

Socio Detrimental Status of Women and Their Rural Households in Gwalior Region of Madhya Pradesh

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Abstract—A present study was carried out in villages of Shivpuri and Datia, in Gwalior region of Madhya Pradesh from rural women to study the status of rural women and identify their socio detrimental factors in terms of their health and hygiene followed by the drudgery involved by women in the depicted conditions. Data revealed that women play a major role in the health status of the family and their unawareness is the major issue for further degradation in terms of proper sanitation and cleanliness was not at all maintained and women face a lot of enormous pressures and constraints in fulfilling the daily requirement of the families. 69% of women dwelling living conditions are also pathetic as they live in kacha houses. 89% used normal chulha and 96% kitchen of mostly women were not proper ventilated they had to face the smoke as there was very less or no ventilation in the kitchen to ooze out. On the contrary 89% women kept their kitchen very neat and clean pasted with mud as their daily schedule. It is an ardent fact that conditions in village areas does not fulfill the basic requirement of hygiene and remedial measures and education is required for the elimination of the unhygienic situations prevailing. If women are educated then only significant changes can be expected as they are the core factor of the family.

Index Terms— Socio Detrimental Status of Women

I. INTRODUCTION

Women play a significant role if not dominant in maintaining the socio determinants of health. Their knowledge and awareness status is a gateway to health status of the family and society at large. Health status of rural Indian women suffers because of various factors like lack of awareness, about the availability of medical services, early marriages and frequent pregnancies, hard manual labour and drudgery involved with it. Social attitudes and prejudices are unfavourable towards the female sex in terms of food nutrition and health care. Singh and Dak (1993) also revealed that in developing countries, women and children are neglected group in all spheres of life. Ignorance, lack of education, awareness all leads to dirty homes, filthy conditions, breeding of germs, burden of diseases ultimate resulting in mortality of the rural masses. The cause and effect relationship between poverty, nutrition, education and health is neither linear nor one way. Poor health decreased productivity, decreases the absorption of nutrients, and further

impairs performance in rural masses. Conversely poverty reduces the ability to purchase the required calories and the variety of foods especially protective foods needed for good health. It decreases access to education and health care.

II. MATERIALS AND METHODS

In order to find out the conditions of the prevailing situation a longitudinal study was carried out in Shivpuri and Datia Districts of Gwalior region of Madhya Pradesh with an objective to study the socio determinants of health in women and the drudgery involved in both the districts in Gwalior regions of Madhya Pradesh. The study was conducted on 100 women from Shivpuri and 100 women from Datia districts in Gwalior region. A baseline survey was conducted by making home visit and interviews to elicit information regarding on socio economic background of the families. Women and their work drudgery were studied. Attempts were made to study the status of of the rural households and documented on area and sampled rural women.

III. RESULTS AND DISCUSSION

All the respondents adopted under this research study were adult women of Shivpuri and Datia districts, and were arbitrarily selected through purposive random sampling under two age groups 18-30 years and 31 to 42 years. As evident from cross section of data, the 20 women falling in the pre decided (two age groups) were selected with 10 from each age group from each and every single village. In all a total 200 number of respondents were covered across both the study districts. Distribution of respondents in two different age categories as well as the average age of respondents in study area. It was observed that 51% of the respondents are falling in age category 18-30 years and remaining 49 % in 31-42 years from Shivpuri region, with an average age of 30.15 years. Similarly, for Datia region the observed results showed only a slight different values, where 52 % of women respondents were falling in 18-30 years and 49% in 31 - 42 years age category with an average age of 30.09 years.

Literacy rate among the rural women showed a declining

trend in both the regions. In Shivpuri region 52% were illiterate and 21% were literate (able to read and write his name) where as 16% had passed primary schooling (till 5Th class) and 11% (till 8th class) and none were found in the category of >HSC. Little different trend was seen in Datia Region where 49% felled in the illiterate category, and 15% in literate category, 19% were respondents who received primary education and 9% were in >Hsc category. This depicts that rural women in both the regions did not have proper formal education in Shivpuri region about 79 % of the women respondent's works in agriculture along with fulfilling their responsibilities as a home maker. Only 34% reported working at home as well as labourer, and none was reported as working only as homemakers. This shows that women are occupied with home and allied activities always in the region. The results of Datia was with a bit difference, showing that about 13% of women were working as home makers only, 66% reported themselves to work in agriculture along with fulfilling the responsibilities of home. Here the labourer in comparison to Shivpuri region were found less, as it was observed that only about 18 percent of women cited that they work as labourer followed by home activities.

It was observed that most of the rural women (69%) possessed kachcha houses followed by semi pakka(26.5%) houses. Only 07% rural women possessed Pakka followed by double storied houses. The Datia district possessed better housing facilities (59% kachcha, 21% semi pakka and only 07% pakka houses) comparatively in shivpuri district ((79% kachcha, 32% semi pakka and no pakka houses).

Similar findings have also been reported by Shrivastava M. (2015) where they found kacha houses by rural women in bundelkhand region. More prevalence was witnessed of kacha houses than pucca houses.

It was evident that most of the rural women (89%) done their cooking by Normal chulha which worked on firewood in the sampled villages in both the districts. Particularly Shivpuri sampled villages rural women (100%) done cooking only on Normal chulha while Datia sampled villages rural women (78%) done cooking on Normal chulha and only 22% cooking was done on normal chulha & biogas both.

The findings of this study are in conformity with the observations of Sathyanarayan G (2012) and found similar results which indicated that rural families still depending on fire wood for cooking. Very few found using bio gas for cooking.

Kitchen in households possesses a distinct status in the health and status of a women because there she witnesses the maximum amount of time and energy. In rural house hold it was witnessed in both closed and open type of kitchen (48% and 52%) in the sampled villages in the region. The similar trend was observed in both the districts. Mostly it was seen as a dark room with no or very little ventilation on the other hand food was cooked on normal chulha with firewood smoke scattering around. This was a major concern for the household women. Therefore generally women had opted for open kitchen i.e. they installed their chulha in the courtyard outside in order to get

relief from smoke and utensils and products were placed in that room.

It also reflected that mostly rural women kept (91% and 94% in Shivpuri and Datia respectively) neat and clean the kitchen inside but having no proper ventilation(100% and 93%), disposal of water(92% and 78%), disposal of garbage(88% and 72%), as well as cleanliness outside house surrounding(95% and 83%) in Shivpuri and Datia district respectively. The almost 88% and 89% rural women kept maintained cleanliness inside their houses. Very few rural women found having proper ventilation, disposal of water, disposal of garbage, as well as cleanliness outside house surrounding. Data revealed that 56% rural women did not have proper sanitation facilities at the households, only 20% have sanitation facilities and 24% have the facilities but do not use it. But the trend was noticed different as 18% in Shivpuri and 22% in Datia districts had sanitary facilities and they were using it. 59% in Shivpuri and 53% in Datia district did not have any of the facilities in their homes and they defecated in open fields. But the interesting thing was seen with the 23% in Shivpuri and 25% in Datia district that they had toilets at their houses but still they preferred to defecate in open fields just because they were used to that habit of defecating in open fields.

One of the drudgery faced by rural women was that they had to fetch potable water for their household consumption from far off places. The table-9 shows that 39% rural women brought drinking water from 101-200 meters distance followed by 37% from more than 200 meters only 24% rural women could arrange drinking water for their household consumption from nearby places.

This study also in conformity of the report of MP State Development Board 2010 that The Water scarcity has been a major problem in these regions. Data indicates that there is a fall more than 4m in water levels was observed in parts of Bhind, Gwalior, Sheopur, Morena, Shivpuri, Datia, Chhatarpur, Rajgarh, Tikamgarh, Rewa, Panna, Satna, Sagar, and Chhindwara districts of the state. Reports say that very high fluctuation ($> \pm 5$ m.), (mostly heavy fall) have been noted in a number of wells, the reason for which is that a few wells that had dried up have been deepened and now record shallower/deeper water levels. It was very well observed that rural women had to carry water from long distances to fulfill the needs of the family.

IV. CONCLUSION

In nutshell it can be concluded that mostly the rural women were uneducated and due to this detrimental factor their condition is pathetic The rural women possessed kachcha houses followed by semi pakka houses, done their cooking by normal chulha which worked on firewood in the sampled villages, none rural households found using modern type of kitchen appliances in their houses like Mixer and grinder, Microwave and any other type of kitchen appliances, witnessed both closed and open type of kitchen, kept neat and clean the

kitchen inside but having no proper ventilation, disposal of water, garbage, as well as cleanliness outside house surrounding. The hand pumps found the main source of drinking water in the region followed by well. The sizable number of rural women brought drinking water from long distances. The majority of rural women did not have proper sanitation facilities at the households, but the interesting thing was seen that those had toilets at their houses but still they preferred to defecate in open fields just because they were used to that habit of defecating in open fields.

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