



## IMPACT OF MEDICAL SERVICES ON WOMEN - A STUDY OF KARIMNAGAR DISTRICT IN TELANGANA STATE

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### Abstract

*The Women's Medical Service for India (also referred to as the Women's Medical Service) was a state-funded medical service for women in British India. Until its foundation in 1913, medical care for women in India was limited to that provided by missionaries or charities like the Countess of Dufferin Fund. Numerous studies show that, generally, women deal with more health issues than men. Women have many conditions to watch out for, including osteoporosis, menopause, and mental health. However, one should always know that there are several things women may take to shield themselves from contracting any health condition. Women occupied select ranks of medical personnel during the period. They worked as herbalists, midwives, surgeons, barber-surgeons, nurses, and traditional empirics. Women healers treated most patients, not limiting themselves to treating solely women.*

### Introduction

The administrative center of Karimnagar district of Telangana state is 160 km northeast of Hyderabad. The city is named after Syed Karimuddin, who is believed to be the founder. Karimnagar was formerly known as "Sabbinnadu," and inscriptions of Kakatiya kings Prola II and Pratrparudra found at Karimnagar and Srisailam attest to its rich history. Karimnagar is an important agricultural center in the region. The Godavari River irrigates the city's main park. Attractions in the town include Elgandal (10 km) and Vemulawada (35 km). There is road access to Karimnagar, Warangal, Nizamabad, Medak, and other parts of the state. The nearest airport is Hyderabad (160 km). Warangal and Medak are bordered by Karimnagar to the south, Nizamabad to the west, Madhya Pradesh to the east, and Adhirabad to the north.

Karimnagar was a descendant of Salimuddin of Kilada, famous for his Vedic learning since ancient times. Karimnagar is 165 km from Telangana's capital Hyderabad. Godavari River adds to the beauty of the place; many big companies like NTPC, Kesoram Cement, Ramagundam-Singareni Coal Mine, etc., are located around the holy areas of Karimnagar like Vemulawada, Dharmapuri, Kaleswaram, Kondagattu, etc. Natives specialize in silver. Zardozi is a fine form of metal.

The history of Karimnagar district dates back to the Stone Age. H. 148,000 BC proves the tools, culture, and other objects found in different parts of Karimnagar. The absence of pedal bonkers, holies, and millionaires is a testament to history. Based on this evidence, it is concluded that the Satavahanas ruled Karimnagar, then the Satavahana-Maurya kings, and the Asafjas. Karimnagar Today, the buildings and structures built by these kings are a beautiful testimony to history.

### Objectives of the study:

1. To assess healthcare-seeking behavior among rural women in Telangana.

2. To understand the impact of medical services on women: a study in Karimnagar district of Telangana state.
3. To determine the level of awareness among beneficiaries about services.
4. To find out the factors influencing the medical services for women.
5. To suggest measures to improve the impact of medical services on women based on the findings.

## Subjects and Methods

### Study design, setting, and subjects

The study was a community survey conducted between June 1, 2016, and August 31, 2021, in three randomly selected mandals out of 11 mandals affiliated with a medical college in Karimnagar District, Telangana State. All the women who participated in the study were above 20. Sick and dying patients, experimental study participants, and women who refused to participate were excluded.

### Sample size and sampling technique

The sample size was estimated using the formula  $N = 4 pq/d^2$ , where  $P = 72.6\%$  (P of previous study results),  $q = 27.4$ , precision ( $d$ ) = 7.26 (10% P). Assuming an exclusion rate of 10%,  $n = 150.9$  was calculated, and the total number was 165.9, adding up to 200, so the final sample size was 200. It was decided to collect data from 89 subjects in Chintakunta Mandal based on random sampling. Selection process. 51 households were selected by systematic random sampling from Husnabad and Hazurabad. After visiting the selected households, the youngest available were included in the study.

### Study tool and data collection

A pre-developed and pre-tested questionnaire was used as a study aid. First, a pilot study was conducted with 50 rural women, and the questions were translated into the local language as part of the questionnaire. It is obvious. The questionnaire included socio-demographic variables such as age, religion, education, occupation, socioeconomic status, and marital status. Questions about health behaviors and health facility preferences were also included. Data were collected using the personal interview method.

### Statement of the problem

The health of women in Karimnagar district is not good. According to recent data published in May in the Model Registration System Information Manual, the infant mortality rate in India is currently 32 per thousand births, and the maternal mortality rate (MMR) is 113 per million live births. 2020

As of September 2019, the MMR in Telangana state is 24-25, per the Ministry of Health and Family Welfare. MMR is 92 per the 2018-19 model registration system schedule, but Karimnagar now has Infant Mortality Rate (IMR). The Maternal Mortality Report (IMR) is the number of live births in March 2020.

**Area of the study:** The study shall be conducted in the Karimnagar district of Telangana state.

### Work Plan and Methodology

Qualitative and quantitative research methods were used in the study.

- **Research Design:** A research design is the arrangement of conditions for collecting and analyzing data in a manner that aims to combine to be research purpose. This study adopts the descriptive method,
- **Universe and Sampling:** Total number of mothers in Karimnagar district The Karimnagar district is the universe for the study, but specific data will be used in the future.
- **Criteria for Selecting Respondents:** The study population will comprise the Karimnagar district mothers age group (18 to 45) residing in Karimnagar district who had a live baby between 0 to 5 years old.
- **Types and sources of data required:** Both primary and secondary data were used for the study.
- **Tools for Data Collection:** Semi-structured interview schedule used for mothers.

### Profile of selected sample respondents

Table No - 1

Distribution of respondents according to their Social status

Sl. No.	Social status	Frequency	Percentage
1	OC	95	47.5
2	BC	59	29.5
3	SC	33	16.5
4	ST	13	6.5
Total		200	100

Source: Primary data

It was evident from the above table that the majority, 95 (47.5%), belong to Open Category. About 59 (29.5%) belong to Backward Classes. 33 (16.5%) belong to Scheduled Castes. The remaining 13 (6.5%) belong to Scheduled Tribes.

Table No - 2

Distribution of respondents according to their age

Sl. No.	Age	Frequency	Percentage
1	20- 35 years	60	30
2	35- 50 years	82	41
3	Above 50 years	58	29

<b>Total</b>	<b>200</b>	<b>100</b>
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**Source:** Primary data

It was evident from Table No - 2 that the majority (41%) of the respondents belonged to the age group of 35- 50 years, followed by 20- 35 years (30%), and 29 percent of the respondents belonged to the age group of above 50 years. The possible reason might be that they were more interested in knowing the health aspects and responsible for caring for the family member's health needs.

**Table No - 3**  
**Distribution of respondents according to their education**

Sl. No.	Education	Frequency	Percentage
1	Illiterate	<b>68</b>	34
2	Functional illiterate	<b>10</b>	5
3	Primary school	<b>38</b>	19
4	Secondary school	<b>55</b>	27.5
5	College	<b>14</b>	7
6	Graduate	<b>14</b>	7
7	PG & above	<b>1</b>	0.5
<b>Total</b>		<b>200</b>	<b>100</b>

**Source:** Primary data

The results from Table No - 3 showed that most (34%) of the respondents were illiterates, followed by 27.5 percent who had secondary school education and 19 percent who had primary school education. Both college education and graduates were equal (7%), 5 percent were functionally literate, and only one respondent (0.50%) had completed an MBA course. It was observed that most of the respondents were illiterate because there was a lack of educational facilities during schooling. Also, there needed to be more support from family members to pursue higher education.

**Table No - 4**  
**Distribution of respondents according to their Occupation**

Sl. No.	Occupation	Frequency	Percentage
1	Housewife	<b>43</b>	21.5
2	Housewife+ Beedi worker	<b>22</b>	11
3	Housewife business	<b>11</b>	5.5

4	Agriculture	<b>87</b>	43.5
5	Agriculture labor	<b>33</b>	16.5
6	Conductor	<b>2</b>	1
7	Anganwadi worker	<b>2</b>	1
<b>Total</b>		<b>200</b>	<b>100</b>

**Source:** Primary data

Table No - 4 indicated that the majority (43.5%) of the respondents had a main occupation as agriculture, followed by 21.5 percent of respondents who were housewives, and 16.67 percent were agricultural. Of laborers, 11 percent were housewives+beedi workers, 5.5 percent were housewives+business holders, and only one (1%) each was a conductor and Anganwadi worker.

**Table No - 5**

**Distribution of respondents according to their Annual income**

Sl. No.	Annual income	Frequency	Percentage
1	Less than 60,000	<b>127</b>	63.5
2	60,000 -1,20,000	<b>60</b>	30
3	1,20,000 – 1,80,000	<b>11</b>	5.5
4	1,80,000 and above	<b>2</b>	1
<b>Total</b>		<b>200</b>	<b>100</b>

**Source:** Primary data

Table No - 5 revealed that more than half (63.5%) of the respondents belonged to the income category of less than Rs. 60,000 of annual income, followed by 30 percent of the respondents belonged to yearly income ranges from Rs. 60,000 - 1 20,000, 5.5 percent of the respondents belonged to Rs. 1, 20,000 – 1, 80,000 annual income and only 1 percent of the respondents belonged to Rs. 1, 80,000 and above annual income category.

**Table No - 6**

**Distribution of respondents according to their Extension contact**

Sl. No.	Extension contact	Frequency	Percentage
1	Low (0-8)	<b>183</b>	91.5
2	Medium (8-16)	<b>17</b>	8.5
3	High (16-24)	-	-
<b>Total</b>		<b>200</b>	<b>100</b>

**Source:** Primary data

Table No - 6 indicated that the majority (91.5%) of the respondents had low extension contact, followed by only 8.5 percent of the respondents who had medium extension contact, and none had high extension contact. This might be related to the fact that none of the respondents had frequently contacted the extension personnel in their villages, such as the Assistant director of agriculture, KVK, Subject matter specialists, etc. Other reasons are low education and inadequate time to contact extension persons to update themselves, and social customs have become barriers for rural women. These results were similar to Verma *et al.* (2017)<sup>i</sup>.

**Table No - 7**  
**Distribution of respondents according to their Information Seeking Behaviour**

Sl. No.	Information Seeking Behaviour	Frequency	Percentage
1	Low (0-8)	73	36.5
2	Medium (8-16)	127	63.5
3	High (16-24)	-	-
<b>Total</b>		<b>200</b>	<b>100</b>

**Source:** Primary data

The results in Table No - 7 showed that the majority (63.5%) of the respondents had a medium level of information-seeking behavior, followed by 36.5 percent of the respondents who had a low level of information-seeking behavior. None of the respondents had a high level of information-seeking behavior. This may be due to the reason that the majority of respondents got information regularly from family members, friends, and relatives. Television was the major source of information for the respondents, which was easily and readily available. Some respondents were members of the beedi-workers association, from which they received information from various members, which made them aware of many aspects and must have improved their information-seeking behavior.

### **Level of health awareness among rural women**

The questionnaire consisted of four sections to ascertain the respondents' level of awareness about health, hygiene, exercise and physical activity, healthy diet, illness, and disease. Under each category, there are some subcategories.

**Table No - 8**  
**Awareness level of respondents on Hygiene practices**

Sl. No.	Category	Frequency	Percentage
1	Low (0-7)	2	1
2	Medium (7-14)	7	3.5
3	High (14-21)	150	75

4	Low (0-4)	<b>41</b>	20.5
<b>Total</b>		<b>200</b>	<b>100</b>

**Source:** Primary data

Level of awareness of respondents about hygiene practices: This category has three sub-components, and the majority (75%) of the respondents were found to have a high level of awareness. 3.5% of respondents have a medium level of understanding, and very few (5%) respondents have a low level of awareness. Most rural women (75%) may be familiar with hygiene practices such as regularly washing after using the toilet, bathing daily, washing clothes daily, and passing the head twice a week. It also educated them on keeping their surroundings clean, cleaning toilets regularly, disposing of waste properly, and collecting water from RO filters installed in their villages.

**Table No - 9**

**Awareness level of respondents on exercise and physical activity**

Sl. No.	Category	Frequency	Percentage
1	Medium (4-8)	<b>142</b>	71
2	High (8-12)	<b>58</b>	29
<b>Total</b>		<b>200</b>	<b>100</b>

**Source:** Primary data

Respondent's awareness of exercise and physical activity: The three-part subscale showed that more than half (71%) of the respondents had a moderate level of understanding. 29 percent of respondents belong to low and high-awareness categories. Respondents may know the importance of exercise and physical activity to maintain good health, reduce obesity, regulate body systems, and prevent diseases. Still, in rural areas, they did not exercise because they were busy with agricultural work. Due to household responsibilities, they do not have time to engage in exercise, according to this study by Suchitra et al. (2018)<sup>1</sup>.

**Table No - 10**

**Awareness level of respondents on Healthy diet**

Sl. No.	Category	Frequency	Percentage
1	Low (0-5)	<b>5</b>	2.5
2	Medium (5-10)	<b>55</b>	27.5
3	High (10-15)	<b>140</b>	70
<b>Total</b>		<b>200</b>	<b>100</b>

**Source:** Primary data

<sup>1</sup> Selvam V, Ashok D, Pratheepkanth P. Awareness and Perception of Health Issues among Rural Women. International Journal of Recent Technology and Engineering (IJRTE) 2019; 7(5):12-17.



Level of awareness of respondents about healthy eating: The third dimension has three sub-components. It is clear that most respondents (70%) have a high understanding and 27.5 percent of respondents have medium awareness and only 2.5 percent have no attention; the level needs to be higher. Proper and proper nutrition is an important aspect of a healthy lifestyle. Therefore most women are aware of the nutrients in food concerning their role in body maintenance, growth, reproduction, and health and disease prevention. Similar results were established by Selvam et al. (2019)<sup>2</sup>.

**Table No - 11**  
**Awareness level of respondents on Illness and diseases**

Sl. No.	Category	Frequency	Percentage
1	Low (0-7)	23	11.5
2	Medium (7-14)	93	46.5
3	High (14-21)	84	42
<b>Total</b>		<b>200</b>	<b>100</b>

**Source:** Primary data

Respondents' level of awareness about Illness and disease: This category has three sub-components. It was found that respondents (46.5%) had medium understanding, 42% had close attention, and 11.5% had low awareness about disease and Illness. This may be due to their exposure to sources of infectious diseases such as contaminated food, water, and air, as well as insect bites. He has an average knowledge of lifestyle factors and conditions like diabetes caused by the side effects of tobacco use. Respondents expressed concern that some health problems are caused by genetics, while environmental issues cause others. Anganwadi and health workers like NM created awareness about the disease and its effects. People with diabetes have a moderate understanding of diabetes as it is now more common in rural areas, mainly due to lifestyle changes. This study was done according to Suchitra et al. (2018)<sup>3</sup>.

**Table No - 12**  
**Awareness level of respondents on Breast cancer**

Sl. No.	Category	Frequency	Percentage
1	Yes	142	71
2	No	58	29
<b>Total</b>		<b>200</b>	<b>100</b>
<b>If yes, what is the social impact of Breast cancer on family</b>			

<sup>2</sup> Sample Registration System. <https://www.pib.gov.in/PressReleasePage.aspx?PRID=16>

<sup>3</sup> Selvam V, Ashok D, Pratheepkanth P. Awareness and Perception of Health Issues among Rural Women. International Journal of Recent Technology and Engineering (IJRTE) 2019; 7(5):12-17.



1	Loss of social relations	<b>12</b>	6
2	Loss of job	<b>9</b>	4.5
3	Financial crises	<b>121</b>	60.5
<b>Total</b>		<b>142</b>	<b>71</b>

**Source:** Primary data

Level of awareness of the respondents about breast cancer: This category has two sub-parts showing that the majority (71%) of the respondents are aware, and 29% are not. Out of 142 respondents, it was found that 60.5% faced a financial crisis, and 6% of respondents lost social relations due to breast cancer. The remaining 4.5 percent lost their jobs due to breast cancer. It inferred from the above analysis majority of 60.5% faced a financial crisis due to breast cancer.

**Table No - 13**  
**Awareness level of respondents on HIV/AIDS**

Sl. No.	Category	Frequency	Percentage
1	Yes	<b>173</b>	86.5
2	No	<b>27</b>	13.5
<b>Total</b>		<b>200</b>	<b>100</b>
<b>If yes, what is the social impact of HIV/AIDS</b>			
1	Loss of social relations	<b>152</b>	76
2	Loss of job	<b>8</b>	4
3	Financial crises	<b>13</b>	6.5
<b>Total</b>		<b>173</b>	<b>86.5</b>

**Source:** Primary data

Level of awareness of respondents about HIV/AIDS: This category has two sub-parts which revealed that the majority (86.5%) are aware, and 27% of respondents are not aware of HIV/AIDS. It shows that out of 173 respondents, 76% of respondents have lost social relations due to HIV/AIDS, and 6.5% of respondents are facing an economic crisis. The remaining 1 percent of respondents lost their jobs due to HIV/AIDS. It is inferred from the above analysis majority of 76% of respondents have lost social relations due to HIV/AIDS.

**Table No - 14**  
**Awareness level of respondents on Cardiovascular Health**

Sl. No.	Category	Frequency	Percentage
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1	Yes	<b>119</b>	59.5
2	No	<b>81</b>	40.5
<b>Total</b>		<b>200</b>	<b>100</b>
<b>If yes, what is the social impact of Cardiovascular Health</b>			
1	Loss of social relations	<b>11</b>	5.5
2	Loss of job	<b>26</b>	13
3	Financial crises	<b>82</b>	41
<b>Total</b>		<b>119</b>	59.5

**Source:** Primary data

Level of awareness of respondents about heart health: This category has two sub-sections. It showed that most (59.5%) of people are aware, and 40.5% of respondents are unaware of heart health. Out of 119 respondents, it was revealed that 41% of respondents faced a financial crisis, and 13% of respondents lost their job due to heart health. The remaining 5.5 percent lost social ties due to heart disease. It inferred from the above analysis majority of 41% of respondents faced a financial crisis due to heart disease.

**Table No - 15**

**Awareness level of respondents on Mental Health**

<b>Sl. No.</b>	<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
1	Yes	<b>162</b>	81
2	No	<b>38</b>	19
<b>Total</b>		<b>200</b>	<b>100</b>
<b>If yes, what is the social impact of Mental Health</b>			
1	Loss of social relations	<b>34</b>	17
2	Loss of job	<b>83</b>	41.5
3	Financial crises	<b>45</b>	22.5
<b>Total</b>		<b>162</b>	81

**Source:** Primary data

Level of awareness of the respondents about mental health: This category has two sub-sections and shows that 81% of the respondents are aware, and 19% are unaware of mental health. Of the 162 respondents, 41.5 percent had lost their jobs due to mental health problems, and 22.5 percent of respondents were experiencing financial difficulties. The

remaining 17% of respondents lost social connections due to mental health. It inferred from the above analysis majority of 41.5 percent had lost their jobs due to mental health problems.

**Table No - 16**

**Awareness level of respondents on the Indira Gandhi Matritva Sahyog Yojana conditional maternity benefit plan**

Sl. No.	Category	Frequency	Percentage
1	Yes	78	39
2	No	122	61
<b>Total</b>		<b>200</b>	<b>100</b>
<b>If yes, what is the social impact of the Indira Gandhi Matritva Sahyog Yojana conditional maternity benefit plan</b>			
1	Increased social status	22	11
2	Self-employment	33	16.5
3	Increased financial status	23	11.5
<b>Total</b>		<b>78</b>	<b>39</b>

**Source:** Primary data

Level of awareness of respondents about Indira Gandhi Matritva Sahyog Yojana conditional maternity benefit plan: This category has two sub-components. It shows that the majority, 61% of respondents, have no knowledge, and 39% of respondents are aware of the Indira Gandhi Mitrava Sahi Yojana Prasuti Contingent Benefit Scheme. Out of 78 respondents, it shows that the majority, 16.5%, have achieved self-employment through Indira Gandhi Matritva Sahyog Yojana conditional maternity benefit plan, and 11.5% of respondents have improved their social status through Indira Gandhi Mitra Sahi Yojana. Maternity Benefit, The remaining 11% of respondents are struggling with their financial situation. It inferred from the above analysis majority of 61% of respondents need to learn about the Indira Gandhi Mitrava Sahi Yojana Prasuti Contingent Benefit Scheme.

**Table No - 17**

**Awareness level of respondents on Janani Suraksha Yojana**

Sl. No.	Category	Frequency	Percentage
1	Yes	134	67
2	No	66	33
<b>Total</b>		<b>200</b>	<b>100</b>
<b>If yes, what is the social impact of Janani Suraksha Yojana</b>			

1	Increased social status	<b>36</b>	18
2	Self-employment	<b>66</b>	33
3	Increased financial status	<b>32</b>	16
<b>Total</b>		<b>134</b>	<b>67</b>

**Source:** Primary data

Awareness level of respondents about Janani Suraksha Yojana: This category has two sub-components. It shows that 67% of respondents know Janani Suraksha Yojana and 33% of respondents don't know Janani Suraksha Yojana. It shows that out of 134 respondents, 16% have increased their social status through Janani Suraksha Yojana, and 33% have become self-employed through Janani Suraksha Yojana. The remaining 16% of respondents are struggling with their financial situation. It is inferred from the above analysis majority of 67% of respondents know Janani Suraksha Yojana.

**Table No - 18**

**Awareness level of respondents on Janani Shishu Suraksha Karyakaram**

Sl. No.	Category	Frequency	Percentage
1	Yes	<b>123</b>	61.5
2	No	<b>77</b>	38.5
<b>Total</b>		<b>200</b>	<b>100</b>
<b>If yes, what is the social impact of Janani Shishu Suraksha Karyakaram</b>			
1	Increased social status	<b>11</b>	5.5
2	Self-employment	<b>9</b>	4.5
3	Increased financial status	<b>103</b>	51.5
<b>Total</b>		<b>123</b>	<b>61.5</b>

**Source:** Primary data

Level of awareness of the respondents about the Janani Shishu Suraksha Karyakaram: This category has two sub-components. It was found that 61.5 percent of the respondents were aware, and 38.5 percent were unaware of the Janani Shishu Suraksha Karyakaram program. It shows that out of 123 respondents, 51.5% of the respondents have faced financial conditions, and 5.5% of the respondents have improved the social status of Janani Shishu Suraksha Karyakaram. The remaining 4.5 percent were self-employed in the Janani Shishu Suraksha Karyakaram. It inferred from the above analysis majority of 61.5 percent of the respondents were aware of the Janani Shishu Suraksha Karyakaram program.

**Table No - 19**

**Awareness level of respondents on the Beti Bachao Beti Padao program**

Sl. No.	Category	Frequency	Percentage
1	Yes	<b>167</b>	83.5
2	No	<b>33</b>	16.5
<b>Total</b>		<b>200</b>	<b>100</b>
<b>If yes, what is the social impact of the Beti Bachao Beti Padao program</b>			
1	Increased social status	<b>24</b>	12
2	Self-employment	<b>8</b>	4
3	Decreased financial status	<b>135</b>	67.5
<b>Total</b>		<b>167</b>	<b>83.5</b>

**Source:** Primary data

Level of awareness of respondents about the Beti Bachao Beti Padhao program: This category has two sub-components. It shows that most respondents have 83.5% awareness, and 16.5% do not understand the Beti Bachao Beti Padhao program. It shows that out of 167 roses, 67.5% of the respondents faced economic status, and 12% proved their social position through the Beti Bachao Beti Padhao program. The remaining 1 percent of respondents were self-employed in the Beti Bachao Beti Padhao program. It inferred from the above analysis majority of 83.5% are aware of the Beti Bachao Beti Padhao program.

**Table No - 20**

**Awareness level of respondents on Village Health and nutrition day**

Sl. No.	Category	Frequency	Percentage
1	Yes	<b>49</b>	24.5
2	No	<b>151</b>	75.5
<b>Total</b>		<b>200</b>	<b>100</b>
<b>If yes, what is the social impact of Village Health and nutrition day</b>			
1	Knows the importance of nutrition	<b>19</b>	9.5
2	Knows about nutrition levels	<b>22</b>	11
3	Nothing	<b>8</b>	4
<b>Total</b>		<b>49</b>	<b>24.5</b>

**Source:** Primary data

Level of awareness of the respondents about Village Health and Nutrition Day: This category has two sub-parts. It shows that 75.5% of the respondents must be made aware, and 24.5% must be made aware of the Village Health and Nutrition Day. Out of 49 respondents, the majority, 11 percent, know the level of nutrition through village health and nutrition day, and 9.5 percent of respondents know the importance of nutrition through village health and nutrition day. The remaining 4% of the respondents did not face the above conditions. It is inferred from the above analysis that 75.5% of the respondents need to be made aware of the Village Health and Nutrition Day.

### **Findings and Suggestions**

It is observed that the level of awareness of respondents about hygiene practices. The majority (75%) of the respondents were found to have a high level of awareness. 3.5% of respondents have a medium level of understanding, and very few (5%) respondents have a low level of awareness (Table No - 7)

It is concluded that awareness of exercise and physical activity: The three-part subscale showed that more than half (71%) of the respondents had a moderate level of understanding. 29 percent of respondents belong to low and high-awareness categories (Table No - 8).

It is observed that respondents' level of awareness about healthy eating: The third dimension has three sub-components. It is clear that most respondents (70%) have a high understanding and 27.5 percent of respondents have medium awareness, and only 2.5 percent have no attention; the level is low (Table No - 9).

It is concluded that level of awareness about Illness and disease: This category has three sub-components. It was found that respondents (46.5%) had medium understanding, 42% had close attention, and 11.5% had low awareness about disease and Illness (Table No - 10).

Respondents' views Level of awareness about breast cancer: This category has two sub-parts showing that the majority (71%) of the respondents are aware, and 29% are not. Out of 142 respondents, it was found that 60.5% faced a financial crisis, and 6% of respondents lost social relations due to breast cancer. The remaining 4.5 percent lost their jobs due to breast cancer (Table No - 11).

It is concluded that on the level of awareness of respondents about HIV/AIDS: This category has two sub-parts which revealed that the majority (86.5%) are aware, and 27% of respondents are not aware of HIV/AIDS (Table No - 12) It shows that out of 173 respondents, 76% of respondents have lost social relations due to HIV/AIDS, and 6.5% of respondents are facing an economic crisis. The remaining 1 percent of respondents lost their jobs due to HIV/AIDS.

It is observed that respondents' level of awareness about heart health: This category has two sub-sections. It showed that most (59.5%) of people are aware, and 40.5% of respondents are unaware of heart health. Out of 119 respondents, it was revealed that 41% of respondents faced a financial crisis, and 13% of respondents lost their job due to heart health. The remaining 5.5 percent lost social ties due to heart disease (Table No - 13).

It is observed that the respondents' level of awareness about mental health: This category has two sub-sections and shows that 81% of the respondents are aware, and 19% are unaware of mental health (Table No - 14).

It is concluded that this category has two sub-components on the respondents' level of awareness about the Indira Gandhi Matritva Sahyog Yojana conditional maternity benefit plan. It shows that the majority, 61% of respondents, have no knowledge, and 39% of respondents are aware of the Indira Gandhi Mitra Sahi Yojana Prasuti Contingent Benefit Scheme. Out of 78 respondents, it shows that the majority, 16.5%, have achieved self-employment through Indira Gandhi Matritva Sahyog Yojana conditional maternity benefit plan, and 11.5% of respondents have improved their social status through Indira Gandhi Mitra Sahi Yojana. Maternity Benefit, The remaining 11% of respondents are struggling with their financial situation (Table No - 15).

It is observed that the Awareness level of respondents about Janani Suraksha Yojana: This category has two sub-components. It shows that 67% of respondents know Janani Suraksha Yojana, and 33% of respondents don't know Janani Suraksha Yojana. It shows that out of 134 respondents, 16% have increased their social status through Janani Suraksha Yojana, and 33% have become self-employed through Janani Suraksha Yojana. The remaining 16% of respondents struggle financially (Table No - 16).

It is concluded that on the respondents' level of awareness about the Janani Shishu Suraksha Karyakaram, This category has two sub-components. It was found that 61.5 percent of the respondents were aware, and 38.5 percent were unaware of the Janani Shishu Suraksha Karyakaram program. It shows that out of 123 respondents, 51.5% of the respondents have faced financial conditions, and 5.5% of the respondents have improved the social status of Janani Shishu Suraksha Karyakaram. The remaining 4.5 percent were self-employed in the Janani Shishu Suraksha Karyakaram (Table No - 17).

It is observed that the level of awareness of respondents about the Beti Bachao Beti Padhao program: This category has two sub-components. It shows that most respondents have 83.5% awareness, and 16.5% do not understand the Beti Bachao Beti Padhao program. It shows that out of 167 roses, 67.5% of the respondents faced economic status, and 12% proved their social position through the Beti Bachao Beti Padhao program. The remaining 1 percent of respondents were self-employed in the Beti Bachao Beti Padhao program (Table No - 18).

It is concluded that on the respondents' level of awareness about Village Health and Nutrition Day, This category has two sub-parts. It shows that 75.5% of the respondents must be made aware, and 24.5% must be made aware of the Village Health and Nutrition Day. Out of 49 respondents, the majority, 11 percent, know the level of nutrition through village health and nutrition day, and 9.5 percent of respondents know the importance of nutrition through village health and nutrition day. The remaining 4% of the respondents did not face the above conditions (Table No - 19).

Respondent's awareness level about reproductive health and child camps is observed: This category has two sub-components. It showed that the majority, 64% of respondents, are aware, and 36% are unaware of reproductive health and child camps. Out of 128 respondents, the majority, 54.5%, is aware of the importance of nutrition through reproductive and child health camps, and 5% of the respondents show that they have not been exposed to any of the





above. The remaining 4.5 percent of respondents learned about their nutritional status through reproductive health and child health camps (Table No - 20).

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