Awareness towards Health and Fitness in University Girls of District Sitapur (UP): An Analysis

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Abstract

Reports reveal that the health status of women in India as well as in Uttar Pradesh is not good. Uttar Pradesh in case of Women health issues stands far behind as shown in NPH-2015, NFHS-2015-16 and rural health statistics 2014 and the same results were shown for Sitapur among the districts in U P. As the young university girls will have to lead the new generation, it is necessary for them to be fit healthy and well oriented towards their physique and health related issues. This research paper tries to reveal the facts regarding awareness of health in university girls of different faculties in district Sitapur (U.P.) and impact of their families as their fitness and health are concerned.

Findings of the study are based on the primary data collected from three leading higher education institutions selected in Sitapur district. Total 100 university level girls from different streams were selected and compared in this survey. The results showed that most of the girls despite of their higher education level have no clear idea about their e physique, healthy food pattern. The study reveals the fact that these girls are still depend on their parents for the health issues and information and especially in rural areas where most of the parents are farmers they are not enough skilled to suggest proper diet like non vegetarian food etc. to their girls.

Keywords: Awareness towards Health, Fitness in University Girls of District Sitapur

Introduction

Women health is a big issue for the whole world now a days and it is a well known fact that the status of women health in third world's countries is not better. In India women health status is also not good. According to the Global Burden of Disease Study (GBD) published in the medical journal "The Lancet", it has finished a dismal 154th among 195 countries on the healthcare index (2015). Among the states of India Uttar Pradesh in case of Women health issues stands far behind as shown in NPH-2015, NFHS-2015-16 and rural health statistics 2014 and the same results were shown for Sitapur among the districts in UP. District Sitapur is a part of Lucknow Mandal in the middle U.P. and it is situated in $27^0 6''$- $27^0 54''$

latitude north and 80^0 18"-81^0 24" longitudes east from Lucknow. Sitapur is known as low land area and most of the population lives in rural areas and belongs to schedule caste. According to 2011 census Sitapur has a population of 44, 74,446. Despite of efforts in the last few decades to stabilize population growth the district's population continues to grow at a faster rate (23.6%)that the state's population rate(20.6%).The sex ration in Sitapur was also poor (879)in 2011 census as compared to India (943) and U.P.(912). A marked disparity is seen between male (72.6%) and female (52.8%) literacy rates is District Sitapur. The infant mortality rate (IMR) in the district is 82 per 1000 live births which is higher as compared to 71 in the state (AHS-2010-11).Child marriages are more common in district and it is more concentrated among rural, illiterate population and population from the poor economic status. A large proportion of young pregnant women in the district do not avail institutional delivery services which could be reason for higher percentage of complications during delivery.

Education is the biggest tool of awareness in society and highly educated girls are supposed to know well about their health, fitness and healthy food pattern. Indian women have low levels of education and that is why they neglect the health issues often until they reach to death bed. It is a well known fact that the awareness in girls living in rural areas is lower as compared to girls in urban areas due to less sources of information and lesser education. None can deny a clear relation between health awareness and higher education. So many scholars and institutions have researched a lot regarding the women health and education .In India researches on women health and their food patters are going on. Sunil Kumar M Kamalapur and Somanath Reddy in his research paper "Women Health In India: An Analysis" published in International Research Journal of Social Sciences (ISSN 2319-3565) VOl.2(10),11-15, October 2013 tried to analyze the Nutrition and women health in India.

Massaldjeva R Ivanova, Desislava Bakova & others; Depptt. of Health Care Management, Medical University of Plovdiv Bulgaria in their Research Paper "Disordered Eating Attitudes and Behaviors: Gender Differences in Adolescence and Young Adulthood" studied the prevalence and gender differences in disordered eating attitude and behaviors in adolescents and young adults from Bulgaria. The respondents were Bulgarian high school students, UG university students and volunteers from general population with higher education. The mean rank is adolescent group showed that the female subjects reported more disordered eating behavior and risky attitudes compared with the males. Result shows that more than one fifth (22.5%) of the girls examined are at risk for RD development and have significantly lower BMI values than boys.

As the young University girls will have to lead the new generation, it is necessary for them to be fit healthy and well oriented towards their health and health related issues. This research paper tries to reveal the facts regarding awareness of health in University girls in district Sitapur (U.P.) and impact of their family as their fitness and health is concerned.

Hypotheses be tested in this research-

1-Girls studying Home science as a subject would be much more aware towards their fitness as compared to normal UG girls of BA and B.Sc.

2-Girls studying Home Science as a subject would be richer in knowledge regarding healthy food.

3-Girls living in rural areas should be negatively affected (lesser supported) by their families as the health care is concerned.

4-Higher Education helps to girls to understand the health issues in better ways.

Paper also tries to compare the resources providing the information of health and making the girls aware.

Major Findings of the Paper

- Most of the university level educated girls do not have any idea about their physical fitness like their height, weight and about their blood group.
- Most of the girls know the resources of healthy food like Iron, calcium and protein.
- In rural areas girls are discouraged for non vegetarian food as compared to urban.
- In urban areas families are more concerned towards the fitness and lean look of their girls.
- Students of BA and B.Sc. find their syllabus is no more helpful to understand the health issues which are very essential.
- Most of the girls depend on their parents for the health information and awareness.

DATA AND STATISTICAL ANALYSIS

Paper is based on an empirical research. Findings of the study are based on the primary data collected from three leading higher education institutions selected in Sitapur district. RMP PG College Sitapur, Hindu Kanya Mahavidyalay Sitapur and D. P. Verma P G College Khagesiyamau were selected for sampling. To apply the survey method author has visited to these institutions personally and distributed 120 questionnaires to the students studying in four various courses at UG and PG level in these institutions (40 to each institution). We could get back 100 proper completed questionnaires (30 from DPV, 30 from HKM and 40 from RMP PG College) resulting into the response rate of eighty five

percent. Survey was conducted during September and October 2015. Before discussing statistical results and findings of the study, we would like to first delineate the profile of respondents which is presented in Table 1.

Table-1

Profile of Respondents

Srl	Institu.	Total	Class				Religion		Caste			Locality		Father's Profession		
			BA	B. Sc	H.S	MA	Hindu	Muslim	Gen	OBC	SC/ST	Rural	Urban	Ag	Bus	Srv
1	RMP	40		30		10	35	5	10	10	20	20	20	26	3	11
2	HKM	30	30				27	3	10	10	10	18	12	15	13	2
3	DPV	30			30		24	6	10	10	10	18	12	5	21	4
Catg.Total		100	30	30	30	10	86	14	30	30	40	56	44	46	37	17
Grand Total		100	100				100		100			100		100		

Table no.1 shows the profile of the100 respondents. All the respondents are girls. Total 100 Girls were selected from these three colleges as 30 from DPV, 30 from HKM and 40 from RMP PG College. It is clear from the table that the sample represents the four different types of respondents; BA (normal), B.Sc. BA Home Science and MA. D P Verma College is having the girls studying home science as a subject .The purpose of the selection of this college is to test the hypothesis that the home science students are much more aware about the health issues as compared to other students.

56 girls in the sample are from rural area and 46 from urban. On the basis of locality we shall test another hypothesis based on the role of family and health care. Sample has a balanced ratio of 30 General, 30 OBC and 40 SC girls. The girls have come from the different backgrounds as their parents are in different professions but most of the parents are from agricultural and business field. We were looking for a balance in sample on behalf of religion also but unfortunately we could not find the enough Muslim girls.

Table .2

General Awareness about Health and Fitness

Srl.	Variables	Opinion	BA	%	BA HOME SC.	%	B.Sc. (M)	%
1	Knows Height ?	Correct Y	10	33	12	40	10	33
		N	20	67	18	60	20	67
2	Knows Weight ?	Correct Y	13	43	8	27	15	50
		N	17	57	22	73	15	50
3	Knows Blood Group?	Y	3	10	4	17	8	27
		N	27	90	26	83	22	73

Y=Yes   N=No   * → Significant at 1 % level

Note % →Percentage of selected respondents in each category.

Table two examines the health related general awareness of the respondents such as height, weight and blood group. Table shows that only 36% of the total respondents say that they know their correct height. 64 % respondents say that they don't know even their correct height. When we compare the groups we find that the percentage of BA Home Science respondents (40%) who know their correct height is higher as compared to other girls of BA (33%) and B.Sc. Math (33%).
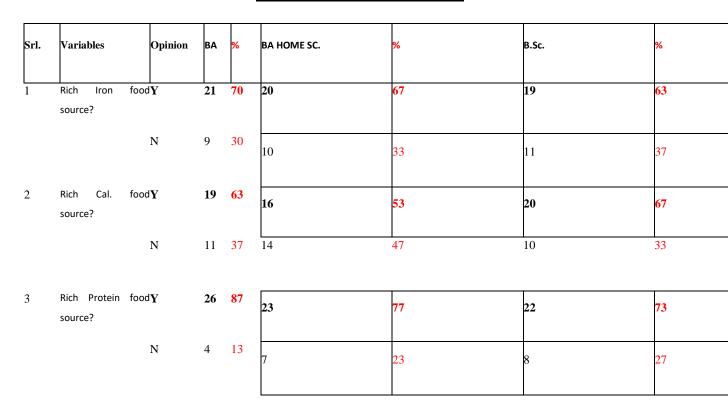
Table shows that the 58 % of the total respondents don't know about their body weight. When we compare the groups we find this time the respondents of B. Sc have the highest percentage (50%) saying that they know their correct weight.

As we look the information about the blood group we find that the 79% of the total respondents are not having any idea about their blood group. Comparing the three UG groups we find that the B.Sc. respondents have the highest percentage (27%) saying that they know their blood group. In over all comparison we can say that the maximum respondents have no idea about their height, weight and blood group and the home science respondents were supposed to know much more rather than other respondents but this hypothesis could not be proved.

Table-3

Awareness about Healthy Food

Srl.	Variables	Opinion	BA	%	BA HOME SC.	%	B.Sc.	%
1	Rich Iron food source?	Y	21	70	20	67	19	63
		N	9	30	10	33	11	37
2	Rich Cal. food source?	Y	19	63	16	53	20	67
		N	11	37	14	47	10	33
3	Rich Protein food source?	Y	26	87	23	77	22	73
		N	4	13	7	23	8	27

Y=Yes,   N=No,   Note % →Percentage of selected respondents in each category

Table no.3 examines the information status of the university girls regarding the resources of healthy food. As the whole sample is concerned it is pleasant to find that 66% of the total respondents know the sources of rich Iron food and 62% of the total respondents know about the rich calcium food. Same patter goes about Protein foods when 79% of the sample says yes to it. Now comparing in UG groups we find a reverse result against our hypothesis that respondents of Home Science must be more aware about the sources of Iron, Calcium and Protein. In case of Iron and Protein BA respondents are better (70% and 87%) than respondents of Home Science (67% and 77% respectively).In case of Calcium also B. Sc. Respondents (67%) are better than respondents of Home Science (53%). Chi sq. is not significant and it proves that Home Science as a subject is hot very helpful to respondents towards the awareness of healthy food.

Table-4

Locality and Health Care

Srl.	Variables	Opinion	Urban (56)	%	Rural (44)	%	Total	%	Chi -Sq

1	Asked to consume Stale food?	Y	16	29	11	25	27	27	.690
		N	40	71	33	75	73	73	
2	Discouraged for Non Veg food?	Y	26	46	31	70	57	57	.025*
		N	30	54	13	30	43	43	
3	Carelessness of Family when sick	Y	13	23	11	25	24	24	.836
		N	43	77	33	75	76	76	
4	Suggested for lean and slim look ?	Y	7	12	1	2	8	8	.061**
		N	49	88	43	98	92	92	

Y=Yes, N=No,* → Significant at 5 % level, ** → Significant at 10 % level

Note % →Percentage of selected respondents in each category.

Table no.4 examines the role of locality in health care issues. Percentage of respondents (29%) consuming stale food is higher in urban areas as compared to respondents in rural areas (25%). Thou stale food consumption is not good for health but it seem high in urban areas due to enough facilities of microwaves oven and refrigerators which keep the food fresh and consumable for long time.

A very interesting finding comes out about the consumption of non veg food and the relation is very significant here. A clear disparity is seen in rural (70%) and urban respondents (46%) as they are discouraged in their families for consumption of non veg food. In rural areas due to illiteracy, strong religious faith and social reasons girls are not allowed to eat non veg foods and parents don't know about the rich protein and vitamins availability in non veg items. On the other hand due to enough literacy and information from TV and media sources families seem more liberal to their girls and they might know the benefits of non veg food. In case of sickness in rural areas families are little more careless (25%) to respondents as compared to urban areas (23%). It is not a big difference and may be naturally due to lack of health services in rural sectors. Again it is very interesting to find the significant difference in opinion of respondents on the question of their physical appearance and their family's suggestions. Respondents from urban sectors with a higher percentage (12%) as compared to rural (2%) accepted that their families keep them suggesting to maintain lean and slim look. It may be an impact of TV media in urban families where parents are worried about the fitness of their girls as the consumption of junk food is growing day by day and it results negatively as obese adolescents.

Table-5

Role of Syllabus in Health Awareness

Srl	Variables	Opinion	BA	%	BA HOME SC.	%	B.Sc.	%	MA	%	Total	%	Chi -Sq
1	Syllabus in Health Awareness?	Y	7	23	23	77	3	10	3	30	36	36	.000***
		N	23	77	7	23	27	90	7	70	64	64	

Y=Yes,   N=No,   * → Significant at 1 % level

Note % → Percentage of selected respondents in each category.

Table .5 examines the role of syllabus to aware the respondents towards their health. Responses are not good as the respondents of BA (77%) and B. Sc (90%) are concerned. They are saying that there syllabus does not play any role to aware them regarding their health issues. The interesting fact is that 77% respondents of Home Science are agree that their syllabus helps them to aware towards health issues but as we have seen is earlier tables these girls have a lesser information regarding their physical fitness, blood group and healthy food when compared to BA and B. Sc girls. It seem that the syllabus of Home Science is helpful to understand health issues but these respondents have not gone through the syllabus properly or not exercised well in practice.

Table-6

Sources of Information Regarding Health Issues

		News papers/Magazines	%	TV	%	Govt Bodies	%	Parents	%	Friends etc.	%	Total
	HKM	6	19	5	16	1	14	25	47	2	25	39 resources
	RMP	10	32	8	25	4	57	22	41	3	37.5	47 resources
	DPV	15	49	19	59	2	29	6	12	3	37.5	45 resources
Total		31/100	31	32/100	32	7/100	7	53/100	53	8/100	8	

Y=Yes,   N=No,

Note % → Percentage of selected respondents in each category

Table no.6 examines the major resources which help to respondents to understand the health issues in better ways. Most of the respondents (53%) find their parents as main source of information regarding health issues. It is better to find the parents provoking their wards where the health is

concerned but it is seen that the information status of the respondents is not very good and the reason may be that the parents also not having the deep knowledge regarding health issues. It was also seen that especially in rural areas the respondents were suggested to not consume the non vegetarian food by their family members. Second major source of information and awareness is T V as 33% respondents say. News paper (31%) is almost the same popular source of information among the respondents. It is downbeat to find Government bodies like PHCs and Govt. Hospitals etc. are not most effective or helpful to aware the respondents. The friend circle of these respondents is not enough rich to make them aware about health issues.

CONCLUSIONS

The main objective of the study was to collect and analyze data about the health awareness among the university level educated girls and to compare the girls studying in BA, B. Sc and BA Home science in different colleges of district Sitapur, Uttar Pradesh.

The results showed that most of the girls despite of their higher education level have no clear idea about their e physique, healthy food pattern. The study reveals the fact that these girls are still depend on their parents for the health issues and information and especially in rural areas where most of the parents are farmers they are not enough skilled to suggest proper diet like non vegetarian food etc. to their girls.

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Finally is also downbeat to find that the syllabus of Non Home science girls has no concern with health issues as is must be related to the basic health information.

SUGGESTIONS

- University must introduce a basic qualifying paper for general information and awareness regarding health for every faculty as health is the most sensitive and   essential issue especially for the girls as they are the future mothers and the back bone of the nation.
- Government bodies and NGOs need to do a lot on ground to aware and inform the young girls especially in colleges.
- Awareness programs, regular health checkups camps and activities like debate, poster slogan etc must be organized in colleges with the collaboration of health and *education departments.*

Acknowledgment

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