

Health problems of female farm labours

¹Dr. Varsha S Zanvar, ²Aruna R Kharwade

¹Asst. Prof. Home Science, Shri Yoga and Swami Arts College, Basmath Dist Hingoli Maharashtra, India

²Subject matter specialist, Home Science, Krishi Vigyan Kendra, Parbhani, Maharashtra, India

Abstract

A cross sectional study was conducted to assess the health problems of 500 female farm labours of Parbhani district of Marathwada region of Maharashtra state. The study revealed that majority of female farm labours were from nuclear families in urban slums (76.8 per cent) and in rural (67.2 per cent). More per cent of rural families (79.2 per cent) were vegetarian whereas urban slums (69.2 per cent) were non-vegetarian. Maximum numbers of farm women were belonging to income group Rs. 6001-10,000/- per month. The commonly observed health problems included were repeated illness, severe diseases, backache, pain in stomach, depression, pain in legs, headache, breathlessness, weakness, lack of enthusiasm and diarrhoea. Near about 75 to 80 percent surveyed respondents were suffered with one or other grade of anaemia. Further they reported that the common health problem arises during menses were stomach pain (30.4% and 28.4%), backache pain (39.2% and 28%), legs pain (32% and 20.8%) and weakness (21.2% and 12.8%) in urban slum and rural areas respectively. Near about all female farm labourers conceived before they reached 18 years.

Keywords: Socio economic status, common health problems, haemoglobin and anaemia

1. Introduction

The women population in India is near about 614 millions but the position of women in India is not unique when compared to the women in other developing countries, it still they present certain distinct features due to exploitation of women in various field of Indian social life. Lack of sanitation, hygiene and knowledge about nutrition among the affected group as well as widespread of resources are the major factors contributing to nutrition deficiencies. Poor health was repercussions not only for women but also their families. Women with poor health and nutrition are more likely to give birth to low weight infants. They are also less likely to be able to provide food and adequate care for their children. Finally, a women's health affects the household economic wellbeing and as a women with poor health will be less productive in the labour force. Anaemia also a major public health problem worldwide, particularly among women. It has been estimated that more than one third of the world's women are anaemic and more than half of Indian women (55%) are depicted as anaemic by NFHS survey. The priority target groups, who are at high risk, are women of reproductive age (15-49yrs), during pregnancy and lactation. Nutritional anaemia attributes to high maternal mortality, high incidence of low birth weight babies, high perinatal mortality and fetal wastage. Further, various factors like poverty, lower literacy, poor living condition, repeated birth and limited access to health care facilities make the women more prone to suffer from this disorder. This problem is much more in rural and urban slum area. Hence, this study aims to know the "Health Problems of Female Farm Labours".

2. Materials and Methods

A survey was carried out in selected rural and urban of Parbhani District of Marathwada region of Maharashtra state. The urban population was exclusively selected from different

slums in city while rural population was selected from four talukas of Parbhani district. The study was carried out on selected 500 female farm labours i.e. 250 each from urban slums and rural. Equal number of 21-30 and 31-40 years i.e. 125 each in all groups were covered for study. A survey was carried out to find general background regarding socio-economic status, family structure, family background and health condition of the surrounding. Existing health problems were also assessed. To judge the extent of prevalence of anaemia hemoglobin content was determined by cyanomethemoglobin method (Crossby *et al.* 1954) ^[1]. The data was analyzed statistically by applying different suitable tests to compare between the two groups and to find out the significant difference between groups.

3. Results and Discussion

Table 1 showed that majority of female farm labourers were from nuclear families in urban slum (76.8%) and rural area (67.2%), while 84.2 percent of families were having 4 to 6 members. Near about 79 percent female farm labourers from rural areas were vegetarian and 69.2 percent were non-vegetarian from urban slum. More than 55 per cent subjects from both groups were belonging to monthly family income of Rs. 6001 to 10,000/-. Around 40 percent were educated up to high school and 60 per cent either primary or secondary school educated. The results were also in line with study conducted by Vidharbha region of Maharashtra state.

The data regarding commonly observed health problems in selected female farm labourers is presented in Table 2. Majority of female farm labourers were suffering from pain in legs (38.8 to 52.4 %) followed by backache (37.54 to 44 %), headache (28 to 36.8 %) and weakness (20 to 34.8 %). However 0.4 to 24.44 percent female farm labourers were suffering from either one or other health problems like repeated illness (14.8 to 24.44 %), pain in stomach (7.6 to 22

%), breathlessness(8.4 to 14.01 %), lack of enthusiasm (2.80 to 6.48 %), depression (2 to 12.14 %), diarrhea (2 to 8.88%) and severe diseases (0.4 to 1.86%). The findings of study also in line with study conducted by Thakare *et al.* (2005) [7] in Buldhana district and Dhore (2011) [7] in Washim district of Maharashtra.

Prevalence of anaemia (Table 3) on the basis of different socio-economic livings showed that 18.70 to 34 percent respondents were in normal grade whereas 27.2 to 42.37 percent, 30.07 to 43.2 percent and 2 to 8 percent were categorized under mild, moderate and severe grade of anaemia respectively. These findings were in line with Shrinivasa *et al.* (2014) [6].

Table 1: Socio-economic background of selected female farm labourers (N=500)

S. No.	Particular	Urban (N= 250)	Rural (N= 250)
1.	Age Group (yrs)	No. (%)	No. (%)
	21-30	125 (50)	125 (50)
	31-40	125 (50)	125 (50)
2.	Area		
	Rural	125 (50)	125 (50)
	Urban	125 (50)	125 (50)
3.	Type of Family		
	Joint	58 (23.2)	82 (32.8)
	Nuclear	192 (76.8)	168 (67.2)
4.	Family Size(No.)		
	4-6	223 (89.2)	198 (79.2)
	>6	27 (10.8)	52 (20.8)
5.	Food Habit		
	Vegetarian	77 (30.8)	198 (79.2)
	Non-vegetarian	173 (69.2)	52 (20.8)
6.	Family Income (Rs. per month)		
	Upto 6000	40 (16)	67 (26.8)
	6001-10000	154 (61.6)	139 (55.6)
	>10000	56 (22.4)	44 (17.6)
7.	Educational level of subject		
	Primary school education	72 (28.8)	53 (21.2)
	Secondary school education	77 (30.8)	101 (40.4)
	High school education	101 (40.4)	96 (38.4)

Figure in parenthesis indicates percentage

Table 2: commonly observed health problems of selected female farm labours (N=500)

Particular	Repeat ed illness	Severe disease s	Backache	Pain in stomach	Depression	Pain in legs	Headache	Breathlessnes s	Weaknes s	Lack of Enthusias m	Diarrrhoea
Age Group (yrs)											
21-30 (N=250)	45 (18)	02 (0.8)	99 (39.6)	27 (10.8)	16 (6.4)	108 (43.2)	87 (34.8)	28 (11.2)	73 (29.2)	12 (4.8)	18 (7.2)
31-40 (N=250)	54 (21.6)	01 (0.4)	107 (42.8)	33 (13.2)	20 (8.0)	20 (8.0)	20 (8.0)	75 (30)	22 (8.8)	64 (25.6)	14 (5.6)
Area											
Rural (N=250)	37 (14.8)	01 (0.4)	102 (40.8)	23 (9.2)	19 (7.6)	97 (38.8)	70 (28)	21 (8.4)	50 (20)	13 (5.2)	19 (7.6)
Urban Slum (N=250)	61 (24.4)	02 (0.8)	104 (41.6)	37 (14.8)	17 (6.8)	131 (52.4)	92 (36.8)	29 (11.6)	87 (34.8)	13 (5.2)	15 (6)
Food Habit											
Vegetarian (N=275)	43 (15.63)	01 (0.36)	112 (40.72)	21 (7.6)	15 (5.45)	113 (41.09)	75 (30.33)	24 (8.72)	72 (26.18)	14 (5.09)	14 (5.09)
Non-vegetarian (N=225)	55 (24.44)	02 (0.88)	94 (41.77)	39 (17.33)	21 (9.33)	115 (51.11)	87 (34.8)	27 (12)	65 (28.88)	12 (5.33)	20 (8.88)
Family Income (Rs. per month)											
< 6000 (N=107)	22 (20.56)	02 (1.86)	52 (48.59)	24 (22)	13 (12.14)	49 (45.79)	38 (35.51)	15 (14.01)	35 (32.71)	03 (2.80)	06 (5.60)
6001 to 10000 (N=293)	57 (19.45)	01 (0.34)	110 (37.54)	34 (11.60)	21 (7.06)	133 (45.31)	94 (32.08)	26 (8.87)	79 (26.96)	19 (6.48)	25 (8.53)
>10001 (N=100)	19(19)	-	44(44)	11(11)	2(02)	46(46)	30(30)	9(09)	23(23)	4(04)	2(02)

Table 3: Prevalence of anaemia in selected female farm labourers of different socio-economic groups (N=500)

Particular	Grades of anaemia			
	Normal (>12.0)	Mild (>10 - 12)	Moderate (7 - 10)	Severe (< 7)
Area				
Rural	66(26.4)	91(36.4)	84(33.6)	9(3.6)
Urban	52(20.8)	88(35.2)	92(36.8)	18(7.2)
Age Group (yrs)				
21-30	52(20.8)	94(37.6)	88(35.2)	16(6.4)
31-40	66(26.4)	85(34.00)	88(35.2)	11(4.4)
Food Habit				
Vegetarian	69(25.09)	98(35.63)	99(36.00)	9(3.27)
Non-vegetarian	49(21.77)	81(36.00)	77(34.22)	18(8.00)
Family Income (Rs. per month)				
Up to 6000	20(18.70)	41(38.31)	37(34.58)	9(8.41)
6001-10000	64(21.84)	104(35.51)	109(37.20)	16(5.46)
>10001	34(34.00)	34(34.00)	30(30.00)	2(2)
Educational level				
Primary Educated	27(21.6)	34(27.2)	54(43.2)	10(8.00)
Secondary Educated	40(22.59)	75(42.37)	55(31.07)	7(3.95)
High School Educated	51(25.75)	70(35.35)	67(33.83)	10(5.05)

Figure in parenthesis indicates percentage

Persual of table 4 reflects the information regarding personal health and hygiene of female farm labourers. It is evident from table that 66.4 percent urban slum and 71.6 percent rural female farm labourers were having regular menses. Near about 60 per cent urban slum and 70 per cent rural female farm labourers were having adequate bleeding in menses whereas remaining were having either too much or less or very less bleeding during menses. More percent of urban slum (96%) and rural women (98.4%) reported that they used cotton cloths during menses. Almost all surveyed women reported that they washed menses cloth with soap and water, only 3.2 per cent of urban slum women washed menses cloth with water only. But 50.8 per cent urban slum and 44 per cent rural female farm labourers dry their manses cloths in shade whereas remaining were dry in sunlight. Further they reported that the common health problem arises during menses were stomach pain (30.4% and 28.4%), backache pain (39.2% and 28%), legs pain (32% and 20.8%) and weakness (21.2% and

12.8%) in urban slum and rural areas respectively. Similar results were coated by Patavegar *et al.* (2014)^[5].

Table 5 explains the information related to marriage and pregnancy of selected female farm labourers. It is observed from table that the age at marriage and first pregnancy in urban slum and rural women was same i.e. 16 years and 17 years respectively. However most of the urban slum (52.8%) and rural (61.2) female farm labourers were having either 1 or 2 children. The percent of still births in urban slum and rural female farm labourers were 21.2 percent and 16.8 per cent respectively. Whereas 2.4 to 20.4 per cent urban slum and 0.8 to 15.6 per cent rural female farm labourers were having one or other number of miscarriage and upto 12 pectent urban slum female labourers and 7.6 per cent rural female farm labourers recorded abortions during pregnancy. These results were hand in hand with study conducted by Netravati (2006) in Renabennur taluka.

Table 4: Information related to personal health and hygiene of selected urban and rural female farm labourers (N=500)

S. No	Particular	Urban	Rural
1.	Menses regularly		
	Yes	166 (66.4)	179 (71.6)
	No	84 (33.6)	71(28.4)
2.	Menses Bleeding		
	Too much	46(18.4)	34(13.6)
	Adequate	148(59.2)	175(70.00)
	Less	25(10)	29(11.6)
	Very less	31(12.4)	12(4.8)
3.	Uses		
	Sanitary pads	10(4)	04(1.6)
	Cotton cloths	240(96)	246(98.4)
4.	If uses cotton cloths		
	Wash with,		
	Soap and water	242(96.8)	250(100)
	With water only	8(3.2)	-
	Dry in,		
	Shade	127(50.8)	110(44)

	Sunlight	123(49.2)	140(56)
5.	Problems during menses		
	Stomach pain	76(30.4)	71(28.4)
	Backache pain	98(39.2)	70(28)
	Legs pain	80(32)	52(20.8)
	Weakness	53(21.2)	32(12.8)

Figure in parenthesis indicates percentage

Table 5: General information related to marriage and pregnancy of selected female farm labourers (N=500)

S. No	Particular	Urban Slum (N=250)	Rural (N=250)	Total (500)
1.	Mean age at marriage (yrs)	16	16	16
2.	Mean age at first pregnancy (yrs)	17	17	17
3.	Number of pregnancies			
	0	13 (5.2)	10 (4)	23 (4.6)
	1 - 2	104 (41.6)	113 (45.2)	217 (43.4)
	> 2	133 (53.2)	127(50.8)	260 (52)
4.	Number of children			
	0	13 (5.2)	15 (6)	28 (5.6)
	< 2	132 (52.8)	153 (61.2)	285 (57)
	>2	105 (42.0)	82 (32.8)	187 (37.4)
5.	Still Birth			
	1	42 (16.8)	36 (14.4)	78 (15.6)
	2	11 (4.4)	06(2.4)	17 (3.4)
6.	Miscarriage			
	1	51 (20.4)	39 (15.6)	90 (18)
	2	09 (3.6)	06 (2.4)	15 (3)
	> 2	06 (2.4)	02 (0.8)	8 (1.6)
7.	Abortion			
	1	30 (12)	19 (7.6)	49 (9.8)
	2	15 (6)	11 (4.4)	26 (5.2)
	> 2	10 (4)	08 (3.2)	18 (3.6)

Figure in parenthesis indicates percentage

4. Summary and Conclusion

Majority of selected female farm labours were from nuclear families having 4 to 6 members. More than 55 per cent subjects from both groups were belonging to monthly family income of Rs 6001 to 10,000/. Common health problems observed in female farm labourers were pain in legs, backache, headache and weakness. Near about 75 to 80 percent surveyed respondents were suffered with one or other grade of anaemia. Near about 60 to 70 percent female farm labourers were having regular menses with adequate bleeding in menses. Majority of female farm labourers married and experienced first pregnancy before they reached 18 years.

5. References

1. Crossby WH, Munn JI, Furth FW. Standardizing a method for clinical Haemoglobinometry U.S., Armed Foce. Med. J. 1954; 5:693-696.
2. Dhore KR. Health and nutritional status of Banjara tribal women. Golden research thoughts. 2011; 1:1-4.
3. Girade S, Shambharkar Y. Profile of farm women and constraints faced by them in participation of farm and allied activities. Indian I. applied research. 2012; 1(12):69-71.
4. Netravati HS. Reproductive health of rural married adolescent girls. M.Sc. Thesis., Dharwad Agriculture University, 2006.
5. Patavegar BN, Kamble MS, Langare S. Prevalence of anamia and its epidemiological correlates among women of reproductive age in a rural setting. International J.

- Basic and Applied Medical Sciences. 2014; 4(2):155-159.
6. Shrinivasa BM, Philip RR, Krishnapali VK, Suraj A, Sreelakshmi PR. Prevalence of anaemia among tribal women of reproductive age-group in Wayanad district of Kerala. International Journal of Health and Allied Sciences. 2014; 3(2):120-124.
7. Thakare BS, Das S. Utilisation of health care services among rural landless Agricultural labourers in Buldhana district of Maharashtra, India. Internation J. Scientific Research. 2015; 4(4):475-478.