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Rural Women's Attitude and Awareness About Personal Health and Hygiene in Rural Areas of Kaliabor, Nagaon District, Assam

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Abstract

A person's and society's health depends on their level of personal cleanliness and personal hygiene practices. The level of health knowledge and cleanliness practices among rural women has a substantial impact on the well-being of their families, their ability to avoid diseases, and the general quality of life in these communities. Kaliabor, Nagaon District, Assam is home to a large number of rural women, and this research aims to assess their knowledge, beliefs, and behaviors around personal hygiene and health. Personal cleanliness, diet, healthcare use, menstrual hygiene, and sanitation are some of the issues that the research focuses on. Additionally, it delves at how educational and socioeconomic characteristics impact actions connected to health. While there has been an uptick in personal hygiene knowledge, there are still disparities owing to factors including different educational backgrounds, insufficient sanitary infrastructure, and a lack of healthcare services. The research highlights the significance of healthcare service improvements, health awareness initiatives, and education for rural women in order to enhance their health.

Keywords: *Rural; Women; Attitude; Awareness; Health; Hygiene*

1. INTRODUCTION

Women's health refers to the branch of medicine that focuses on the treatment and diagnosis of diseases and conditions that that affect a woman's physical and emotional well-being. Women's health is a broad term referring to physical and mental health problems that are of exclusive concern for women, and which are more common in women or which differ in presentation, severity, or consequences in women compared to men. Women's health is often defined in terms of reproductive health and safety for younger women and in terms of diseases that appear in the female reproductive organs. The universally lower social and economic status experienced by women, compared to that of men, also contributes to poor health and lack of access to care of women.

Maintaining good health and practicing good hygiene are cornerstones of a long and fruitful life. In order to keep themselves, their families, and their communities healthy, women perform an essential role. On the other hand, women in rural regions often confront issues including unclean living conditions, a lack of knowledge about how to stay healthy, and restricted access to healthcare. In order to avoid illnesses and have a better quality of life, personal hygiene behaviors including washing hands often, managing menstrual hygiene, drinking only clean water, and maintaining good sanitation are crucial. Kaliabor, in the Nagaon District of Assam, is a mostly rural town with a wide range of socioeconomic factors that impact women's knowledge about and actions around health. To identify current difficulties and develop successful solutions, it is vital to understand rural women's attitudes and understanding

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surrounding personal health and cleanliness. Consequently, the purpose of this research is to find out how well-informed rural women are about health and hygiene and what influences their views and behaviors in this area.

The present study focuses on the issues to understand the status of the women's health in rural Assam. The maximum women populations of this State belong to various socioeconomic backgrounds. Rural Assam is heterogeneous, whereas problems vary depending on the variation in ecological setup. Women from rural areas experience poorer health and have less access to health care facilities. Recently, the Government of Assam has decided to implement the 17 Sustainable Development Goals (SDG's), as adopted by the United Nations General Assembly, which will provide greater impact on the health, happiness, prosperity and well-being of each and every citizen of Assam. Obviously, the goals cover many of the issues of women health and overall empowerment in the State.

2. LITERATURE REVIEW

Saikia, Professor & Borgohain, Anindita. (2024) Awakening women must occur before society can be awakened. A woman's movement causes a chain reaction that includes her family, community, and country. More than half of the world's population consists of rural women or girls. In addition to unpaid domestic solo responsibilities, women play a crucial role in the economic empowerment of their families, communities, and nations. Rural women do most of the housework, yet for many reasons related to their social lives, culture, religion, and tradition, they are unable to raise their standard of living. Women weavers from Ouguri village in Kaliabor sub division, Nagaon, Assam, have been the subject of this study's examination of social status.

Rahman, Md & Hasan, Rakibul & Safa, Zannatul. (2024) Disparities in rural women's health care are a hot topic in regional and international discussions. Everyone has trouble getting to the doctor, but women and other rural residents have it much worse. The study results demonstrated that rural women continue to encounter several interconnected obstacles that contribute to their poor health care coverage. Economic difficulties were deemed to have the most significant impact on women's access to health care in rural locations among these obstacles. In order to lessen health inequalities and improve health care services for rural women, the results of this study are helpful.

Guite, Florence & Hangsing, P. (2021) 42 married women of childbearing age from the tribal rural Kangpokpi community in Manipur, an eastern Indian state, were randomly chosen to participate. The purpose of the study was to determine the health information sources and seeking behaviors of these women. In order to analyze the data, descriptive statistics are used. In addition to informal health information sources such as family, friends, priests, etc., and non-scientific ways of therapy, the women also preferred these. Finding out what these indigenous women encounter while trying to get the health information they need is another goal of the research.

Gupta, Neeta. (2021) A model of fortitude, the rural Indian woman works from sunrise to sunset to tend to her home and family. Nevertheless, nobody has acknowledged her work. After taking care of the house and children, many women are pressed into service on their little plots of land. Although Rajasthan's literacy rate has grown somewhat over the years, studies reveal that over 37% of educated women did not finish elementary school.

M. Temmerman's (2015) The research shows that 33% of women's overall illness burden is attributable to insufficient sexual and reproductive health. Women from low- and middle-income nations, ranging in age from fifteen to forty-four, make up this demographic. We will not have met the fifth Millennium Development Goal (MDG) by 2015 even if the maternal mortality ratio has decreased. A third of females suffer from anemia. Some serious issues that women confront include STDs, cervical cancer, and human papillomavirus infections. Between the ages of 15 and 49, one out of every three women will be a victim of sexual or physical assault. Incorporating successful treatments at the clinical and health system levels is part of the holistic strategy proposed by this research. It is important to address the social, economic, and political factors that contribute to health care access disparities.

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3. METHODOLOGY

Primary and secondary sources of information were used to compile the research. Selected rural women from several villages in Kaliabor, Nagaon District, Assam, were surveyed using field surveys, structured questionnaires, interviews, and direct observations to gather primary data. Secondary data was collected from a variety of sources, including official documents, census records, health department files, scholarly papers, books, and pertinent internet databases. We used descriptive statistics like percentages, averages, and comparative analysis to sort, tabulate, and analyze the data we gathered. Examining the socioeconomic determinants impacting women's health and hygiene knowledge, attitudes, and behaviors is the primary goal of the research.

4. RESULTS & DISCUSSION

- **Attitude and Awareness about Personal Health and Hygiene**

One of the most fundamental forms of self-care and environmental health promotion is maintaining a clean and healthy environment, including one's own living and working quarters. Results from this study on women's attitudes and hygiene practices in North-East Assam are shown in the tables below. The study covered topics such as how often women bathed, how clean their hair was, how clean their clothes were, how clean their nails were, how clean they were during their menstrual cycle, what they ate, and what current health issues were.

Table 1: Bathing Frequency of Respondents

S. No.	Bathing Habit	Frequency	Percentage
01	Daily	54	14.03%
02	Twice a week	302	78.96%
03	Once a Week	27	7.01%
Total		383	383

Source: Survey

Women in the research region's bathing habits are shown in Table 1. Within the sample of 383 people surveyed, 14.03% reported bathing daily, 79.95% reported bathing twice weekly, and 0.7 percent reported bathing just once per week.

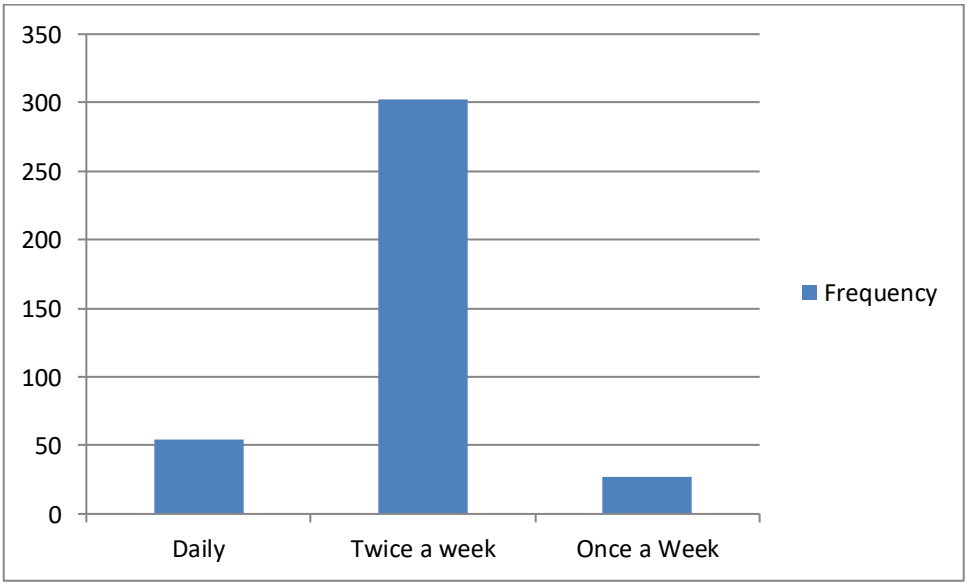

Fig. 1 Bathing Frequency of Respondents

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Table 2: Habit of Cloth Washing

S. No.	The Habit of Cloth Washing	Frequency	Percentage
01	Daily	34	8.83%
02	Twice a week	127	32.99%
03	Once a Week	222	58.18%
Total		383	100%

Source: Survey

Table 2 provides information on the frequency of textile washing habits. Of the 383 people who took the survey, 8.83% said they wash their clothing every day, 32.9 percent said they wash them twice a week, and 58.18% said they wash them once a week.

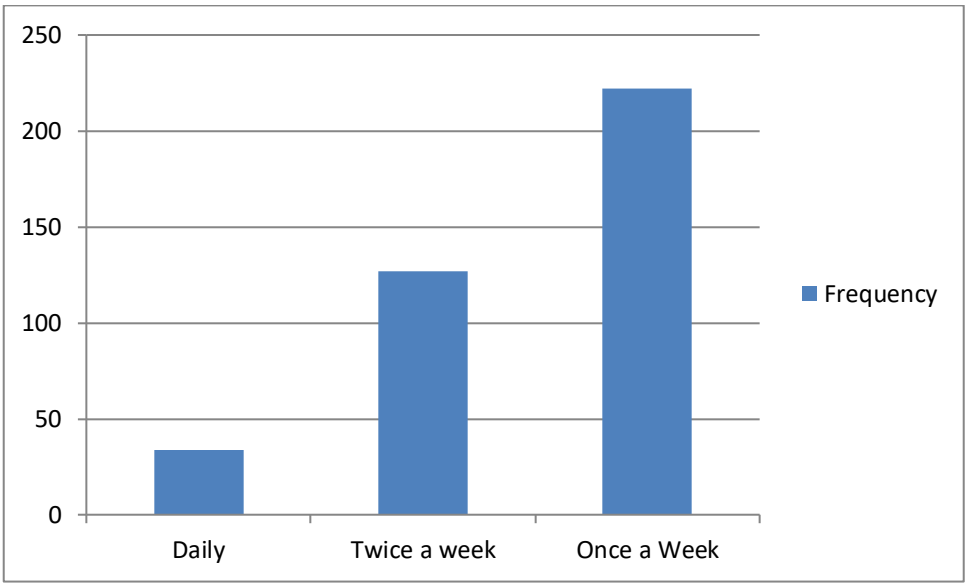

Fig. 2 Habit of Cloth Washing

Table 3: Habit of Teeth Brushing

S.No.	The habit of Teeth Brushing	Frequency	Percentage
01	Daily	313	81.82%
02	Twice a Day	62	16.10%
03	Twice a Week	00	00%
04	Not Daily but Sometimes	08	2.08%
Total		383	100%

Source: Survey

For more on dental hygiene and health, see Table 3. Eighty-one point eight percent of people wash their teeth at least once a day; sixteen point ten percent do so twice a day, and two point eight percent said they don't brush every day but occasionally.

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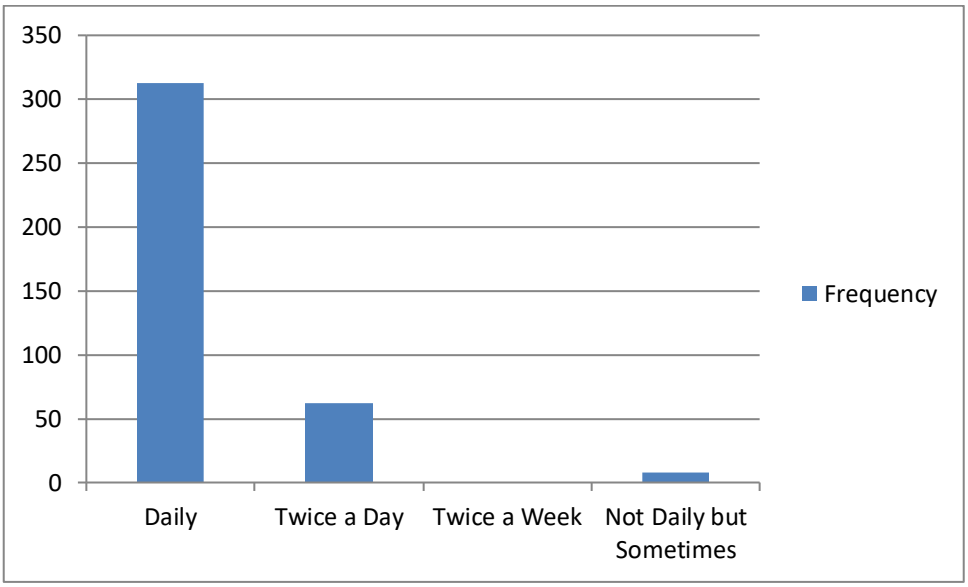

Fig. 3 Habit of Teeth Brushing

Table 4: Menstrual Hygiene

S. No.	Way of Menstrual Hygiene	Frequency	Percentage
01	Clothes	344	89.87 %
02	Cotton	16	4.16 %
03	Sanitary Napkins	23	5.97 %
Total		383	100%

Source: Survey

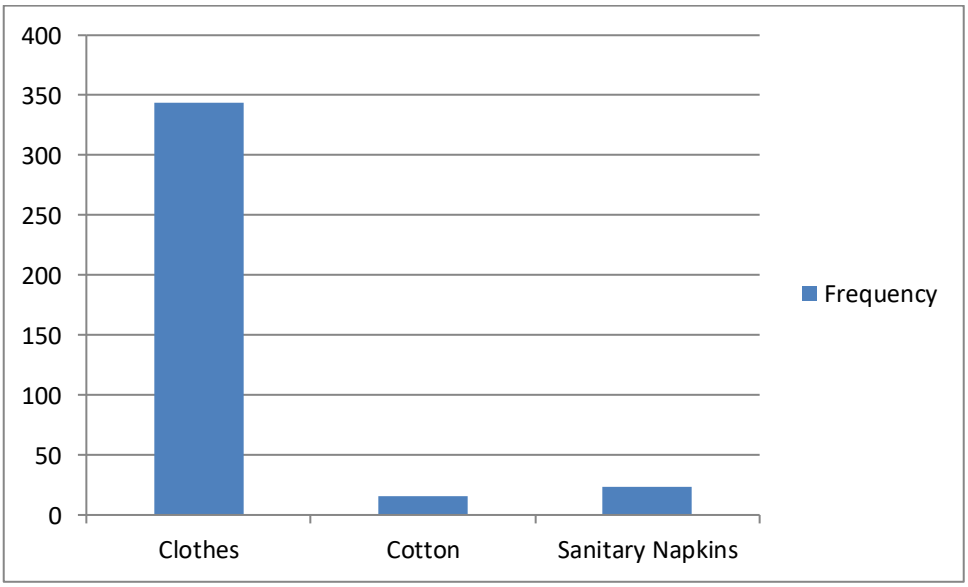

Fig. 4 Menstrual Hygiene

In rural regions, where literacy and other indicators of development are lower, the researcher had a particularly difficult time asking this question. However, data on menstrual hygiene practices has been collected by the researcher in accordance with the concept of gender sensitivity, with the assistance of ASHAs and ANMs. Table 5 displays facts

and data about menstrual hygiene in the study area. Of the 383 respondents, 89.87% said they wear or have worn clothes while menstruating. The researcher included all respondents regardless of age because she wanted to know how people behaved during their monthly cycles, which typically begins to decline around the age of 50. 4.16 percent have reported using cotton, while 5.97 percent have reported using tampons. Women do not care about or value their monthly cycles, and ASHAs and ANMs informed the researcher that they cannot afford sanitary napkins. Do you know anything about women's menstrual cycles? That was the question the researcher asked ASHAs and ANMs. Yes, they said, but how can you know when it's my period? I just wear old clothing.

Table 5: Step Taken for the Prevention of Diseases

S. No.	Step Taken	Frequency	Percentage
01	Washing hands before cooking and eating	383	100%
02	Fixed time of Meal	177	45.97%
03	Careful about nutrition	127	32.99%
04	Intake of greens, vegetables and fruits (regular)	84	21.82%
05	Intake of greens, vegetables and Fruits (Sometimes)	301	78.18%
06	Rest during minor illness or tiredness	146	37.92%
07	Overlook minor ailments	239	62.08%

Source: Survey

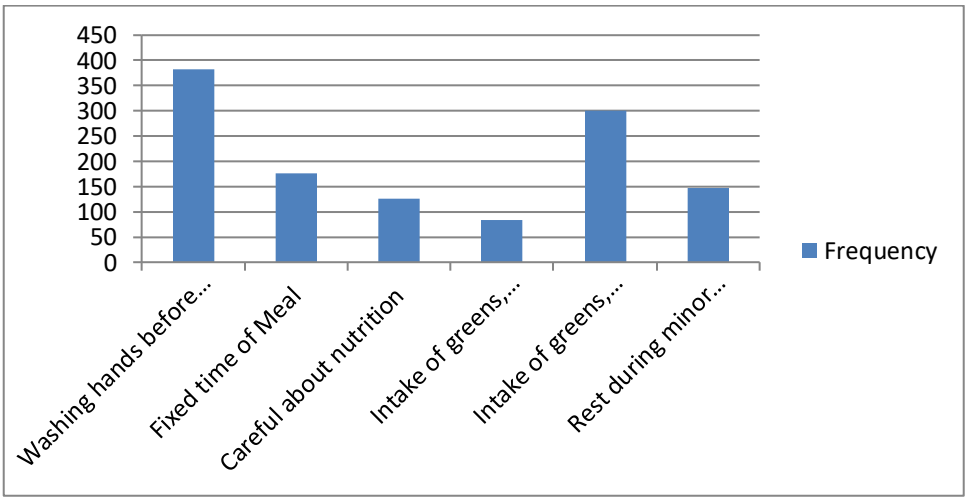

Fig. 5 General Health

A similar pattern of respondents selecting an excessive number of alternatives is also seen in this table at 5. Table 5 indicates the measures they take on a daily basis to avoid becoming sick. The percentage of people who consistently wash their hands before handling food or cooking was 383 out of 383 in the survey. It was fascinating to see how the respondents reacted when asked this question because, to the average person, asking an illiterate about the significance of basic preventative measures like washing one's hands, eating at regular intervals, and eating vegetables makes them laugh.

Yes, we are uneducated and uncivilized, but at least we always wash our hands before cooking and eating, the cheerfully responding respondents said in their native tongue. (45.97%) eat at the recommended times (32.99%) claim to get nutrients, but report no change in their health. Only 21.82% of people say they regularly consume fruits and vegetables with a green color, while 78.18% say they eat them when they can afford them and skip them when they

can't. Of the 383 people surveyed, 37-92% said they sleep when their bodies require it, while 62.08% of women said they never take a break.

Table 6: Steps Taken during Illness

S. No.	Steps	Frequency	Percentage
01	Going to Doctors	142	36.88%
02	Home treatment	11	2.86%
03	Hakim or vaiday	27	7.01%
04	Religious rituals	9	2.34%
05	Overlooking disease	194	50.91%
06	Not Answered	00	00%
Total		383	100%

Source: Survey

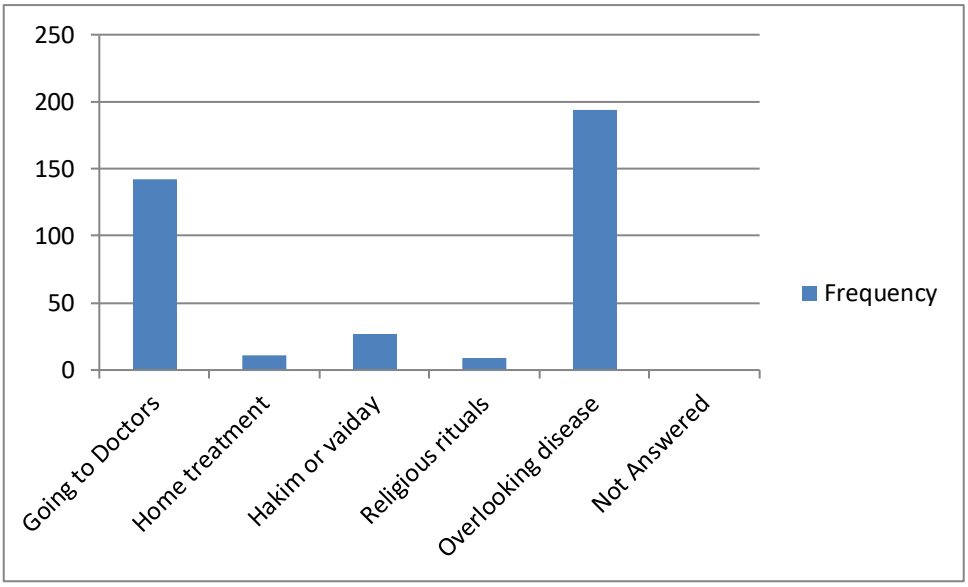

Fig. 6 Steps Taken during Illness

Following the inquiry into fundamental safety measures, it was important to learn what the ladies did. The women of North-East Assam took initiative during the health crisis, as seen in Table 6. When asked about times of health crisis, 36.68% of people stated they go to the doctor. (2.86%) said that they would rather get treatment at home. Out of 383 responses, 7.01% seek out traditional Indian medicinal practices like hakim or vaidya when they're unwell. 2.34% provide religious activities in accordance with their faith. Half of those surveyed confessed to being indifferent and unconcerned about their health.

5. CONCLUSION

We can conclude that although rural women in Kaliabor have become more health-conscious and hygiene-conscious over the years, the survey found that they still face substantial obstacles. Factors that significantly impact women's health behavior and hygiene habits include their level of education, family income, access to healthcare facilities, and sanitation infrastructure. There are still gaps in areas like menstrual hygiene management, preventative healthcare, and nutritional knowledge, even though many women are aware of basic hygienic procedures. Better health outcomes are possible via expanding access to healthcare, bolstering health education initiatives, and upgrading sanitation

facilities. The research emphasizes the need of ongoing awareness campaigns and community-based interventions to enhance the quality of life for rural women in the study region by promoting healthy habits.

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