )  
(a) Using mosquito nets (b) Sleeping on the bare land  
(c) Sleeping outside the house

### **JAUNDICE**

15. How does jaundice spread? ( )  
(a) Through cough (b) Through needles (c) Through water
16. What is the symptom of jaundice? ( )  
(a) Stomach pain (b) Yellowish eyes (c) Inability to walk
17. Which part of the body is affected due to jaundice? ( )  
(a) Heart (b) Liver (c) Kidneys

### **CHOLERA**

18. How does cholera spread? ( )  
(a) Through pigs (b) Through mosquitoes (c) Through contaminated food
19. What is the symptom of cholera? ( )  
(a) Diarrhoea (b) Thirst (c) Sleep
20. What are the precautions to be taken to check cholera? ( )  
(a) Environmental cleanliness (b) Cool drinks (c) Praying God

21. What precaution you suggest to check cholera? ( )  
 (a) Controlling pigs (b) Spraying phenoyl (c) Taking good food
22. During which months cholera is widely spread? ( )  
 (a) January-March (b) May-October (c) November-December
23. What has to be done with regard to water in the place which cholera is spread? ( )  
 (a) Using pot water (b) Using bore water (c) Using boiled hot water

### **TETANUS**

24. How is tetanus caused? ( )  
 (a) Wound do to rested nail, knife (b) In case of wound  
 (c) Swimming in the water
25. What are the symptoms of tetanus? ( )  
 (a) Headache and fever (b) Dullness and cough  
 (c) Muscles pain and leg pain
26. What is the injection given for tetanus? ( )  
 (a) Penicillin (b) DPT (c) BCG

### **RINGWORM**

27. How is ringworm caused? ( )  
 (a) Lack of personal hygiene (b) While running (c) Taking more food
28. What is the symptom of ring worm? ( )  
 (a) Itching (b) Wounds (c) Lack of appetite

### **WHOOPING COUGH**

29. How does whooping cough spread? ( )  
 (a) Contaminated food (b) Virus (c) Not taking bath
30. How is whooping cough identified? ( )  
 (a) Smear test (b) X-Ray (c) Blood Test

## **BRAIN FEVER**

31. How does brain fever spread? ( )  
(a) Through pigs (b) Through monkeys (c) Through flies
32. What is the symptom of brain fever? ( )  
(a) High fever (b) Joint pains (c) Heart attack
33. What is the medicines used for brain fever? ( )  
(a) Vaccination (b) BCG (c) Anacin

## **LEPROSY**

34. Is leprosy a communicable disease? ( )  
(a) Yes (b) No (c) Hereditary disease
35. What is the symptom of leprosy? ( )  
(a) Laziness (b) Affected body parts (c) Headache
36. Is it necessary to keep the leprosy patients outside the village? ( )  
(a) Yes (b) No (c) Do not know the answer
37. Can leprosy be eradicated? ( )  
(a) Yes (b) No (c) Do not know the answer

## **OSMA**

38. Is Osma a communicable disease? ( )  
(a) Yes (b) No (c) Do not know the answer
39. Can Osma be controlled by keeping away from allergetic substances? ( )  
(a) Yes (b) No (c) Do not know the answer

## **MEASLES**

40. What is the symptom of measles? ( )  
(a) Itching snores (b) Not taking food (c) Lack of exercise

41. Who are more prone to measles? ( )  
(a) Children (b) Adolescents (c) Elders

## **AIDS**

42. How does AIDS spread? ( )  
(a) Due to sex with an virus affected person (b) Shake hand  
(c) Due to mosquitoes
43. What is the symptom of AIDS? ( )  
(a) Blood pressure (b) Decrease in immunity (c) Joint pains
44. How is AIDS identified? ( )  
(a) Blood test (b) X-Ray (c) Urine test
45. Is there medicine for AIDS? ( )  
(a) Yes (b) No (c) Do not know the answer
46. Is it necessary to keep the AIDS patients outside the community? ( )  
(a) Yes (b) No (c) Do not know the answer
47. Does AIDS spread due to the usage of infected syringes and blood transmission?  
(a) Yes (b) No (c) Do not know the answer

## **B. NON-COMMUNICABLE DISEASES**

### **HEART DISEASE**

48. What are the symptoms of heart attack? ( )  
(a) Pain in chest and profuse sweating (b) Difficulty to walk after meals  
(c) Difficulty to drink water
49. Which of the following groups are more prone to heart disease?( )  
(a) People working in chillness (b) Smokers (c) People who do not work
50. What are the causes of heart disease? ( )  
(a) Mental stress, B.P. (b) Eating fats, obesity (c) Taking less food
51. Which test is used to identify heart disease? ( )  
(a) E.C.G. (b) Scanning (c) Blood Test

## **CANCER**

52. How is cancer identified ? ( )  
(a) Biopsy (b) X-ray (c) ECG
53. What is the cancer that is caused due to the usage of tobacco? ( )  
(a) Mouth cancer (b) Throat cancer (c) Breast cancer
54. How is breast cancer identified? ( )  
(a) Inner part of the breast becomes hard without any pain  
(b) Loss of sensation (c) Paralysis
55. How is uterus cancer identified? ( )  
(a) Heavy bleeding (b) Headache (c) Brain damage
56. Who among the following groups are more prone to cancer? ( )  
(a) Children (b) Smokers (c) Non-smokers
57. Which is the cancer that is caused due to the usage of gutka? ( )  
(a) Blood cancer (b) Lung cancer (c) Throat cancer
58. Can cancer be prevented through operation? ( )  
(a) Yes (b) No (c) Do not know the answer

## **PARALYSIS**

59. What are the symptoms of paralysis? ( )  
(a) Loss of strength in hands and legs (b) Vomitings (c) Headache
60. Who are more prone to paralysis? ( )  
(a) Those who are having B.P. (b) Those with more collateral content  
(c) Drinkers
61. Which is the best method of checking paralysis? ( )  
(a) Reducing the fat content (b) Reducing sugar content (c) Exercises

## **SUGAR**

62. What are the symptoms of sugar? ( )  
(a) Vomitings (b) Motions (c) More time for curing ailments

63. What is the disease that is caused due to lack of insulin? ( )

- (a) AIDS (b) Malaria (c) Sugar

64. Who are the people to have more chances of getting sugar? ( )

- (a) Who have lean body (b) Heredity (c) Pregnant women

65. Test conducted for knowing the sugar range ( )

- (a) Blood test (b) ECG (c) Ink Blot Test

66. Is there relationship between cataract and sugar? ( )

- (a) Yes (b) No (c) Do not know the answer

67. Can those having sugar stop taking bananas? ( )

- (a) Yes (b) No (c) Do not know the answer

### **BLOOD PRESSURE**

68. Is there relationship between blood pressure and sugar? ( )

- (a) Yes (b) No (c) Do not know the answer

69. What are the symptoms of blood pressure? ( )

- (a) Back pain (b) Reeling sensation (c) Stomach pain

70. Who are more prone to blood pressure? ( )

- (a) Those with tension and headache (b) Those with hand pain  
(c) Those with less work

71. Is it necessary to reduce salt for the blood pressure patients?( )

- (a) Yes (b) No (c) Do not know the answer

72. Which instrument is used to know blood pressure? ( )

- (a) Thermometer (b) B.P. Apparatus (c) X-ray

### **EYE PROBLEMS**

73. Which age group will normally have vision problems? ( )

- (a) 15-30 years (b) 30-40 years (c) 40 years and above

74. What are the colours that the people with night blindness cannot recognize? ( )  
(a) Black and white (b) Red and green (c) Red and blue

75. Will eye sight reduce due to cataract? ( )  
(a) Yes (b) No (c) Do not know the answer

### **SHOCK**

76. What is meant by Shock? ( )  
(a) Lack of blood circulation to brain (b) Stressful situation  
(c) Heart failure

77. To which part of the body shock is related? ( )  
(a) Heart (b) Brain (c) Bones

### **OBESITY**

78. What are the symptoms of obesity? ( )  
(a) Over weight (b) Less weight (c) Lack of vision

79. Is obesity due to heredity? ( )  
(a) Yes (b) No (c) Do not know the answer

80. Will exercise help the people with obesity to reduce the body?( )  
(a) Yes (b) No (c) Do not know the answer

### **C. NUTRITION, MOTHER AND CHILD CARE**

81. What is the duration between pregnancy and delivery? ( )  
(a) 250 days (b) 286 days (c) 350 days

82. What is the duration of giving milk to the baby after delivery? ( )  
(a) Immediate (b) Within one hour (c) After 2 hours

83. When weaning foods can be given to the baby? ( )  
(a) 1-2 months (b) 3-4 months (c) 4-6 months

84. When can polio drops be started to the child? ( )  
(a) 3 months (b) 6 months (c) 9 months

85. What is the number of polio drops to be given to the child? ( )  
 (a) 2 (b) 3 (c) 4
86. Can the polio drops be given to the child in the case of fever and cough? ( )  
 (a) Yes (b) No (c) Do not know the answer
87. What is the expected minimum growth in weight during pregnancy?( )  
 (a) 5 kgs (b) 11 kgs (c) 15 kgs.
88. What is the minimum expected sleeping time for a pregnant women ( )  
 (a) 5 hours (b) 8 hours (c) 12 hours
89. Can the pregnant women with vomitings during pregnancy take fat contents? ( )  
 (a) Yes (b) No (c) Do not know the answer
90. What is the disease that occurs to the baby due to the usage of tinned milk? ( )  
 (a) Indigestion (b) Leg pain (c) Headache
91. At what age the child will walk on its own? ( )  
 (a) 6 months (b) 1 Year (c) 16 months
92. When do the milk teeth comes to the child? ( )  
 (a) 6 months (b) 11 months (c) 14 months
93. What is the duration of giving mother's milk per session? ( )  
 (a) 20 minutes (b) 45 minutes (c) 1 hour
94. What is combination of cow milk and water? ( )  
 (a) 1 : 2 (b) 2 : 3 (c) 3 : 1
95. What is the combination of buffalo milk and water? ( )  
 (a) 2 : 1 (b) 2 : 2 (c) 3 : 2
96. Upto what duration breast feeding can be given to the baby? ( )  
 (a) 1 year (b) 3 years (c) 5 years

97. What is the colour of colostrum? ( )  
(a) Red (b) White (c) Yellow
98. How many ovums are released per month? ( )  
(a) 1 (b) 2 (c) 3
99. What are the tablets given to pregnant with anemia? ( )  
(a) Iron and folic acid (b) Anacin (c) Ferrus sulphate
100. What is the percentage of waste in the human body? ( )  
(a) 100 per cent (b) 80 per cent (c) 60 per cent
101. What is the colour of amniotic fluids? ( )  
(a) No colour (b) Light red colour (c) Green
102. Can mother give milk to the baby during illness? ( )  
(a) Yes (b) No (c) Do not know the answer
103. For how many years Copper T can be used? ( )  
(a) 2 years (b) 3 years (c) 5 years
104. What is the name of family planning operation done for men? ( )  
(a) Vasectomy (b) Tubectomy (c) Hlstrictomy
105. What is the name of family planning operation done for women ( )  
(a) Vasectomy (b) Tubectomy (c) Hlstrictomy
106. What is the objective of maintaining gap between pregnancies? ( )  
(a) Welfare of the mother (b) Welfare of the body  
(c) Welfare of both mother and child
107. For how many days one should not ride the bicycle after vasectomy operation ( )  
(a) 15 days (b) 25 days (c) 6 months
108. What is the Instrument used to know the density of milk? ( )  
(a) Lactometer (b) Themometer (c) Stethascope

109. What is the Instrument used to know fever? ( )  
(a) Lactometer (b) Thermometer (c) Stethoscope
110. Minimum age at marriage for boys and girls ( )  
(a) 18-21 (b) 21-25 (c) 26-30
111. Contraceptive used by men ( )  
(a) Condom (b) Pill (c) Copper T
112. What is the normal duration of pregnancy? ( )  
(a) 7 months (b) 8 months (c) 9 months
113. What is the normal duration for delivery after pains? ( )  
(a) 6 hours (b) 12 hours (c) 24 hours
114. What is the normal weight of the infant? ( )  
(a) 2.5 to 3.5 kgs (b) 3.5 to 4.5 kgs (c) 5 kgs
115. What is meant by menopause? ( )  
(a) Stoppage of periods (b) Irregularity in periods  
(c) Do not know the answer
116. What is the age at menopause? ( )  
(a) 30-40 years (b) 40-50 years (c) 50 years and above
117. What is the cause for early menopause? ( )  
(a) Hereditary contact (b) Nature of the body (c) Do not know
118. Is bleeding and white discharge common after menopause? ( )  
(a) Yes (b) No (c) Do not know the answer
119. What is the duration of a menstrual cycle? ( )  
(a) 10-15 days (b) 15-20 days (c) 20-30 days
120. What is the number of sense organs? ( )  
(a) 2 (b) 3 (c) 5

- 121.To which blood group a universal donor belongs? ( )  
(a) 'O' group (b) 'A' group (c) 'AB' group
- 122.What is the impact of more number of deliveries on children? ( )  
(a) Nutritional deficiency (b) Fever (c) Cancer
- 123.What is meant by balanced diet? ( )  
(a) Costly food (b) Nutritious Food (c) Non-vegetarian Food
- 124.Which food contains more calories? ( )  
(a) Sweets (b) Leafy vegetables (c) Fruits
- 125.Which among the following contains more proteins? ( )  
(a) Rice (b) Ragi (c) Soybeans
- 126.Which rice is good for health? ( )  
(a) Polished rice (b) Hand pound rice (c) Parboiled rice
- 127.What happens when leafy vegetables are cooked for longer period? ( )  
(a) More taste (b) Tasteless (c) Loss of nutrients
- 128.Which disease occurs due to the deficiency of Vitamin 'D'? ( )  
(a) Headache (b) Tooth ache (c) Rickets
- 129.Which vitamin deficiency results in mouth ulcers? ( )  
(a) Vitamin B (b) Vitamin A (c) Vitamin D
- 130.Which deficiency leads to anaemia? ( )  
(a) Calcium (b) Iron (c) Carbohydrates
- 131.Which vitamin is lost due to storage of foods? ( )  
(a) Vitamin A (b) Vitamin C (c) Vitamin D
- 132.Who are more prone to anemia among the following? ( )  
(a) Youth (b) Old people (c) Women and Children

133. Which among the following will have more carbohydrates ( )  
(a) Potato (b) Beans (c) Groundnut
134. Which is the vitamin that is more available in papaya and carrot ( )  
(a) Vitamin A (b) Vitamin D (c) Vitamin C
135. Which of the following give protection to the body? ( )  
(a) Vitamins (b) Fats (c) Carbohydrates
136. Which vitamin is available in lemon? ( )  
(a) Vitamin A (b) Vitamin C (c) Vitamin C
137. Which vitamin is available in cow milk? ( )  
(a) Vitamin A (b) Vitamin B (c) Vitamin C
138. What is responsible for the tooth decay? ( )  
(a) Sweets and chocolates (b) Fasting (c) Do not know
139. What should be the distance between sanitary ware and latrine? ( )  
(a) 100 sft. (b) 150 sft. (c) 200 sft.
140. Can juices be given during loose motions? ( )  
(a) Yes (b) No (c) Do not know

## 2. ATTITUDE TOWARDS HEALTH (Final Form)

Some statements relating to adult education are programme aspects are covered in this measure. I would like to know your perception about each of the statements. I will read each statement to you. Please listen carefully and indicate the intensity of your perception about each of the statements on any one of the following levels depending upon your attitude towards them. The levels are: 1. Strongly Agree (SA), 2. Agree (A), 3. Undecided (U), 4. Disagree (DA), 5. Strongly Disagree (SD).

S. No.	Items	Descriptive cues				
		SA (1)	A (2)	U (3)	D (4)	SD (5)
1.	Diseases like cough and cold can be prevented.	( )	( )	( )	( )	( )
2.	There is no need to keep leprosy patients away from normal people.	( )	( )	( )	( )	( )
3.	Diseases can be checked by maintaining personal hygiene.	( )	( )	( )	( )	( )
4.	Use of herbal items (turmeric, sandal) will improve health.	( )	( )	( )	( )	( )
5.	There are no pesticides to control flies and mosquitoes.	( )	( )	( )	( )	( )
6.	There is nothing wrong in checking ones blood group.	( )	( )	( )	( )	( )
7.	Drinking more coconut water does not cause any ill-health.	( )	( )	( )	( )	( )
8.	Over sleep is not good to health.	( )	( )	( )	( )	( )
9.	Only smokers will get heart disease.	( )	( )	( )	( )	( )
10.	Rest leads to psychological pleasantness	( )	( )	( )	( )	( )
11.	Cancer disease occurs only to women.	( )	( )	( )	( )	( )
12.	Diseases can be prevented if we eat food with low salt and chilli powder.	( )	( )	( )	( )	( )

S. No.	Items	Descriptive cues				
		SA (1)	A (2)	U (3)	D (4)	SD (5)
13.	There is no relationship between food habit to health.	( )	( )	( )	( )	( )
14.	Mother's milk is good for the health of babies.	( )	( )	( )	( )	( )
15.	Immunization enhances child's immunity.	( )	( )	( )	( )	( )
16.	Oral pills can be used for long duration.	( )	( )	( )	( )	( )
17.	There is no relationship between pregnancy and mother's age.	( )	( )	( )	( )	( )
18.	Marriages within close family relations leads to birth defects in children.	( )	( )	( )	( )	( )
19.	Late marriage will not lead to family problems.	( )	( )	( )	( )	( )
20.	Consumption of non-vegetarian food will not cause ulcer.	( )	( )	( )	( )	( )
21.	Ragi, bajra give strength to the body.	( )	( )	( )	( )	( )
22.	Stored food does not contain bacteria.	( )	( )	( )	( )	( )
23.	Polishing of rice more number of times leads to no losses of nutrients.	( )	( )	( )	( )	( )
24.	Food cooked, with high oil and ghee are good for health	( )	( )	( )	( )	( )
25.	Lactating mothers should take milk, fruits, leafy vegetables and fish.	( )	( )	( )	( )	( )
26.	Consuming a balanced diet by pregnant and children will lead to good health.	( )	( )	( )	( )	( )
27.	Lack of iron in the body leads to anaemia	( )	( )	( )	( )	( )
28.	Eggs will spoil when they are kept in	( )	( )	( )	( )	( )

S. No.	Items	Descriptive cues				
		SA (1)	A (2)	U (3)	D (4)	SD (5)
	water for a long time.					
29.	Consumption of pulses will not lead to pus formation.	( )	( )	( )	( )	( )
30.	Usage of chicken will cause chickengunya.	( )	( )	( )	( )	( )
31.	AIDS patients should be kept away from society.	( )	( )	( )	( )	( )
32.	Pigs are not a source for diseases.	( )	( )	( )	( )	( )
33.	If a mad dog bites local medicine should not be given.	( )	( )	( )	( )	( )
34.	There is no relation between the decrease in hunger and consumption of coffee, tea.	( )	( )	( )	( )	( )
35.	Patient becomes well by taking rest.	( )	( )	( )	( )	( )
36.	Having food at regular intervals of time is important for good health.	( )	( )	( )	( )	( )
37.	Tension causes ill health.	( )	( )	( )	( )	( )
38.	First aid saves a person from danger of life.	( )	( )	( )	( )	( )
39.	Treatment should be based on the disease but not on individual.	( )	( )	( )	( )	( )
40.	Self-prescription is injurious to health.	( )	( )	( )	( )	( )
41.	Only mother is responsible for the birth of boy or girl.	( )	( )	( )	( )	( )
42.	Vegetarian food is better than non-vegetarian food.	( )	( )	( )	( )	( )
43.	Food adulteration leads to ill health.	( )	( )	( )	( )	( )

S. No.	Items	Descriptive cues				
		SA (1)	A (2)	U (3)	D (4)	SD (5)
44.	Walking, games and sports are necessary for health.	( )	( )	( )	( )	( )
45.	It is good to consume fruits depending upon their availability in different seasons.	( )	( )	( )	( )	( )
46.	There is no meaning in consuming food without nutritious values.	( )	( )	( )	( )	( )
47.	There is no need to spend money on the health of old age people.	( )	( )	( )	( )	( )
48.	Frequent fasting leads to no weakness.	( )	( )	( )	( )	( )
49.	Cool drinks are injurious to health.	( )	( )	( )	( )	( )
50.	It is a myth that everyone follows health principles.	( )	( )	( )	( )	( )

### 3. SCHEDULE ON HEALTH FACILITIES AND SERVICES (Final Form)

Dear Respondent,

Different agencies like primary health centres, voluntary agencies, mass media (radio, TV, newspapers) individuals etc, would have helped you to acquire health information. A few questions relating to those aspects are given in this schedule. I will read the questions and respond to them appropriately.

1. To which hospital do you go in case of health needs?

- a. Primary health centre ( )
- b. Sub-centre ( )
- c. Private hospital ( )
- d. Ayurvedic hospital ( )
- e. Homeopathy ( )
- f. Traditional local health person ( )
- g. Others, if any
  - a)
  - b)

2. Are you receiving health care information from the following agencies?

- a. Primary health centre ( )
- b. Sub-centre ( )
- c. Local voluntary agencies ( )
- d. Radio ( )
- e. Television ( )
- f. Newspapers ( )
- g. Adult education officials ( )
- h. Continuing Education Centres preraks / nodal preraks ( )
- i. Volunteer ( )
- j. Villages were officials / Sarpanch ( )
- k. Village Secretary ( )
- l. Panchayath members ( )
- m. Local teachers ( )

Others

3. What is the distance between your village and primary health centre( )

Below 1 km / 1-2 kms / 3-4 kms / 5 kms and above

4. How many times do you visit the PHC in a month? ( )  
 Nil / 1 time / 2 times / 3 times and above
5. Are the following staff members available in the primary health centre?
- |                           |          |
|---------------------------|----------|
| Doctor                    | Yes / No |
| Nurse                     | Yes / No |
| ANM                       | Yes / No |
| Compounder                | Yes / No |
| Health inspector          | Yes / No |
| Health assistant (Male)   | Yes / No |
| Health assistant (Female) | Yes / No |
| Lab technician            | Yes / No |
| Attender                  | Yes / No |
| Others, if any            | Yes / No |
6. What are the different aspects on which the primary health centre functionaries have visited your villages during the past 2-3 months?
- 1.
  - 2.
  - 3.
  - 4.
7. What are the different aspects about which you visit the Primary Health Centre?
- |  |     |
|--|-----|
| 1. Family planning                                   | ( ) |
| 2. Natal care<br>(Pre natal, natal and post - natal) | ( ) |
| 3. Immunization                                      | ( ) |
| 4. Communicable diseases                             |     |
| a) Malaria/fever                                     | ( ) |
| b) Eye infections                                    | ( ) |
| c) Cough   | ( ) |
| d) Body pains  | ( ) |
| e) Knee pains  | ( ) |

- f) Problems of menopause ( )
- g) Cancer ( )
- h) Blood pressure ( )
- i) Others if any
1. ( )
2. ( )
3. ( )
4. ( )

8. Who are providing you assistance in case of the following

S.No	PHC	Voluntary agencies	Government	Panchayats
1.	Family planning			
2.	Pre-natal and post-natal			
3.	Immunization			
4.	Diseases – Malaria/Fever			
	Others			
	1.			
	2.			
	3.			
	4.			
	5.			

9. What are the agencies that have provided you social awareness on the following aspects?

S. No.	PHC	Voluntary agencies	Government	Panchayats
1.	Drainage cleanliness			
2.	Environmental cleanliness			
3.	Drinking water			
4.	Care with pesticides			
5.	AIDS			
6.	Leprosy			
7.	Tuberculosis			
8.	Polio			
9.	Diarrhoea			
10.	Chickungunya			
11.	Dengue fever			

<b>S. No.</b>	<b>PHC</b>	<b>Voluntary agencies</b>	<b>Government</b>	<b>Panchayats</b>
12.	Narcotics and cerenges			
13.	Personal cleanliness			
14.	Food habits			
15.	Mother and child care			
16.	Itches			
17.	Family planning methods			
18.	Information about doctors / hospitals			
19.	Information about births and deaths			
20.	Balanced diet			
21.	Smoking			
22.	Ghutka			
23.	Water pollution			
24.	Air pollution			
25.	Smokeless chullahs			
26.	Sanitary latrines			
27.	Heart problems			
28.	Cancer			
29.	Others 1. 2. 3.			

10. To what extent you feel that the services and facilities provided by the health personnel are useful to you?

Very Good / Good / Average / Poor / Very Poor

11. To what extent you feel that the services and facilities provided by the voluntary agencies are useful to you?

Very Good / Good / Average / Poor / Very Poor

12. To what extent you feel that the services and facilities provided by the staff of Adult Education Department are useful to you?

Very Good / Good / Average / Poor / Very Poor

13. To what extent you feel that the services and facilities provided by the panchayat members are useful to you?

Very Good / Good / Average / Poor / Very Poor

14. What steps do you suggest for the promotion of effective services by different government and non-government organizations?

1.

2.

3.