

# *Chapter 6*



## SUMMARY AND CONCLUSION

Present chapter summarizes the study. It draws conclusion and provides suggestions. This chapter includes the following heads:

- 6.1 Summary
- 6.2 Conclusion
- 6.3 Suggestions

### **6.1 Summary**

Present chapter includes the summary that indicates the brief procedure and major findings of the whole study. The present study entitled “Impact of Literacy on Quality of Life with particular reference to decision making, health, and Nutritional status of women in Jawan Block, Aligarh, (U.P)” was conducted with the general objectives- to assess the literacy level of rural women in Jawan Block and to find out the level of the quality of life of the rural women in Jawan Block. For the purpose of study a sample of 400 adult rural women in the age group of 18-40 years were selected from the 10 villages from naya panchayat (local governance) namely (Cherrat, Sumera, Nagaula, Kasimpur, Jawan Sikandrpur, Jawan wajidpur, Faridpur, Chanduakha) of Jawan block using proportionate stratified random sampling design. Information regarding demographic profile, nutritional status, health status, decision making, and quality of life was collected through interview schedule, observation method, and case study. Data was collected in three stages. After collecting data coding, editing, and compilation were done. The analysis was made using statistical package for social sciences (SPSS) version 17. Different

statistical tools i.e. frequency and spearman correlation ( $r_s$ ) were employed to systematically present the information and to develop the relationship among the various variables.

#### **6.1.1 Demographic profile of rural women**

- Majority of respondents in the sample were in the age group of 24 to 28 years.
- Majority of respondents in the sample were lives in nuclear family.
- Majority of respondents belonged to Hindu community. Majority of respondents in the sample were belonged to General castes.
- Majority of respondents in the sample were housewife.
- Majority of respondents in the sample belonged to poor class

#### **6.1.2 Literacy level of rural women**

- Majority (50.25%) of the respondents in the sample were illiterate.

#### **6.1.3 Association between Quality of life and socio-economic variables (age and occupation) of the rural women**

- Majority (72.25%) of respondent's house were katcha house, while 27.75% of respondent's houses were pacca house.
- Majority (52.75%) of respondent's husband was the owner of house.
- Majority (58.75%) of respondent's house did not have bathroom.
- Majority (54.25%) of respondent's house did not have toilet.
- Majority (52.75%) of respondent were those whose village did not have access to satisfactory road network.

- Majority (61.75%) of respondent's village did not have network of telephone services.
- Majority (63%) of respondents did not have access to health centres in village.
- Association between socio economic variables (Age) and Quality of Life (Housing) among women indicate an insignificant relationship between age and type of house ( $r_s = .015, p > 0.01$ ).
- Negative and insignificant relationship was found between age and ownership of the house ( $r_s = -.008, p > 0.01$ ).
- Insignificant relationship was found between age and bathroom present in the house ( $r_s = .014, p > 0.01$ ).
- Negative and insignificant relationship between age and toilet present in the house ( $r_s = -.014, p > 0.01$ ).
- Association between socio economic variables (Age) and Quality of Life (Neighbourhood/Community services) in women indicates that there was a negative and insignificant association was found between age and access to satisfactory road network in the village ( $r_s = -.024, p > 0.01$ ).
- Negative and insignificant association was found between age and access to health centres ( $r_s = -.012, p > 0.01$ ).
- Positive and insignificant association was found between age and network of telephone service(s) in the village ( $r_s = .004, p > 0.01$ ).
- Correlation between socio economic variables (respondent's occupation) and Quality of Life (Housing) among women indicate that there is an insignificant relationship between respondent's occupation and type of house ( $r_s = .715, p > 0.01$ ), insignificant

relationship between respondent's occupation and ownership of the house ( $r_s = .815$ ,  $p > 0.01$ ), insignificant relationship between respondent's occupation and bathroom facilities present in the house ( $r_s = .682$ ,  $p > 0.01$ ) and insignificant relationship between respondent's occupation and toilet facilities present in the house ( $r_s = .981$ ,  $p > 0.01$ ).

- Correlation between socio economic variables (respondent's occupation) and Quality of Life (Neighbourhood/Community services) among women indicate that there were an insignificant relationship between respondent's occupation and access to satisfactory road network in the village ( $r_s = .023$ ,  $p > 0.01$ ), respondent's occupation and network of telephone service(s) in the village ( $r_s = .019$ ,  $p > 0.01$ ) and respondent's occupation and access to health centres ( $r_s = .002$ ,  $p > 0.01$ ).

#### **6.1.4 Relationship between literacy to quality of life, health status, nutritional status, and decision making of the rural women**

##### **A. Literacy and quality of life**

###### *Housing*

- Significant and negative association was found between respondent's literacy level and type of house ( $r_s = -.001$ ,  $p < 0.01$ ).
- Negative and insignificant relationship was found between respondent's literacy level and bathroom present in the house ( $r_s = -.011$ ,  $p > 0.01$ ).
- Negative and insignificant relationship was found between respondent's literacy level and toilet present in the house ( $r_s = -.013$ ,  $p > 0.01$ ).
- Significant and positive association was found between respondent's literacy level and ownership of the house ( $r_s = .000$ ,  $p < 0.01$ ).

*(Neighborhood/community services)*

- Insignificant relationship was found between respondent's literacy level and access to satisfactory road network in the village ( $r_s = .005, p > 0.01$ ).
- Insignificant relationship was found between respondent's literacy level and network of telephone service(s) in the village ( $r_s = .005, p < 0.01$ ).
- Significant and positive association was found between respondent's literacy level and access to health centres ( $r_s = .206, p < 0.01$ ).

**B. Literacy and health status of the rural women**

*Use of contraception*

- Majority of respondents (45%) were using condom, 22.5% of respondents were using tubectomy, 15% of respondents were using IUD and only 17.5% of respondents were not using any contraceptives.
- Majority of respondents (11.25%) were not aware about the mode of contraception, 3.75% of respondents were not using contraceptives due to partner opposition and only 2.5% of respondents were not using any contraceptives due to side effect.
- Significant and positive association was found between literacy level and use of contraceptives ( $r_s = .005, p < 0.01$ ).
- Insignificant association was found between literacy level and reason for not using any contraceptives ( $r_s = .023, p > 0.01$ ).

#### *Awareness to HIV/AIDS*

- Majority of respondents (88.5%) was not aware about AIDS/HIV and only 11.5% of respondents were aware about AIDS/HIV.
- Significant and positive association was found between literacy level and awareness regarding HIV/AIDS ( $r_s = .223, p < 0.01$ ).

#### *Access to Antenatal care among women*

- Majority of respondents (56%) were not received full ANC Package ( $\geq 3$  ANC visits, TT2 /Booster & IFA tablet intake for 3 or more months).
- Significant and negative correlation was found between literacy level and utilization of full ANC package in rural women ( $r_s = -.230, p < 0.01$ ).

#### *Place of delivery*

- Majority 43.75% of respondent's were delivered in their home, 25% of respondent's were delivered in government hospital and remaining 31.25% of respondent's were delivered in private hospital.
- Significant and positive correlation was found between literacy level place of delivery among rural women ( $r_s = .227, p < 0.01$ ).

#### *Role of faith healer and herbalist*

- Majority of respondents (68.75%) were believed in role of faith healers and herbalists while 31.25% of respondents were believed with role of faith healers and herbalists.
- Significant and positive association was found between literacy level and awareness allied with role of faith healers and herbalist ( $r_s = .227, p < 0.01$ ).

### **C. Literacy and nutritional status of rural women**

#### *Body Mass Index (BMI)*

- Majority of respondents (56.5%) were underweight ( $BMI < 18.5$ ).
- Significant and positive correlation was found between literacy to BMI ( $p < 0.01$ ).

#### *Dietary pattern of rural women*

- Food intake of Non Pregnant Non Lactating respondents, the average consumption of cereals was 314g/d, pulses 27g/d, Green leafy vegetables 20 g/d, other vegetables 50 g/d, roots and tubers 60 g/d, fruits 10 g/d, milk and milk products 30 g/d and fats and oils 7 g/d.
- Food intake of pregnant respondents, the average consumption of cereals was 362g/d, pulses 30 g/d, Green leafy vegetables 17 g/d, other vegetables 50 g/d, roots and tubers 50 g/d, fruits 10 g/d, milk and milk products 35 g/d and fats and oils 9 g/d.



- Lactating respondents, the average consumption of cereals was 400 g/d, pulses 30 g/d, Green leafy vegetables 24 g/d, other vegetables 56 g/d, roots and tubers 64 g/d, fruits 14 g/d, milk and milk products 40 g/d and fats and oils 14g/d.
- Significant and positive correlation was found between literacy level and average consumption of nutrients among NPNL rural women ( $p < 0.01$ ).
- Significant and positive correlation was found between literacy level and average consumption of nutrients among pregnant rural women ( $p < 0.01$ ).
- Significant and positive correlation was found between literacy level and average consumption of nutrients among lactating rural women ( $p < 0.01$ ).

#### *Anaemia*

- In NPNL women majority (18.75%) of them had Severe anaemia -  $<7.0$  g/dl.
- In pregnant women majority (11.25%) of respondents had Severe anaemia -  $<7.0$  g/dl.
- In lactating women majority (10%) of respondents had Mild anaemia - 9.0-10.9 g/dl.
- Significant correlation was found between literacy and haemoglobin level ( $p < 0.01$ ).

#### *Clinical nutritional deficiency*

- Majority (52.5%) of respondents have Bitot's spot (a sign of vitamin A deficiency).
- Majority (54.75%) of respondents have angular stomatitis (a sign of B complex vitamin deficiency).

- Majority (71.25%) of respondents have dental caries (a sign of vitamin C).
- Majority (55%) of respondents have paleness of nails (a signs of deficiency of iron).
- Significant correlation was found between literacy level and clinical nutritional deficiency ( $p < 0.01$ ).

#### **D. Literacy and decision making of the rural women**

##### *Decision making in household affairs*

- Majority of decision (50.25%) were taken by husband, 23.5% were joint decision and 27.25% of decision were taken by respondent alone.
- Majority of decision (37.5%) regarding cooked food was taken by respondent alone.
- Decision regarding education of children majority of decision (37.5%) of decision was taken by respondent alone, 32.5% were joint decision and only 30% of decisions were taken by husband alone.
- Significant association was found between literacy and decision making in household affairs ( $r_s = .322, p < 0.01$ ).

##### *Decision making in personal affairs*

- Decision regarding contraception majority of decision (50.25%) were taken by husband, 25% of decision were taken by respondent alone and only 24.75% were joint decision.
- Decision regarding place of delivery, out of which majority (42.5%) of decisions were taken by respondent alone. Decision regarding respondent health care majority

of decisions were taken by respondent alone, 25% were joint decision and 22% of decisions were taken by husband.

- Significant association was found between literacy and decision making in personal affairs ( $r_s = .762, p < 0.01$ ).

## **6.2 Conclusions**

Women in rural areas of Jawan block are mostly illiterate. They belonged to low socio economic status and still believed about traditional faith healers. Self imposed restrictions were also found among rural women. Study also found that the significant impact of literacy on quality of life of rural women.

Study explored that socio demographic profiles were significantly associated with their quality of life among women. Literate women use their knowledge and perception to increase the accessibility of resources within the home and out side the home which ultimately increases their quality of life.

Further, rural women of Jawan Block had incomplete awareness regarding contraception and significant numbers of women were not using contraceptives. Husband's disapproval was one of the main reasons for not using contraception. Study also observed that literacy profile of rural women increases the awareness regarding contraception. Moreover, rural women of Jawan Block were unaware about AIDS/HIV. Only some of the literate women were aware about AIDS/HIV through mass media. Study also showed that rural women had less accessibility towards antenatal care. However, most of the women took antenatal care but it was incomplete ( $\leq 3$  ANC visits, TT2 /Booster & IFA tablet intake for 3 or more months). Main reasons for not using complete ANC package were illiteracy among

rural women. The study further found that home and unsafe delivery was still widely prevalent in the rural areas of Jawan Block. Women believed more on 'Dai' (untrained women in village who conduct delivery) as compared to doctors especially government staff working in government hospital. Among rural women, most of them were believed in faith healers. Main reason was illiteracy among women; moreover in rural areas they are traditionally oriented to believe that the cause of illness is the curse of evil spirit.

Moreover, the nutritional profile of women in Jawan Block was very poor. Study pointed out that anaemia was highly prevalent among rural women. Most of the rural women were suffering from Bitot's spot, angular stomatitis, dental caries and paleness of nails.

Further, decisions regarding purchase of household goods, use of contraception were taken by husband, while decision regarding cooked food, children marriage, children education, place of respondent delivery was taken by rural women of Jawan Block. It was found that respondent wanted to have Husband's limited role should have a limited role (to some extent) in household as well as in their personal affairs.

Eventually, the inference that can be drawn from the outcome of this study is that literacy profile of women play a crucial role in enhancing the quality of life, health status, nutritional status, and decision making of rural women of Jawan Block.

### **6.3 Suggestions**

Keeping in view the findings of study following steps are being proposed for enhancing the quality of life of rural women-

- Keeping the social and traditional role of women, they should be made vigilant towards the faith healers.
- At the state and local government levels, a lot more advocacies is needed to encourage institutions and non-governmental organizations to incorporate and prioritize access and utilization of information into development plans to improve the quality of life of the rural women in Jawan Block.
- Since the present study was conducted to associate the literacy impact of rural women on their quality of life, health status, nutritional status and decision making is a need to study the specific areas in detail at macro as well as micro level so as to draw some useful and valid generalizations.
- Women assess to safe delivery should be provided at the health centers.
- Proper channeling of funds and resources should be arranged for rural women.
- Arrangement of women oriented programs based on education, health awareness and aspect of life should be made.
- Proper monitoring and evaluation of programs by service provider.