

KAP Study Regarding Common Diseases Among Rural Women Inhabiting Some Semi Arid Areas of Rajasthan

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Abstract In this study 391 elderly women inhabiting semi arid areas of Rajasthan were interviewed and the information is gathered on their knowledge, attitude and practices of common diseases. It is revealed from the study that none of the women observed in the category of "Knows all" about the causes, preventive and curative measures of different diseases. Overall knowledge and awareness of different diseases is very poor except for Fever, Diarrhoea and Malaria indicating a need of health education programmes to be organised at village level by health workers.

Key words Knowledge, Attitude, Practices, Morbidity

The arid and semi arid areas due to their extreme conditions of both climatic and physiography are not easily accessible for the successful implementation of various health and nutritional programmes, being organised at the National level for the benefit of local population. The low literacy among the local folk of Rajasthan (Anonymous 1988) and the prevalent social and cultural beliefs further cause hinderance to acheive the targets stipulated by the government. To know the current level of knowledge of the rural women inhabitants of semi-arid areas, their attitude and practices regarding the common diseases, the present investigations were planned and the important observations are being communicated herewith.

Materials and Methods

This study has been carried out in 38 villages of Jaipur district which represent the typical semi arid conditions and were selected on the basis of Probability Proportion to Size method (Moser & Kalton 1980). Three hundred ninety one elderly rural women were interviewed For this study and a the information gathered on their knowledge, attitude and practices (KAP) of common diseases were recorded in pre-designed and pre-tested schedules by social scientists. During interview local names of diseases were used to describe the signs and symptoms of various diseases in view to obtain the actual information. Guidelines were prepared to classify the responses of interviews about knowledge of specific diseases in terms of knows all, knows partially. Investigator did not stick to the exact words but the concept expressed by the inter-

views were matched with principles described in appendix of the schedule and then recorded. Any other notion basically different to them was noted as wrong notion.

Results and Discussion

In this study, 391 elderly women were interviewed regarding their concepts about causes, preventive measures and curative measures of nutritional deficiency diseases viz., Kwashiorkar, Marasmus, Bitot's spot, Night blindness and Angular Stomatitis and Communicable diseases viz., Fever, Diarrhoea, Worm infestation, Measles, T.B., Leprosy, Malaria and Guinea worm., Results show that none of the women observed in category of "known all" about the causes, preventive and curative measures of different diseases.

Causes : Regarding the causes of nutritional deficiency diseases, knowledge is almost negligible. Very few women have the concept of wrong notion about these diseases. About 16-33% women know partially about Fever, Diarrhoea and Malaria and 35-41% women have the concept of wrong notion about the causes of Measles and Diarrhoea. They were of the opinion that it was due to un-happiness of "Goddess Mata". About 3-9% women have partial knowledge of Worm infestation, TB, Leprosy and Guinea worm diseases.

Preventive Measures : As far as preventive measures are concerned, most of them were not knowing about prevention of nutritional deficiency diseases. Thirty five per cent women were knowing the preventive measures for Malaria 16% for Fever and

Table 1 Percentage response of rural women regarding the different diseases.

Diseases	Causes (%)		Preventive (%) measures		Curative (%)	
	Knows partially	Wrong notion	Knows partially	Wrong notion	Knows partially	Wrong notion
Kwashiorkar	—	2.0	—	—	—	—
Marasmus	—	3.0	—	1.0	—	—
Bitot's spot	—	1.0	—	—	—	—
Night blindness	1.0	4.0	1.0	—	1.0	—
Angular stomatitis	2.0	13.0	—	—	—	—
Fever	19.0	28.0	16.0	4.0	15.0	3.0
Diarrhoea	16.0	40.7	16.0	9.0	14.0	6.0
Worm infestation	9.0	7.0	8.0	3.0	8.0	4.0
Measles	7.0	35.0	10.0	4.0	5.0	20.0
TB	7.0	7.0	5.0	1.0	5.0	1.0
Leprosy	8.0	3.0	2.0	1.0	6.0	6.0
Malaria	32.7	8.0	35.0	1.0	23.0	1.0
Guinea worm	3.0	—	2.0	—	2.0	—

Diarrhoea and 2-10% for Measles, Worm infestation, TB, and Guinea worm diseases. Some women have wrong notion of preventing Fever (4.0%), Diarrhoea (9.0%), Worm infestation (3.0%) and Measles (4.0%).

Curative Measures : Most of women don't know about the curative measures of nutritional deficiency diseases. Twenty Three percent knows partially about Malaria, 15% about Fever and 14% about Diarrhoea. Few women (2-8%) know partially about the curative measures of Measles, TB, Worm infestation, Leprosy and Guineaworm diseases. Twenty percent women have wrong notion of curing Measles either through worshipping "goddess mata" or giving different kinds of decoctions to cure it. 3-6% of women have concept of wrong notion of curing Fever, Diarrhoea and Worm infestation. They believe in "Ojhas" who get them cured by doing different kind of worshippings as well as they believe in old deep routed traditions which keep on passing from one generation to other.

It is evident from this study that the over all knowledge of women regarding causes, preventive and curative measures of different diseases is poor except for Fever, Diarrhoea and Malaria. Their awareness regarding nutritional deficiency diseases is very poor as has been observed by Mohapatra and Ganguly (1992). They don't know the importance of balanced diet and locally available vegetables. Some women also found having

wrong concepts about different diseases especially Measles, Fever, Diarrhoea and believe in "Ojhas" and old traditional means which, in their opinion get them relieved from these diseases.

This study clearly indicates that there is a need of health educational programmes to be organised in villages by health workers to make them aware about different aspects of health and nutrition. This can be done by organising different trainings and camps from time to time in different villages. To make programmes more interesting, audio-visual aids should be utilised. This will help in changing their attitudes and old deep seated beliefs and practices existing among them which in turn keeps on passing generations together, ultimately help in reducing morbidity in rural areas.

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