



Study on Health Problems of the Farm Women

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ABSTRACT

A study was carried out from two agro – climatic zones of Maharashtra *viz.*, Nanded district from Central Maharashtra Plateau zone and Nagpur district was selected from Central Vidarbha zone. The research consist sample of six hundred farm women 200 each from urban, rural and tribal areas. The respondents were interviewed personally. In the study, health problems of the farmwomen were studied. The results showed that the average height of the farmwomen was 149.46 cm while average weight was 51.20 kg. It was also observed that an average body mass index of the women was 22.88. As far as health problems of the farmwomen were concerned, it was noticed that the women faced relatively less digestive and respiratory disorders. But, they were suffering mainly from body pains like joint pain, back ache, pain in legs, pain in waist etc. Majority of them were not suffering from any chronic disease. It was observed that menstrual cycle of majority of them was regular, most of them were contacting private doctor at local level during disorders of the health. Traditional chulla was the main means on which food was prepared. Majority of the farmwomen were found to be following new cooking methods for food preparation. Tap water was the main drinking water source for majority of the families and majority of the respondents were non-vegetarian.

Key words : Farmwomen, Health problems.

Women invariably perform the duties of both employees and the housewives. This dual role entails heavy mental and physical effort which often leads to complete exhaustion of women due to over work. So, the employed ladies feel increasingly difficult to cope up with ever increasing duties of home work and thereby experience multifold problems concerning home making, health, time management, conveyance, etc. These problems are more acutely felt by farm working women because of inadequate facilities and additional work load resulting from farming occupation of the family. Generally, health is considered in terms of physical form as falling sick, having diseases and dietary deficiencies. Good health is a requirement throughout life and vital to women in terms of their daily activities. The farm women lead difficult lives and spend maximum time in arduous works in farm and homestead activities. Studies have pointed out that farm activities which are time and labor intensive, monotonous, repetitive and more drudgery prone are generally performed by women. Since, all these operations are done manually, they cause considerable physical and mental fatigue and other health problems. The farmwomen generally experience headache and aches in the different parts of the body. Heavy schedule of their work

leads to complete physical exhaustion and reduced working efficiency. The next important concern for their deteriorated health is the lack of rest after peak loads of work. They suffer from absolute muscular fatigue. Besides these, rural and tribal farmwomen have some what different ways of doing farm and household work. They usually work at sitting cum bending positions, with stooped back and at squatting position which further contributes to their poor health by causing aches in different parts of the body and particularly in the spinal column. Sometimes, they also suffer from acute Ischitica Lumbago pains by which they can't stand straight. Considering these points, an effort was made to find out the health problems faced by the farmwomen. The objectires of the study one.

To assess the anthropometric measurements of the farmwomen. To find out health problems or health disorders of the respondents. To know the general information related to health of the respondents.

MATERIAL AND METHODS

The study was carried out from two agro – climatic zones of Maharashtra in the year 2014. Nanded district was selected from Central Maharashtra Plateau zone and Nagpur district was

selected from Central Vidarbha zone. The research consist sample of 600 farm women, 200 each from urban, rural and tribal areas. It was easy to get sample of farm women from rural and tribal areas but difficult from urban area. Hence, the localities of the urban area, where actual farming or farm related activities were done by the women, were selected.

Data were collected by administering the pre-tested interview schedule. All the respondents were interviewed personally by the investigator at work spot, which enabled her to get the first hand information. The anthropometric measurements, daily food intake and nutrient intake of the respondents were calculated. Body height (cm) and weight (kg) were the two anthropometric measurements recorded for all the sample women by using standard procedures (Jelliffe, 1966).

To find out the health status of the respondent, the Body Mass Index (BMI) was calculated from the recorded measurements of body weight and height of a woman. The ratio of weight (kg) and height (cm) is referred as Body Mass Index (BMI). It provides a reasonable indication of the nutritional status of adults, which has good correlation with fatness. It is also indicator of health risks. BMI is calculated by using the following formula –

$$\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height (cm)}}$$

On the basis of Body Mass Index values, these selected women were classified into three groups as under weight (< 18.5 BMI), normal (18.5 – 24.9 BMI) and over weight women (25 – 29.9 BMI) as per James *et al.* (1988).

The respondents were asked whether they were suffering from any health disease. The diseases were categorized as digestive diseases, general diseases, respiratory diseases, gynec diseases, skin diseases and other diseases. They

were also asked whether they are suffering from any chronic diseases, like diabetes, TB, blood pressure etc. The menstrual cycle regulation was also checked. Respondent's drinking water source was also recorded.

RESULTS AND DISCUSSION

Anthropometric measurements of the respondents

Table 1 indicates about anthropometric measurements of the selected respondents. The average height of the women under the investigation was 149.46 cm while average weight noted was 51.20 kg. It was also observed that an average body mass index of the women was 22.88, which is in the normal category. The minimum noted height was 122 cm and maximum was 166 cm. The minimum weight observed was 32 kg while maximum weight was 87 kg. The lowest BMI assessed was 15.19 and the highest was 38.66.

The observations related to average weight was on par with the finding of Victor *et al.* (2002) who noted that the mean value of weight for female farm workers was 49.33 kg. The finding also corroborate finding the of and Bhoyar *et al.* (2014). As far as average height of the respondents was concerned, it was noted that the finding is similar to those of Bhoyar *et al.* (2014) The assessment in case of BMI was found in line with the results of Bhoyar *et al.* (2014).

Health problems or health disorders of the respondents

To assess the health status of the respondents their health problems or health disorders were also studied (Table 2). The respondents were asked whether they suffered from any disease. The diseases were categorized as digestive diseases, respiratory diseases, general problems, gynecological problems, skin diseases and other diseases. A majority (88.67 %) of the respondents were suffering from one or other type of the disorder. Only 11.33 per cent of them reported that

Table 1. Anthropometric measurements of the respondents. n = 600

Sr. No.	Particulars	Average
1	Height (cm)	149.46
2	Weight (kg)	51.20
3	Body Mass Index	22.88

Table 2. Health problems/health disorders of the respondents.

n = 600

Sr. No.	Type of the Disease - Suffering from disorders- No problem	Frequency	Percentage (%)	Sr. No.	Type of the Disease	Frequency	Percentage (%)
1	Digestive diseases:	532	88.67	17	Pain in neck	252	42.00
2	Constipation	68	11.33	18	Head ache	284	47.33
3	Diarrhea	13	2.16	19	Pain in legs	320	53.33
4	Dysentery	6	1.00	20	Knee pain	143	23.83
5	Jaundice	5	0.83	21	Pain in waist	357	59.50
6	Worm infection	2	0.33	22	Pain in hands	265	44.16
7	Acidity	7	1.16	23	Fever	60	10.00
8	Stomach ache	87	14.50	24	General fatigue	170	28.33
9	Respiratory	45	7.50	25	Gynic problems White discharge	21	3.50
10	diseasesCough	28	4.66	26	More/less discharge during menstrual cycle	73	12.66
11	Cold	47	7.83	27	Discomfort (pain in stomach, waist, legs etc.) during menstrual cycle	153	25.50
12	Nose infection	12	2.00	28	Skin diseases: Skin infection	30	5.00
13	Asthma	9	1.50	29	Hair fall	149	24.83
14	Sore throat	9	1.50	30	Other : Tooth ache	68	11.33
15	Ear infection	6	1.00	31	Eye problems	96	16.00
16	General diseasesWeakness	242	40.33	32	Any other (mention)	45	7.50
	Joint pain	323	53.83				
	Back ache	341	56.33				

Table 3. Occurrence of the chronic diseases

n = 600

Sr. No.	Type of the Disease	Frequency	Percentage (%)
1	No	562	93.67
2	Yes	38	06.33

they did not have any complaint about their health. The digestive disorders (0.33 to 14.50 %) and respiratory disorders (1.00 to 7.83 %) were found to be less occurring in the selected respondents Bhalerao 2002.

It was observed that the selected women were mainly suffering from the general diseases like pain in body organs as waist pain (59.50 %), back ache (56.33 %), joint pain (53.83 %), pain in legs (53.33 %), head ache (47.33 %), pain in hands (44.16 %), pain in neck (42.00 %) and knee pain (23.83 %). They were facing the health problems as weakness (40.33 %), general fatigue (28.33 %) and fever (10.00 %). The problems reported by

the respondents were due to continuous bending work posture while working in farms. Weeding was found to be the main activity performed by the respondents. Knee, legs and hand pains were due to weeding activity and head ache was due to continuous working under sun rays, Dhillon 1984 and Bhalerao 2002.

Gynic problems like white discharge (3.50 %), irregular discharge during menstrual cycles (12.66 %) and discomfort during menstrual cycles (25.50 %) were reported by the women. The women were also facing the problems like skin infections (5.00 %) and hair fall (24.83 %). These disorders may be due to general under nutrition and personal unhygienic conditions, Bhalerao 2002.

Table 4. General information related to health of the respondents. n = 600

Sr. No.	Particulars	Frequency	Percentage (%)
1	Menstrual cycle -		
	a) Regular	437	72.84
	b) Irregular	28	04.66
	c) Discontinuation of menstrual cycle or menopause	135	22.50
2	Contact of the doctor -		
	a) Weekly visiting doctor	10	1.66
	b) Govt. hospital at local	168	28.00
	c) Govt. hospital at other place	70	11.66
	d) Private hospital at local	389	64.83
	e) Private hospital at other place	176	29.33
	f) Wait until severity	2	0.33
3	Preparation of food on -		
	a) Traditional chullah	382	63.66
	b) Smokeless chullah	1	0.16
	c) Bio gas	6	1.00
	d) Stove	30	5.00
	e) LPG gas	280	46.66
4	Following of new cooking method for food preparation –		
	a) Yes	386	64.33
	b) No	214	35.67
5	Drinking water source -		
	a) Tap water	363	60.50
	b) Hand pump	83	13.84
	c) River	0	0.00
	d) Well	154	25.66
6	Food habit -		
	a) Vegetarian	296	49.33
	b) Non- vegetarian	304	50.67

It was noted that majority of the aged women (16.00 and 11.33 %) respondents were suffering from eye problems and tooth ache respectively while 7.50 per cent of the women were found to be suffering from other than the above mentioned health disorders like vomiting, kidney stone, piles, indigestion, anaemia, allergy, spondylitis, thyroid, arthritis etc. The unawareness of causes and negligence could be the reasons for the occurrence of these health problems, Sunita Kumari 2000.

Occurrence of the chronic diseases

An occurrence of the chronic diseases Table 3 was found to be less in the selected respondents.

It was satisfactory to note that a thumping majority of the women (93.67 %) were having no occurrence of any chronic disease and only 6.33 per cent were suffering from the chronic diseases like Diabetes mellitus, TB, high or low Blood Pressure and heart disease. It denotes that the women in now a days are conscious about their health. These results are in line with Bhalerao (2002) and the findings reported in Annual Report – 2008-2009 National Institute of Nutrition, ICMR, Hyderabad who reported that occurrence of chronic diseases in women was found to be less irrespective of their socio economic status.

General information related to health of the respondents

A majority (72.84 %) of the women's menstrual cycle was regular (Table 4). Many gynecological disorders arise due to the problems in menstrual cycle. It was observed that only 4.66 per cent women's menstrual cycle was irregular whereas there was discontinuation of the menstrual cycle or menopause occurred in less than one fourth (22.50 %) of the women.

During the disorders of the health, majority of the respondents (64.83 %) contacted to the doctors in private hospitals at their local place most of the time while more than one fourth (29.33 and 28.00 %) of them were found to be contacting most of the time the doctors in private hospitals at other places and doctors in the Government hospitals at local place respectively. Only 11.66 per cent of them were regularly contacting to the doctors in the Government hospitals at other places. Very meager percentage of the respondents were contacting the weekly visiting doctors (1.66) to their places while negligible percent (0.33) of the women were found to be waiting until the disorder reached to severe stage.

The means on which food is prepared affect the health of the women to certain extent. It was found that majority (63.66 %) of the respondents prepared the food on the traditional chullas only where as less than half (46.66 %) of them were found to be preparing the food mainly on LPG gas stoves. Preparation of food on kerosene stove (5.00 %), bio gas (1.00 %) and smokeless chullas (0.16 %) were very less. In rural and tribal areas fuel wood is easily available and most of the times it is free of cost while availability of kerosene and LPG gas cylinders is most difficult for the people in these areas. Hence use of traditional chulla was common.

Majority (64.33 %) of the respondents were following new methods of cooking it while more than one third (35.67 %) were not following any new method for cooking.

Drinking water source is the main cause that affects the health. It was noted that tap water was the drinking water source for majority (60.50 %) of the families whereas for (25.66 %) of the families it was wells followed by hand pumps (13.84 %).

Majority of the respondents were having the facility of tap water which provides them clean and purified water compared to wells and rivers. So, the digestive disorders among the respondents was found less.

It was illustrated that the respondents were in equal for of non-vegetarian (50.67) and vegetarian (49.33). The non-vegetarian respondents reported that they had rare intake of non-vegetarian foods *i.e.*, fortnightly or monthly due to its high cost and their low purchasing power because majority of the respondents were farm labours.

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