

NAME OF SCHOLAR : MOHD. TARIQ
NAME OF SUPERVISOR : DR (Prof.) S. K. BHATI
NAME OF DEPARTMENT : ADULT AND CONTINUING EDUCATION
AND EXTENSION, JAMIA MILLIA ISLAMIA
TITLE OF THE THESIS : **“HEALTH BEHAVIOUR OF VILLAGERS
OF DEVELOPED AND UNDER
DEVELOPED STATES OF NORTH INDIA”**

ABSTRACT

Over the last six decades, the health scenario in India has undergone highly positive and easily discernible changes. In spite of the gains in the health status of the people, the health picture of rural people in India is still not satisfactory. The reason for the poor health behaviour in rural areas may be due to ignorance, carelessness, superstition, social norms, poor accessibility to health facilities and weak infrastructure. It is essential to provide rural people carefully planned, innovative, credible learning experiences that are in tune with the realities of life. This research study entitles **‘Health behaviour of the villagers of developed and under developed states of north India’** was conducted to assess the existing health behaviour of the villagers of north India with a view to identify the gaps between the desired and existing health behavior of the people with the following objectives. 1. To compare the socio-economic profile of the village people of developed and underdeveloped states, 2. To study the health behaviour of the people, 3. To study the relationship between the antecedent factors and health behaviour and 4. To study the problems in maintaining the good health status of self and family

Haryana and U.P were selected for the study as a developed and under developed state respectively. From each state three villages were selected by multi stage random sampling. From each selected village 50 respondents were selected by simple random sampling. There were 34 adolescents, 122 adult male, 106 adult female and 38 old aged respondents i.e., total 300 respondents, in the study. Health behaviour was studied as the dependent variable. Twenty one socio economic and personal characteristics were taken as independent variables. The data was collected through personal interview technique.

The health behaviour of the total respondents as well as separately of the respondents of Haryana and Uttar Pradesh was found to be only satisfactory i.e., none could reach good or very good health behavior category. However, the overall health behavior of the

respondents of Haryana was found to be better than that of the respondents of U.P and also on eight aspects, namely, 'nutritional hygiene', 'maternal health care', 'personal hygiene', 'safe drinking water', 'small family norms', 'environmental cleanliness', 'nutrition intake' and 'immunization'. The health behaviour of the respondents of U.P. was found to be better than that of the respondents of Haryana on HIV/AIDS. On the six aspects, namely, 'nutrition intake', 'elderly health care', 'immunization', 'smoking habit, 'small family norms' and 'environmental cleanliness' the Mean Health Behaviour Percentage Scores (MHBPSs) of the respondents of U.P. fall in the 'very poor' or 'poor health behaviour' categories. On elderly health care the MHBPS of the respondents of Haryana also falls in 'poor health behaviour' category. It indicates that the health behaviour of the respondents of U.P. needs to be improved significantly on above mentioned six aspects and that of respondents of Haryana on one. Of the 354 health behaviour items on thirty items, the health behaviour of the respondents of both the states falls in the 'very poor health behaviour' category.

The overall health behaviour of the total respondents had positive significant correlation with ten factors, namely, education of respondent, family education status, monthly family income, socio economic status, social participation, extension contact, communication behaviour, scientificism, value orientation and opinion leadership. Eight of these ten factors, besides family education status and opinion leadership, seem more important as they also had positive significant correlation with more than 50 per cent of the health aspects. Of these eight on six factors, the villagers of Haryana had significantly better profile than that of the villagers of U.P and thus explain for the better health behavior of the villagers of Haryana. The overall health behaviour of the total respondents as well as that of the respondents of U.P and Haryana had negative significant correlation with age and economic orientation.

The intake of energy was more among the respondents of Haryana as compared to that of U.P. An adult male sedentary worker of Haryana, on an average, was consuming more and that of U.P. less energy than the recommended intake. An adult male moderate worker of both the states, on an average, was consuming less energy than the recommended intake. An adult female sedentary worker of both the states, on an average was consuming more energy than the recommended intake. An adult female moderate worker of Haryana, on an average, was consuming more energy and that of U.P. less than the recommended intake. On an average, an adolescent of Haryana was consuming more and that of U.P. less energy than the recommended intake. The respondents of Haryana were consuming more protein than that of the respondents of U.P. An adult male as well as female respondent of both the states, on an average, was consuming more protein per day than the recommended daily intake of protein. An adolescent respondent of Haryana, on an average, was consuming more and that of U.P. less protein than the recommended intake.