Available online at http://www.ijims.com
ISSN: 2348 – 0343

Morbidity Profile among women in Self-Help Groups in rural area

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Abstract

India is a country where 70% of the population resides in a rural area and males significantly outnumber females, an imbalance that has increased over time. The typical female advantage in life expectancy is not seen in India and this suggests there are systematic problems in women's health care.Self-help groups may play a role in health production. Two main factors are proposed as key elements in health production, female autonomy at the individual level and social solidarity at the group level. While working with Self Help groups women gain experience with financial affairs, also their status within the household is raised, as they were seen to be contributing to the welfare of the family.To study the socio-demographic and morbidity profile of women in self-help groups was the objective of this study.Community based Cross Sectional study in the rural area, catered by R H & T C with sample size of 280 was carried out.It was found that maximum members were illiterates from Class IV Socioeconomic Class.Anaemia was the major morbidity found in women in SHG less than national average. Addictions and Domestic violence in SHGs women found less than national average.

Key Words: Self Help Groups, Morbidity, Rural

Introduction

"You can tell the condition of a nation by looking at the status of its women" (**Jawaharlal Nehru).**

India is a country where 70% of the population resides in a rural area and males significantly outnumber females, an imbalance that has increased over time. The typical female advantage in life expectancy is not seen in India and this suggests there are systematic problems in women's health care.

Indian women have high mortality rates, particularly during childhood and in their reproductive years. India's maternal mortality rates in rural areas are among the world's highest. From a global perspective, India accounts for 19% of all live births and 27% of all maternal deaths. Indian women have low levels of both education and little autonomy, living first under the control of their fathers, then their husbands, and finally their sons[1-4].

Poor health has repercussions not only for women, but also their families. Women in poor health are more likely to give birth to low weight infants. In rural areas where women are less educated and economically deprived, their health condition is worse. In the context of health as defined by WHO - '…a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'[5] one must ask how this can be achieved for Indian women. Although poverty is widely accepted to be a root cause of ill-health. Due to the existence of a strong linkage between poverty and health, poverty alleviation schemes (PAS) are a particularly attractive option to explore.[6] Poverty denies the poor households access to a wide range of markets and services, including credit which further intensifies their poverty and affects their food security, health and nutritional status. In this direction, Ministry of Rural Development, Government of India directly targeted poor families for creation of assets and self-employment started with Integrated Rural Development Programme (IRDP) in the year 1980. A major reform took place in 1999, when IRDP was transformed into Swarnjayanti Gram Swarozgar Yojana (SGSY). Government has approved therestructuring of the SGSY as the National Rural Livelihoods

Mission (NRLM) in 2011.One of the major agenda in NRLM is strengthening of Self Help groups & formation of new self Help Groups in areas which are underserved.

A self-help group is defined as a "self-governed, peer controlled Information group of people with similar socio-economic background and having a desire to collectively perform common purpose."A self-help group (SHG) is a village-based financial intermediary usually composed of 10–20 local women or men. A mixed group is generally not preferred. Self-help groups are generally started with broad anti-poverty agendas and are seen as instruments for a variety of goals including empowering women, developing leadership abilities among poor people, increasing school enrolments, and improving nutrition and the use of birth control.[7]Self-help groups may play a role in health production. Two main factors are proposed as key elements in health production, female autonomy at the individual level and social solidarity at the group level. Women gain experience with financial affairs, also their status within the household is raised, as they were seen to be contributing to the welfare of the family. Their opinions became more valuable and their household decision-making powers increased which helps in specific implications for the health and well-being of the family. Women spend more money on food and health promoting goods for the entire household, than do men, who have a tendency to use money for selfish interests.This voice may be used bothwithin the household, to have more control over household decisions, positivelyimpacting on the health of the family, or by participating in public debates and forums, potentially impacting on the formation of public health programs, services, and policies. SHGs bring together groups of unrelated women, thereby expanding their social networks outside of the family. This may lead to social support as well as enlarging their range of coping strategies.

Objectives of study

To study the socio-demographic and morbidity profile of women in self-help groups.

Material and Methods

Study Area

The study has been carried out in the rural area, Vairag, catered by Rural Health & Training Center of the Department of Community Medicine .

Study Design: Community based Cross Sectional study.

Period of Study: From January 2014 to June 2014, i.e.6 months.

*Sampling frame:*Sampling frame consisted of total Self Help Group members (1330 women) from 101 Self Help Groups registered under NRLM project in Vairag.Sampling unit was the Self Help Group member woman.

Study sampling technique:

1. The commonest morbidity in women in Indiais considered as Anaemia.
2. The prevalence of Anaemia is 60.8% in women in an urban slum and rural area.[8]As per National Family Household Survey - NFHS-3 (2005-06) prevalence of Anaemia is 58.2% rural India

- Calculation of Sample Size: The sample size was estimated by using formula.[9]

$$n = \frac{4x\ p\ x\ q}{L^2}$$

$$n = \frac{4x\ 60\ x\ 40}{6^2}$$

$$= 266 \approx 270$$

Where p= 60 % ;q = 100 - p = 40, L= allowable error, 10% of p = 6%

To round up total sample of 280 women from self-help groups were selected for the study.

*Exclusion criteria;*Self Help group members who are pregnant or lactating up to 6 months womenandUnwilling to participate.

Data collection: In Vairag village 104 self-help groups are registered in NRLM. With the help of SHG coordinators health check-up camps were arranged for self-help group members. Four health camps were arranged for the members of self-help groups in these areas at nearest anganwadies. From each camp 70 subjects were enrolled randomly for the study. These enrolled members were called for detailed interview and examination in Rural Health and Training Center as per convenience. For other members who attended the camp were examined, treated and health advice was given to them accordingly. Pregnant and lactating mothers who attended the camp were examined, treated and referred to Rural Health & Training Center for further management. The self-help group members were enquired about relevant, socioeconomic and medical history by using predesigned study Proforma. General and systemic examination was also done and included in proforma.Name of Self-Help Group & activities taken by the group were noted.

Results and Discussion

The distribution of total 280 study subjects according to age showed that the maximum numbers of women were from age group 21-30 years (34.8%) followed by age group 31-40(30%).More than 50 years (15.71%) and the minimum numbers of individuals from age group 20 years and below (5.71%). As by religion 228 (81.4%) were Hindu, 46 (16.42%) were Muslim, and others were 06(2.14%). Table No. 1 shows that maximum number of self-help group members are from Class IV socioeconomic class 134 (47.85%), 76(27.14%) from class III, 50 (17.85%) from class II, 16 (5.71%) from class V and few i.e. 4 (1.42%) from class I.EDA Rural Systems (2006) also found that 51% of members are poor (BPL) another 32%are above the poverty line but vulnerable to risk.[10]

Distribution of study subjects according to occupation shows that maximum number of individuals were Housewives by occupation i.e. 69.28%. Labourer women were 16.42% and rest others were 14.28% which include tailors, housemaids, beedi workers, working as clerical works, peons and those are self-employed as indulged in running mess etc,who were working as earning Housewives. Similarly EDA Rural Systems (2006) found that 38% of SHG members were casual labourers, 29% work in own agriculture, and 17% are engaged in a non-farm enterprise. Out of 280 women 246 were married i.e.87.85%, Widows were 28 i.e. 10% and unmarried, separated and divorced were each 0.71%.EDA Rural Systemsalso found that Widows, also a vulnerable and under-privileged group, were found to be 10% of SHGmembers.[10]There are about 33 million widows in India accounting about 8% of total female population as per census 1991.[11]

Distribution of study subjects according to literacy shows that the maximum numbers of study subjects were illiterates i.e. 32.14% and minimum number of members has completed their post-graduation i.e. 0.71%.Primary education was taken by 25.71% of women, secondary education was taken by 22.85% and higher secondary was taken by 17.14%. EDA Rural Systemsfound schooling levels of SHG members were very low, 74%had no schooling, 11% had some adult education to become 'neo-literate', 15% had some schooling i.e. Primary level. As per the census of 2011, an effective literacy rate for women is 65.46%. Similarly as per DLHS-4(2012-13) illiterates among married women of rural area in Maharashtra is 11.9%,& in Solapur district is 36.7%. [13]

Out of 280 study subjects only 16 women agreed to suffer from domestic violence i.e. only 5.71%.AbhikSinha et al (2012) studied that in India 37.2% of women experienced violence after marriage.[14] Stephen Lena Charlette et al (2012) found that the prevalence of domestic violence was 37.2% in India.[15]Distribution of study subjects according to addictions shows that 79.28% study subjects were having no addictions.12.85% of the women were having addiction of chewing Pan and 7.85% of women were having addiction of Tobacco. Anil Goswami et al (2005) studied the prevalence of smoking was 41.4% in rural women.[16] The changing trends between NFHS 2

and NFHS 3 reflect an increase in tobacco use among women.DLHS-4 (2012-13) states that prevalence of smokeless tobacco use in Maharashtra rural area is 6.0% and in Solapur district rural area is 7.1%.[13]

Table no. 2 shows that 75% of total study subjects were having no any major previous illness in past. 12 women i.e.4.28% were having history of Hypertension and were under treatment. 6 women each i.e. 2.14% were suffer from Diabetes and Tuberculosis respectively. 22 women i.e.7.85% suffer from Chronic Arthritis.18 women i.e.6.42% have undergone any major surgery in past other than Female sterilization. 0.71% each suffers from Rheumatic Valvular disease and Ischemic Heart disease. Remaining 2.14 % suffer from other major illness not listed above. Distribution of study subjects according to Body Mass Index shows that amongst 280 study subjects, 55.7% were having normal BMI. 05% women were underweight, 30.35% were Pre-Obese. Class I Obese were 6.07% and Class II Obese were 2.5%.No one was in Obese Class III group. Anil Bindhu et al (2014) studied that Mean BMI of rural women was 24.28 which falls in normal BMI. Prevalence of Overweight, obesity (BMI>25) in rural women is 10.9%.[17]Considering menstrual problems 15.51% study subjects were having Dysmenorrhea, 5.17%suffer from Menorrhagia, 5.17% suffer from Irregular cycles and 1.72% suffer from Oligomenorrhea.168 of 232 subjects did not give any complaints about menstrual problems i.e.72.41%. Similarly Ghosh and Mohanty (2005) in their study found that, 18 per cent of the young married women reported abdominal pain during menses.[18]Subhash B Thakre et al (2012) studied that Dysmenorrhea is most common menstrual abnormality in rural women accounting for 41.78%, premenstrual symptoms were found in 34.9% rural women.[19] Regarding menstrual hygiene out of 232 women 74 women were using Sanitary Pads during menstrual cycle and others were using homemade clothes during menstrual cycle.Total 280 study subjects were examined for Blood Pressure. 184 out of 280 i.e. 65.71% women were having normal Blood pressure. 54 women i.e. 19.28% were classified as Pre Hypertensive. 22women i.e.7.85% were having Hypertension Stage I and 02 women i.e. 0.71% women were having Hypertension in Stage II. Out 280 subjects 12 women were having previous history of Hypertension and were under treatment. L. Kannan et al (2009) found that 27.4% adult females were found to have hypertension and the prevalence rate of hypertension was 25.2%. The prevalence rate was higher among females.[20] Similarly Sushil K. Bansal et al (2012) found Hypertension, defined as BP $\geq$ 140/90 mmHg or cases of known hypertensive on medication, were 27.8% of females amongst all residents of a village in Uttarakhand.[21]

Out of 280 women examined for morbidities 104 were found to be have Pallor (Anaemia) on examination only i.e.37.14% of total. Sahaet al. 2010 found that every second woman in India suffers from some degree of anaemia, 2% are severely anaemic, while 35% and 15% have mild and moderate anaemia levels, and respectively.[22]B. N. Pandey et al 2014 found anaemia in 49.07% of rural women.[23]Only 4 women were having visible goitre on examination i.e.1.42%, MallikharjunaRaoet al.(2010) in their study on diet and nutritional status of women in India found that the prevalence of goitre was 0.8% in rural women.[24] Oral Cavity problems were found in 14.28% women. 4 women were having Stomatitis, 28 women suffer from Dental Caries, 6 women suffer from Toothache, 2 women suffer from gingivitis.MallikharjunaRaoet al.(2010) found angular stomatitis, a sign of B complex vitamin deficiency was 0.8% in rural women. About 12% rural women had dental caries.[24]

Ocular morbidities were found in 10% of total subjects which include Cataract as major morbidity found in 57.14% of Ocular morbidities. Watering of eyes and Bitot's Spots were seen in each 14.28% of total ocular morbidities. Pterygium and conjunctivitis was found in each 7.14% of ocular morbidities. Singh A et al (2003-04) found Ocularmorbidity was highest 40.92 % among those aged above 60 years in rural India. The main cause of ocular morbidity in these peoplewas cataract 41.89 %.[25]

Ear Nose Throat morbidities were found in 2.85% of total subjects. These include Deafness found in 6 subjects and Chronic Supportive Otitis Media in 2 subjects. Lingamdenne Paul Emerson,et al (2009-2012) found that in ear morbidities, ear pain associated with ear discharge was the most common complaint 49.7%. Acute otitis media was seen in 27%. Chronic otitis media mucosal disease was seen in 12.1%. [26]B. N. Pandey et al 2014 found that the prevalence of deafness 5.52% and otorrheoa 2.14%.[23]

Musculoskeletal problems were found in 15% of total women. Out which maximum of i.e.47.6% suffer from Backache, 33.33% suffer from Joint Pains. 9.5% each suffer from backache and tingling numbness.Dr. A.V. Ramanakumar (1993) ranks musculoskeletal problems at 5th position in women in rural India.[27] B. N. Pandey et al 2014 found that 21.77% women suffer from arthritis.

Respiratory system morbidities were found in 22 subjects of all women examined i.e. 7.85% of total. Out of which Upper Respiratory tract Infections were maximumand Asthama were found in 9.09% each of the respiratory morbidities. A.V. Ramanakumar (1993) ranks Respiratory problems at 4th position in women in rural India.10% of total women suffer from cardiovascular morbidities of them Hypertension was maximum in 85.71%, and Rheumatic and Ischemic Heart disease in 7.14% each.[27]Shraddha Chauhan et al (2003) studied that Cardiovascular diseases have been gaining importance in India recently the prevalence was estimated to be 3-4% in rural areas.[28]

Genitourinary system complaints were seen in 7.85%(22) of all 280 women, of which maximum was of Leucorrhea (17 out of 22) women followed by UTI.

Conclusions

1. Most women of self-help group members were from Class IV socioeconomic class. SHGs help to uplift the socioeconomic class of lower socioeconomic class, 2.Maximum members wereilliterates .Thus SHGs help the poor and less educated women in society, 3. Domestic violence found to be very low in these members, might be underestimated figure by the members or it might be showing improved status of women in SHGs, 4. Addictions in SHGs women found less than national average, 5. Anaemia was the major morbidity found in women in SHG less than national average, 6. Musculoskeletal problems were next to Anaemia, 7. Women who suffer from cardiovascular morbidities maximum was Hypertension followed by Rheumatic and Ischemic Heart disease , 8. In Genitourinary system complaints maximum was of Leucorrhoea, 9. Women in SHGs were aware about their health problems and healthfacilities.

Recommendations

1.More Self Help Groups should be formed and involvement in SHGs should be increased for Women Empowerment and improving Health of rural women, 2. Involvement of Self Help Groups needs to be actively taken in providing health care for better Health of rural women, 3. Separated, Divorced women participation in Self Help Group activities should be increased so to give them Social Support and Social Solidarity to them, 4. Use of Sanitary Pads during menstruation should be promoted to prevent genitourinary infections. Also SHGs should be promoted for production of Sanitary Pads so they will income and also health of women will be protected, 5. Regular screening of SHG members and all women in rural should be done for Hypertension, Diabetes, Eye check for Cataract, at nearest health centre.

Limitations of the Study: Anaemia was not investigated by laboratory examination; Women were only seen for visible Pallor.Blood Sugar examination or Urine examination was not done. For women having Leucorrhoea no vaginal swab examination was done.

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TABLES

Table No. 1: Distribution of study subjects according to Socioeconomic Class

Class	Number of women	Percentage (%)
I	04	1.42
II	50	17.85
III	76	27.14
IV	134	47.85
V	16	5.71
Total	280	100

X^2 =193.28 with df 4 P<0.01 is highly significant.

Table No. 2: Previous Major illness in Study Subjects

Illness	Number	Percentage
Hypertension	12	4.28
Diabetes	06	2.14
Tuberculosis	02	0.71
Ischemic Heart Disease	02	0.71
Valvular Disease	02	0.71
Arthritis	22	7.85
Any major Surgery(Other than Sterilization)	18	6.42
Epilepsy	00	00
Psychiatric Illness	00	00
Any other illness	06	2.14
No previous Major Illness	210	75
Total	280	100

Table No. 3: Distribution of study subjects according to Body Mass Index

BMI	Number of women	Percentage (%)
Underweight (BMI <18)	14	05%
Normal (BMI 18.5 – 24.99)	156	55.7%
Pre Obese (BMI 25 – 29.99)	85	30.35%
Obese Class I (BMI 30 – 34.99)	17	6.07%
Obese Class II (BMI 35 – 39.99)	07	2.5%
Obese Class III (BMI above & equal)to 40	00	00%
Total	280	100

Table No. 4: Distribution of study subjects according to morbidities

Morbidity	Number of women
Oral Cavity	
Stomatitis	04
Toothache	06
Dental Caries	28
Swollen Gums/ Gingivitis	02
General Examination	
Thyroid Swelling/ Goitre	04
Oedema	01
Pallor/ Anaemia	104
Lymphadenopathy	04
Breast Lump	02
Skin	
Boils	02
Dermatitis	02
Eczema	02
Fungal Infection	08
Hyperpigmentation	02
Respiratory System	
Common Cold/URTI	02
Sore throat/URTI	04
URTI	10
Tonsillitis/URTI	02
Asthma	04
Gastro Intestinal System	
Loose motions/AGE	02
Hyperacidity/ Acid Peptic Disease	08
Musculoskeletal System	
Backache	20
Body ache	04
Joint Pains	14
Tingling Numbness	04
Eye Problems	
Bitots spot	04
Cataract	16
Conjunctivitis	02
Petrygium	02
Watering in eyes	04
Ear Problems	
CSOM	02
Deafness	06
CVS	
Rheumatic Heart Disease	02
Ischemic Heart Disease	02
Hypertension	24
Genito urinary	
UTI	05
Leucorrhea	17
CNS	00
Mental Health	00