

IRJHEI

ISSN: 2277-9329

Vol. II, Issue 12 (I), March 2014

International Research Journal of Humanities and Environmental Issues



Jai Hind Education Society

8 - 13, Karan Gharonda, Sahikwadi, Wadgaon Sheri, Pune - 14.

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A STUDY OF HEALTH AWARENESS STATUS OF THE NASHIK REGION, MAHARASHTRA STATE (INDIA)

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Introduction

Health index is considered as one of the major index for computing Human Development Index (HDI) of any region. Infant Mortality Rate (IMR) & Average Life Expectancy (ALE) are also termed as the sub variables for computing health index. But the question is arising that which of these two variables are good enough to give the real idea about health status of the region? Even IMR is the composite indicator, it is the product of variety of socio-economic factors. E.g. health awareness is good in particular region then it can affect the percentage of antenatal care, rate of immunization, % of breast feeding, knowledge of ORS affects the rate of diarrhea patients. Even the knowledge of washing the hands before eating reduces about 50% of diarrhea cases.

Factors which lead to community health are socio-economically - better prosed. Two factors are implemented at personal level and few others are at community level as well as by government level. Community Health Awareness is the product of education efforts of individuals, governments, social institutes and Non Governmental Organizations (NGO). Now a day's many NGOs were also contribute a lot in improving health status of many regions. International bodies like WHO, UNICEF making great efforts in making people aware about health concerns in many countries, particularly in developing countries. In present study 15 houses were taken into consideration for determining the health status of the 5 districts of the Nashik region of Maharashtra state. This region covers about 19.5% of state population and about 18.77% of state area.

Research Review

A study was conducted on the effect of water and sanitation on child survival (Ricardo Fuentes and others, 2006) in five countries (Cameroon, Egypt, Peru, Uganda and Venezuela). This study was based on demographic and health surveys. Here variables like antenatal care, birth conditions, early nutritional status, birth order, breast feeding, fathers and mothers education, housing condition, access to water, sanitation, access to health care, infant mortality rate (IMR), age of mother, birth interval, environment contamination, malnutrition (protein, vitamin, minerals), accidental and intentional injuries, gender reproductive methods were taken into consideration.

Toni de Souza (1998) conducted a study in the Brazil using census (1995) data in which he studied the correlation of breast feeding and antenatal care with IMR as a study on Egypt. Abou-El Hala (2009) found a strong and negative correlation between qualities of water, sanitation with mortality rate. In India few researchers are engaged in research in medical geography, this is emerging field of research. Manjit Singh (2009) is one of them. He studied the regional planning for health care system in Jammu and Kashmir, where he studied the health care development of the area (gender and Kapher and factors like occupational structure, house types, number of rooms in the house, family structure, family size, water supply, sanitation, income, accessibility to health care center, disease distribution, and labor and employment. Mishra R.P. (2011) studies the health status of mothers and children in rural in his book Geography of Health. Nishu Kumar (2005) carried out a study about women's health status in rural areas of Jammu & Kashmir. Based mainly on primary data collected in 1988-1999. As it reflected in the study by Sangta Panesar (2007) that a positive and significant relationship exists between the proportion of literate females in a district and a country's composite immunization status while that of poor, above and beyond the child's own mother's education as well as district level socioeconomic development and healthcare amenities. Another study about child mortality and morbidity stress management, disease utilization and health behaviors made by Basu and Stephenson (2009) found that maternal education is a significant correlate of each of the outcomes, and even low levels of education increase child survival progress and health-related behaviors, except for neonatal mortality and the effective management of diarrhea. Similar studies about maternal literacy, child nutrition, child mortality, immunization, health awareness were made by many experts including John Cleland (1986), Singh (1993), and Campbell (1982). Ensuring poor people's access to safe drinking water and adequate sanitation and encouraging demand for community hygiene will improve the quality of life of millions of individuals. Annette Pruss-Ustun (2006) globally, improving water, sanitation and hygiene has the potential to prevent at least 9.1% of the disease burden or 6.1% of all deaths. Annette Pruss-Ustun (2006) sanitation issues need to be given priority in our development policy approaches.

The theoretical framework is data related to awareness of health status of region because the level of awareness of health factors results in a variable of awareness and health conditions. Another approach is that every region has regional disparities which in some cases may be more noticeable by having better and poor for various health considerations and some need not always be the result of environmental or socio-economic factors. It is another aspect of study to two questions through as follows:

1. What are the health awareness related disparities across the region of the Nashik which districts of the Nashik region have better health awareness and what is the reason?
2. What are the causes behind the disparities?

This paper is deals with the first question.

There are different types of health referred in a definition as follows given by WHO, i.e. Physical health, Social health and mental health. For researchers also call the terms the spiritual health. But in present study, total health is referred to Physical health and for other types of health. So, the objectives of present study are

1. To study the factors which are (the determinant) of health awareness of Nashik region?
2. To rank the districts of Nashik region on the basis of health awareness.
3. To recommend the strategy for improvement of health status in each district of Nashik region.

Data:

This work is based on the data from secondary sources. Demographic information is sensed from India census -2011. Data related to different variables and indicators is sensed from India census -2011, Standardized survey of Maharashtra (SIHS - 2011), District Level Household survey (DLHS - 2007-08 and District Socio-economic Administration (DSEA) of Nashik, Dhule, Jalgaon, Nashik and Ahmednagar districts (2012).

Estimation Method:

Nashik region is the study area where districts are taken as a study unit. Nashik, Ahmednagar, Jalgaon, Dhule and Mumbai districts are included in Nashik region.

Z score has been calculated for 11 variables. Composite score is calculated on the basis of Z score. Composite score method is used by some researchers for finding the level of development in different studies. Borse (2008) and Borse, Pagar (2012) used this method for finding the level of development of Animal Husbandry and Road network of Nashik district respectively. The composite score for health awareness is calculated by considering following 11 variables and groups. These variables are ...

- X1= ORS knowledge
- X2= drinking %
- X3= HIV knowledge
- X4= Institutional Deliveries
- X5= ANC %
- X6= Breast Feeding %
- X7= under 5E girls marriages
- X8 = Literacy rate
- X9= Female Literacy rate
- X10= IMR
- X11= Immunisation (Avg. of DTP+BCG+Polio)

Formulas are

1. $Z \text{ score} = \frac{X_i - \bar{X}}{S.D.}$ Where Z = Standard Score for observation.
 X_i = Original value of observation, \bar{X} = Average of all values of X_i , $S.D.$ = S.D. of (X_i)
2. $\text{Composite Score} = \frac{X_1 + X_2 + X_3 + X_4 + X_5 + X_6 + X_7 + X_8 + X_9 + X_{10} + X_{11}}{11}$

On the basis districts were grouped into 4 categories namely Good, Moderate, Average and Poor health awareness) Maharashtra. High composite score indicates better health awareness. Apart from Z score and composite score, statistical tools like percentage, average, standard deviation, correlation etc have been used in the study. Data is processed and represented with the help of Bar graph.

Results and Discussion:

Knowledge of ORS and HIV awareness are taken as representative factors of health awareness. Most of the other factors like ANC, Institutional deliveries, Drinking water's awareness, health factors

... (unreadable text) ... also shown that women ... (unreadable text) ...

Variable 1	Variable 2	Correlation	Significance
Female Literacy	Household Ownership	0.87	Very Strong Positive
Female Literacy	ANC	0.90	Very Strong Positive
Female Literacy	maternal mortality	0.87	Very Strong Positive
Female Literacy	Infant Feeding	0.71	Strong Positive
Female Literacy	Female ownership of plots	0.53	Strong Positive
Female Literacy	HTV Awareness	0.89	Very Strong Positive

Calculated by researcher

Graphical depiction of performance of all 3 districts of Nashik region the ranking is given below.

Health Status Rank in the Nashik region	Districts	Health Status	Count
1	Amravati	Good	1241
2	Nashik	Good	1430
3	Ahmednagar	Moderate	1200
4	Dhule	Average	1045
5	Yashwantrao Chavan	Poor	1015

Note: For data it, see table 1 of the last section of the paper

Conclusion and Recommendations:

Amravati district shows very good coverage in health awareness but it lacks behind in sanitation development and the establishment of healthcare services. The major problem in this district is the accessibility to health care centers as the road network is lowest in this part. Highest priority should be given to the improvement of road network. Amravati district is lagging behind in almost every field & is quite underdeveloped that rugged topography characterized by Salpoda ranges and highest percentage of ST population. All the variables considered in the study need improvement in case of this district. As the present study was carried out in Amravati it is different that other districts of this region is special strategy should be adopted for this and it should be more integrated. Local participation and understanding local needs, mental recall of local people should be considered at the time of health planning.

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Table

Table 1: Literacy Rates in Jammu Region, India

Dist	CRS Literacy %	HRV Literacy %	Male Literacy %	Female %	AMC %	U.S. Rate %	Female %	HRV %	Inter-urban %	Health Funding %	% of Dist. Marriage under 18
Jammu	67.6	75.7	75.8	77.9	60.4	69.04	71.4	70	81.37	77.1	26.6
Cathar	57.8	54.1	58.9	54.5	58.9	74.61	74.33	77	83.87	72.8	14.6
Udhampur	64.4	71.1	71.1	60.5	66.4	70.13	70.30	75	75.37	79.5	35.7
Reasi	61	69.5	69.5	68.4	57.2	65.65	70.68	74	81.97	84.4	21.4
Chamba	59.4	61.5	60.1	57.8	55.6	69.22	70.18	74	74.9	62.2	24.2

Source: Census Households - 2011
