

Health Modernity Among Rural Women of Himachal Pradesh

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ABSTRACT One hundred and eighty rural women responded to the questionnaire having 40 items on health modernity with 5 points standardised scale. The subjects were grouped into three categories based upon size of operational land holdings. The results revealed considerable degree of fatalism about health matters. The attitudes were measured in terms of scores. Higher scores showed higher health modernity value. The conclusion derived was that women had lower modernity with regard to mental health than physical health, where the scores were found to be moderate.

Since Alma-ata conference of 1978, extensive attention is being devoted to health care facilities (Sahni, 1990). Still people suffer in great numbers from various diseases. Though, an important indicator of human resources development in terms of health is per capita income, another important indicator which can not be overlooked is health modernity which is defined as scientific knowledge, attitude to health and disease. Knowledge and attitudes and values of home makers play an important role in efficient management of family health and can be termed as fundamental pre-condition of all development (Srinivasan, 1984).

MATERIAL AND METHODS

The study is based on detailed information regarding health modernity. It was conducted in Kangra district of Himachal Pradesh. Three stage random sampling technique with stratification at ultimate stage was applied with blocks as units for first stage, villages at second stage and farm households at third stage. Thus the total sample comprised of 180 households categorised into three categories, small, medium and large according to size of operational land

holdings. Health modernity was studied on a 5 point standardised scale developed by Singh and Jayaswal (1989). The scale had 40 items for which investigation among rural women was carried out.

RESULTS AND DISCUSSION

In the study area, responses to standardised scale on health modernity revealed a considerable degree of fatalism about health matters. Attitude and behaviour of respondents in relation to physical and mental health is measured in terms of scores. Higher scores indicate higher modernity. Table 1 shows that scores on mental health modernity are quite low as compared to physical health in all household categories. Health modernity is important from the point of view of perception of respondent, as when and where does an individual form a particular socio-economic milieu go for seeking health care services depend upon his/her individual perception alongwith community's impact on it. "Science alone could solve the problems posed by hunger and rural, poverty, insanitation, illiteracy, deadening customs and traditions of a rich nation inhabited by starving people" (Saleth, 1992). Scientific perception of health among people can solve many problems.

Table 1 : Health modernity score of respondents

S. No.	Farm household category	Mean score H.M.P.	Mean score H.M.M.
1.	Small	3.0012(0.5644)	2.04(0.4884)
2.	Medium	3.42(0.2471)	2.64(0.3279)
3.	Large	3.38(0.2197)	2.72(0.3787)
4.	All	3.185(0.4911)	2.8840(0.4685)

Note : H.M.P. – Health modernity physical

H.M.M. – Health modernity mental

Figure in parenthesis express standard deviation

Degrees of fatalism has been illustrated in the response to the first item of the scale, where it was mentioned that life and death on God, medical treatment cannot do anything. Except very few respondents, all other agreed with the statement. Similarly, majority of the view that great saints can cure diseases which doctors can not. Half the population of respondents thought that disease could be prevented by pacifying the planets.

It was found that knowledge of respondents regarding leprosy was quite low in score. Only 35 per cent respondents agreed that there can be some type of leprosy which does not spread by contagion, 33 per cent could not express any opinion and 31 per cent agreed with the statement. Similarly, the response towards the item leprosy patient can never be fully cured, 54 per cent respondents had this feeling, nearly 30 per cent had no opinion, only the rest 16 per cent had the knowledge that leprosy can be cured. The item cancer is a contagious disease was agreed by 36 per cent respondents, 30 per cent showed complete ignorance, only 34 per cent knew that it is not true.

Regarding mental health, the overall situation was worse. The respondents have many wrong notions about it. Hardly 21 per cent respondents consider mental illness as other diseases which can be medically treated, the rest consider it to be sins of past life (71%) or a disease caused by evil spirits (42%). Insanity can be cured by *sadhu*, *fakir*, or magic was reported by 52 per cent of the respondents.

Health modernity mean scores irrespective of the category of households are neither high, not very low. They are moderate in health modernity except for mental health where the score is below 3 points. Scores did not vary much with variations in land holding.

CONCLUSION

Women tend to ignore their health and keep neglecting it due to respondents to families and ignorance (UNICEF, 1991). It is further aggravated by low scores of health care services, along with re-orientation of management process in the families to recognise inter-relationship between women's status, education and their health.

REFERENCES

- Sahni, A. (Ed.): Health care for the village and urban slums. *Proceedings of Tenth Annual Conference of Indian Society of Health Administrators*, Bangalore, Jan. 22-24(1990).
- Saleth, R. M. : Effects of technology on quality of life. An empirical investigation in the context of rural India. *A Paper Presented in Workshop on Science, Technology and Society*. Quality of Life, Agra, India, Nov. 7-8 (1992).
- Singh, A.K. and Jayaswal M. : Health modernity in tribals of South Bihar. *Social Change*, 19 : 13(1989).
- Srinivasan, S. : A study of health care delivery system in Tamil Nadu with special reference to primary health care. *Health and Population, Perspectives and Issues*, 7 : 209-221 (1982).
- UNICEF : Children and women in India, a situation analysis, UNICEF, New Delhi (1991).