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## RESEARCH ARTICLE

### EFFECTIVENESS OF THE HEALTH AWARENESS PROGRAMMES OF MAHILA SAMAKHYA KARNATAKA AT NANJANGUD TALUK

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#### ABSTRACT

The article assesses the effectiveness of various health awareness programmes organized by Mahila Samakhya Karnataka (MSKn) at Nanjangud Taluk of Mysuru District and analyzes the utilization of awareness on health by MSKn Sangha women. Sample comprises of 90 women who are randomly selected from 6 Sanghas belonging to 06 villages in the area of study. Data is collected using structured interview schedule developed by the investigator and analyzed using percentage analysis. The study found that the health awareness programmes have been extremely effective and Sangha women are utilizing the awareness gained through health programmes.

#### INTRODUCTION

Mahila Samakhya Karnataka (MSKn) is a programme which was implemented by the Department of Education, Ministry of Human Resource Development, Government of India, in the year 1989 with the aim of empowering women through Education. Health is one of the six areas of concern of MSKn programme as empowerment cannot be attained by ignoring women's health issues. Majority women in the rural areas are illiterate or functionally literate with less knowledge pertaining to maintenance of health. Hence, Mahila Samakhya Karnataka by forming Sanghas which are collectives of rural women embarked upon creating awareness on various health issues commonly faced by women. The Sanghas comprises of women belonging to different age groups and those who are above 60 years of age have been members for more than two decades. Health awareness is created by this programme organizing special lectures from the doctors, health personnel, women enacting skits, role plays, street plays, organizing workshops, meetings, trainings and also through discussions. Case studies, songs, stories, videos have been used to disseminate knowledge pertaining to health. MSKn functioned at five Districts of Mysuru namely Nanjangud, H.D.Kote, Periyapatna, Hunsur and K.R.Nagar till 2014. Later, Federations were made autonomous and programmes are carried on by them. The review of literature shows that studies have been conducted on health awareness programmes organized by Self Help Group for its members. Anant Kumar(2006) study on SHGs of Patna district of Bihar with a with a sample of 200 respondents

found that, the association of women in SHGs have enabled them to take part in government health programmes in the villages, increased their utilization of private health services and 40% of the respondents have found improvement in health fully. Brinda and Sampath Kumar, (2018) in their article have assessed the health care seeking behaviour among Self-help group members in comparison to the non-members in rural areas of Coimbatore and found that 80% of both SHG and non SHG members preferred to get treatment at government hospitals. A significant association was found between the income and preference given for health facilities. Mahila Samakhya Karnataka Annual Report (2011-12) highlights on the programmes of Mahila Samakhya Karnataka which creates awareness on health among women. Mention is made on Nari-Sanjeevini which is formed under federation, through which health counselling is provided and herbal medicines are prepared and distributed. Narasmiha *et al.* (2016) examined 5 SHGs of urban field practice area of Bangalore Medical College and Research Institute and found that 21% women improved their health condition and 68% respondents independently decide to take treatment when they have health issues. Saha *et al.* (2015) has conducted a comparative study of 17 villages of Dahegam of Gujarat and two districts of Karnataka namely Udupi and Gadag which provided health programmes for group members and another 17 villages SHGs which did not provide health awareness programmes. The findings revealed that, in the SHGs which gave health awareness, the percentage of institutional deliveries, mothers feeding colostrum to the newborns was found to be 95.7% and 77.5% and in those SHGs which did not

**Table 1. Effectiveness of MSKn health awareness programmes**

Sl.no	Particulars		Extremely effective	Effective	Moderately effective	Slightly effective	Not at all effective	Total
1	Awareness programmes on Nutrition	Number	82	8	0	0	0	90
		%	91.1	8.8	0	0	0	100
2	Awareness programmes on Anaemia	Number	75	15	0	0	0	90
		%	83.3	16.6	0	0	0	100
3	Awareness programmes on HIV/AIDS	Number	21	44	25	0	0	90
		%	23.3	48.8	27.7	0	0	100
4	Awareness programmes on benefit of institutional deliveries	Number	32	47	11	0	0	90
		%	35.5	52.2	12.2	0	0	100
5	Health checkup camps	Number	44	34	12	0	0	90
		%	48.8	37.7	13.3	0	0	100
6	Eye checkup camp	Number	24	37	29	0	0	90
		%	26.6	41.1	32.2	0	0	100
7	Awareness on facilities available at PHC	Number	56	25	09	0	0	90
		%	62.2	27.7	10	0	0	100
8	Programmes on preparation of Herbal medicine	Number	25	48	17	0	0	90
		%	27.7	53.3	18.8	0	0	100

**Table 2. Treatment for sickness mostly taken from**

Sl. no	Particulars	Number	%
1	Primary Health Centre (PHC)	66	73.3
2	Mobile clinics of PHC	04	4.4
3	Clinic	06	6.6
4	Hospital	09	10
5	Take Home Remedy	05	5.5
6	Does not disclose health issue to anyone	00	00
	Total	90	100

**Table 3. Utilization of awareness on health by MSKn Sangha women (Age wise analysis)**

Sl no	Particulars		Age Group in Years (Total respondents 90)							
			30-40		41-49		50-59		>60 Years	
			Total No. 08	Total No.29	Total No.36	Total No.17	Yes	No	Yes	No
1	Maintaining one’s own health & hygiene & also of the family members	Number	8	0	28	1	33	3	15	2
		%	100	0	96.5	3.4	91.6	8.3	88.2	11.7
2	Availing timely treatment during sickness	Number	8	0	25	4	30	6	14	3
		%	100	0	86.2	13.7	83.3	16.6	82.3	17.6
3	Keeping surroundings clean	Number	8	0	29	0	36	0	16	1
		%	100	0	100	0	100	0	94.1	5.8
4	Focusing on nutritious diet of family members	Number	8	0	29	0	36	0	15	2
		%	100	0	100	0	100	0	88.2	11.7
5	Sharing the knowledge of health with other women in the village	Number	8	0	29	0	36	0	16	1
		%	100	0	100	0	100	0	94.1	5.8
6	Getting immunization for children in the family	Number	8	0	29	0	32	4	14	3
		%	100	0	100	0	88.8	11.1	82.3	17.6
7	Getting Health Insurance Schemes	Number	6	2	25	4	31	5	13	4
		%	75	25	86.2	13.7	86.1	13.8	76.4	23.5
8	Getting Health checkup done	Number	8	0	26	3	32	4	15	2
		%	100	0	89.6	10.3	88.8	11.1	88.2	11.7

provide health awareness it was only 86.0% and 62.0% respectively. Various studies which are conducted have not explored the effectiveness of Mahila Samakhya Karnataka’s health awareness programmes and the utilization of awareness on health by Sangha women in the Districts and Taluks of Karnataka. Hence, the study is found to be of greater significance. The present study is conducted selecting Nanjangud Taluk of Mysuru District as the area of study.

**Objectives:** The objectives of the study are

1. To assess the effectiveness of Mahila Samakhya Karnataka’s health awareness programmes at Nanjangud Taluk.
2. To analyze the utilization of awareness on health by Mahila Samakhya Sangha women at Nanjangud Taluk.

## MATERIALS AND METHODS

For the purpose of study, out of 10 villages and 10 Sanghas located at one hour distance to the MSKn federation, with a total number of 180 Sangha women, 90 respondents are randomly selected from 6 Sanghas which comprised of minimum 15 members each, who belonged to 06 villages of Nanjangud Taluk, Mysuru District. The sample forms 50% of the population. Those Sanghas which are in existence from past 10 years have been considered for the study. Structured Interview Schedule is used for collecting primary data. Observation and focus group discussions methods are also adopted. The secondary data is collected through books, annual reports, websites, journals, and documents of the Sanghas. The data is analyzed and interpreted using percentage analysis.

## ANALYSIS AND INTERPRETATION OF DATA

The Table 1 indicates that MSKn health programme on Nutrition, Anaemia, facilities available at Primary Health Centres (PHCs) and Health camps are found to be extremely effective. Majority of the respondents (91.1%) consider Nutrition awareness programmes to be extremely effective of all. Programmes on HIV/AIDS, Institutional Deliveries and preparation of Herbal medicine are considered effective. Eye checkup camps are found moderately effective by 32.2% respondents. None of the respondents have reported the programmes to be not at all effective. Hence, it is inferred that MSKn programmes on health have been successful as it is found extremely effective and effective by the respondents. Table 2 shows from where the treatment is mostly sought by MSKn Sangha women during sickness. The result reveals that, Primary Health Centres are preferred mostly by 73.3%. However next in the order of preference is getting treatment from the hospital (6.6%). Only 5.5% take home remedy at the time of sickness. Clinic and Mobile clinics are preferred by only 11%. Respondents who do not disclose their sickness to anyone are not found. The health care programmes are attributed with higher effectiveness as Primary Health Centres and Hospitals are preferred to get treatment. This indicates that a large number of the Sangha women are not neglecting their health. Table 3 reveals that, majority of the women in the age group of 41-49 years are found to be maintaining their own health and also of their family members (96.5%). They also possess Health Insurance and avail timely treatment (86.2%). Only 25% of the respondents who are 30-40 years and 23.5% above 60years do not possess Health Insurance. It can be concluded from this table that, majority of the Sangha women are utilizing the awareness gained from MSKn health programmes.

## RESULTS AND DISCUSSION

The awareness programmes on Nutrition is found to be extremely effective by 91.1% followed by the programme on Anaemia (83.3%). 73.3% of Sangha members are availing treatment from Primary Health Centres at the time of sickness.

100% of the respondents in the age group of 30-59 years reported to be keeping their surroundings clean, focusing on nutritious diet of family members and sharing the knowledge of health with other women in the village. Only less percentage of women who are above 60 years reported to be not utilizing the awareness gained due to age factor.

## Conclusion

Health programmes of Mahila Samakhya Karnataka has successfully created awareness among the Sangha members at Najangud Taluk, using which women are found to be maintaining their health and also of their families. Sangha women who are above 60 years need to be motivated to avail timely treatment and to possess Health Insurance. By imparting knowledge to the women on health through the Sanghas, several health issues arising in rural areas can thus be effectively prevented.

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