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Research Paper

Attitude Towards Health Among Rural Persons

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ABSTRACT

The present study is related to find out attitude toward health of rural persons resending in Ranchi district of Jharkhand. Health is the most importance out of area of millennium development. Health is determine by attitude toward health and attitude leads to health behavior of the attitude towards health is favourable, the health behavior. This study explores the attitudes towards health among individuals residing in rural areas, aiming to understand the factors that influence their perceptions and behaviors related to health. A sample of 50 rural residents was selected for the study, and data were gathered using the Health Attitude Towards Scale, which assesses various dimensions of health attitudes, including Physical Health, Mental Health, Diet and Nutrition, Family Planning, Breast Feeding, Child Care. The results indicate that rural communities having unfavourable attitude towards mental health, diet and nutrition, family planning, breast feeding, child care dimensions. While many respondents displayed positive attitudes towards physical health and also female rural persons have a favourable attitude towards mental health, diet and nutrition. The study highlights the need for targeted health education programs and the improvement of healthcare access to foster more positive and proactive health behaviors in rural populations.

Keywords: *Rural Health, Health Attitude, Rural Persons, Age, Gender*

Health

Health is the level of functional and metabolic efficiency of a living organism. In humans it is the ability of individuals or communities to adapt and self-manage when facing physical, mental or social challenges. The World Health Organization (WHO) defined health in its broader sense in its 1948 constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." This definition has been subject to controversy, in particular as lacking operational value, the ambiguity in developing cohesive health strategies, and because of the problem created by use of the word "complete". Other definitions have been proposed, among which a recent definition that correlates health and personal satisfaction. Classification systems such as the WHO Family of International Classifications, including the International Classification of Functioning, Disability and Health (ICF) and the International Classification of Diseases (ICD), are commonly used to define and measure the components of health.

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Health Attitudes

Health attitudes, the attitudes towards health issues, and includes for example the view of drug usage, obesity and physical illness (attitudes toward) physical illness and mental illness. In general terms, widely held attitudes help shape societies care of the sick and in the particular individual case underpin peoples health behaviour and to some extent their illness behavior.

Health is a prerequisite for human development and is an essential component for the well being of the mankind. The health problems of any community are influenced by interplay of various factors including social, economic and political ones. The common beliefs, customs, practices related to health and disease in turn influence the health seeking behaviour of the community4. There is a consensus agreement that the health status of the tribal population is very poor and worst among the primitive tribes because of their isolation, remoteness and being largely unaffected by the developmental processes going on in the country.

Health Attitudes towards rural communities

Rural communities in India suffer from a significant lack of access to healthcare. This lack of access results in high rates of maternal mortality, infant mortality, and malnutrition, as well as low life expectancy and low vaccination rates. This poor access to healthcare leads to a strong economic burden on the rural poor, and public spending and insurance companies have done little to mitigate it. This lack of access includes a severe shortage of qualified medical personnel, physical limitations such as distance, lack of established healthcare infrastructure, and inability to pay for necessary medical treatment. Current practices seeking to address this problem include the expansion of small hospitals into less populated areas, the formation of women's health clinics, the use of technology to expand reach, and training programs for local healthcare service providers.

Rural residents have reported greater difficulties in navigating the health care system, poorer patient-provider relationships (primarily due to mistrust), and lack of culturally competent health care services, which in turn influences their overall satisfaction with the health care system. Loftin WA et.al, (2005); Cantor D et.al, (2007).

Avoidance and delay are often used to describe the psychological and physical aversion to something that causes distress (Byrne,SK ; 2008). According to Byrne, "avoidance is marked by a turning away from threat-related cues, which are either psychological or physiologic in origin," while the term delay adds a temporal component to avoidance (Byrne,SK ; 2008). Delay or avoidance of health care has been reported to lead to poorer health outcomes, including the increased likelihood of late-stage breast cancer diagnosis, (Facione NC, et.al ; 2002) mortality from HIV, (Ohl M, el.al ; 2012) wasting and high levels of C-reactive proteins among children,4 and acute symptoms for heart disease.5 In addition, delay or avoidance of health care is associated with decreased rates of cancer screening, increased cost of hospitalization, and transmission of sexually transmitted diseases. (Byrne SK, 2008; Kraft AD, et.al 2009 and Mercer, CH, 2007)

Previous research has also reported that certain population groups exhibit avoidant behavior more frequently than do other groups. (Moore PJ, 2004 and Vanderpool RC, 2008). However, these studies have been limited to specific geographic areas, to particular health conditions, or in their analytic methods.

METHODOLOGY

Objective:

To study the prevalence of attitude towards health among rural persons of Ranchi.

Hypothesis:

The prevalence of attitude towards health among rural persons of Ranchi will vary among various sample groups.

Sample:

The sample was selected from rural areas of Ranchi. From Ranchi rural area 50 rural persons were selected by Random sampling.

The sample units are presented in Table

Table 1: Sample Design

Age group	**No.**
Age 1	16
Age 2	34
Male	34
Female	16
Total	50

Tool:

Health Attitude Scale: This scale was prepared by Singh (1984). **This scale has 6 dimensions: Physical Health, Mental Health, Diet and Nutrition, Family Planning, Breast Feeding, Child Care**. Each dimension has three statements and five responses categories-Strongly agree, agrees, uncertain, disagree and strongly disagree. The statements are positive and negative. The positive statements are coded as 5 (Strongly agree), 4 (agree), 3 (uncertain), disagree (2) and strongly disagree (1). The coding of negative questions is the reverse.

The range of scores of each statement is 1 to 5. Henase in one dimension, the range of score is 3 to 15 and in the entire scale, the range of score is 18 to 90. Higher the score, more favourable will be the attitude towards health.

Procedure

After selecting the sample Health attitude scale administration to the subjects. Appropriate instruction was given to taken. They were assured that the individual anonymity of the individual responses will be preserved and only the summarized results will be reported.

Statistical analysis

To verify the proposed hypotheses, the obtained data were analyzed in term of percentage; the results are recorded in following tables.

RESULTS AND DISCUSSION

Prevalence of Attitude Towards Health and it's Dimensions among Rural persons of Ranchi.

Prevalence of attitude towards health was assessed by the percentages of sample and various sample groups on obtained scores on Health Attitude scale.

Table 1: Prevalence of Attitude Towards Physical Health among Rural Persons of Ranchi.

		Total	**Male**	**Female**	**Age 1 (20-44 years)**	**Age 2 (45-70 years)**
Unfavorable Attitude	N	7	4	3	2	5
	%	14	11.8	18.8	5.9	31.2
Favorable Attitude	N	43	30	13	32	11
	%	86	88.2	81.2	94.1	68.8

- 86% of the rural sample had favourable attitude towards Physical health.
- Maximum numbers 88.2% of the male sample had favourable attitude towards Physical health. And 81.2% of the female sample had favourable attitude towards Physical health.
- In Age 1 (20-44 years) shows that, 94.1% of the rural sample had favourable attitude towards Physical health. And in Age 2 (45-70 years) shows that 68.8% of the rural sample had favourable attitude towards Physical health.

Table 2: Prevalence of Attitude Towards Mental Health among Rural Persons of Ranchi.

		Total	**Male**	**Female**	**Age 1 (20-44 years)**	**Age 2 (45-70 years)**
Unfavourable Attitude	N	30	22	8	20	10
	%	60	64.7	50	58.8	62.5
Favourable Attitude	N	20	12	8	14	6
	%	40	35.3	50	41.2	37.5

- 60% rural had unfavourable attitude towards mental health.
- 64.7% male sample had unfavourable attitude towards mental health. And 50 % female sample had unfavourable attitude towards mental health.
- 58.8% younger (less than 44 years) sample had unfavourable attitude towards mental health. And 62.5% younger (less than 45 years) sample had unfavourable attitude towards mental health.

Table 3: Prevalence of Attitude Towards Diet and Nutrition among Rural Persons of Ranchi.

		Total	**Male**	**Female**	**Age 1 (20-44 years)**	**Age 2 (45-70 years)**
Unfavourable Attitude	N	27	19	8	18	9
	%	54	55.9	50	52.9	56.2
Favourable Attitude	N	23	15	8	16	7
	%	46	44.1	50	47.1	43.8

- 54 % rural Munda tribals had unfavourable attitude towards diet and nutrition.
- 55.9% male sample had unfavourable attitude towards diet and nutrition. And 50 % female sample had unfavourable attitude towards diet and nutrition.
- 52.9 % younger (less than 44 years) sample had unfavourable attitude towards diet and nutrition. And 56.2 % younger (less than 45 years) sample had unfavourable attitude towards diet and nutrition.

Table 4: Prevalence of Attitude towards Family Planning among Rural Persons of Ranchi.

		Total	**Male**	**Female**	**Age 1 (20-44 years)**	**Age 2 (45-70 years)**
Unfavourable Attitude	N	43	29	14	31	12
	%	86	85.3	87.5	91.2	75
Favourable Attitude	N	7	5	2	3	4
	%	14	14.7	12.5	8.8	25

- 86 % rural Munda tribals had unfavourable attitude towards family planning.
- 85.3% male sample had unfavourable attitude towards family planning. And 87.5 % female sample had unfavourable attitude towards family planning.
- 91.2 % younger(less than 44 years) sample had unfavourable attitude towards family planning. And 75 % younger (less than 45 years) sample had unfavourable attitude towards family planning.

Table 5: Prevalence of Attitude Towards Breast Feeding among Rural Persons of Ranchi.

		Total	**Male**	**Female**	**Age 1 (20-44 years)**	**Age 2 (45-70 years)**
Unfavorable Attitude	N	48	33	15	33	15
	%	96	97.1	93.8	97.1	93.8
Favorable Attitude	N	2	1	1	1	1
	%	4	2.9	6.2	2.9	6.2

- 96 % rural Munda tribals had unfavourable attitude towards breast feeding..
- 97.1% male sample had unfavourable attitude towards breast feeding. And 93.8 % female sample had unfavourable attitude towards breast feeding.
- 97.1 % younger (less than 44 years) sample had unfavourable attitude towards breast feeding. And 93.8 % younger (less than 45 years) sample had unfavourable attitude towards breast feeding.

Table 6: Prevalence of Attitude Towards Child Care among Rural Persons of Ranchi.

		Total	**Male**	**Female**	**Age 1 (20-44 years)**	**Age 2 (45-70 years)**
Unfavorable Attitude	N	37	27	10	26	11
	%	74	79.4	62.5	76.5	68.8
Favorable Attitude	N	13	7	6	8	5
	%	26	20.6	37.5	23.5	31.2

- 74 % rural Munda tribals had unfavourable attitude towards child care.
- 79.4% male sample had unfavourable attitude towards child care. And 62.5% female sample had unfavourable attitude towards child care.
- 76.5% younger (less than 44 years) sample had unfavourable attitude towards child care. And 68.8% younger (less than 45 years) sample had unfavourable attitude towards child care.

CONCLUSION

The findings of this study showed that rural community do not have strong positive attitude towards health. The results indicate that maximum number of rural communities having unfavourable attitude towards mental health, diet and nutrition, family planning, breast-feeding, child-care dimensions. While many respondents displayed positive attitudes towards physical health and only female rural persons have a favourable attitude towards mental health, diet and nutrition. Majority of the sample prefers to use private health care facilities during the period of their illness. Awareness to be given to the community people regarding availability of public health care facilities.

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Conflict of Interest

The author(s) declared no conflict of interest.

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