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VOCATIONAL TRAINING AND HEALTH RELATED AWARENESS AMONG RURAL WOMEN

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Abstract

In Indian society a woman as home maker, often take up vocational training to improve the lot of their family. The present study was carried out in a rural area to study certain factors associated with utilization of vocational training and to find out if it also improved their health related awareness.

A total of 275 rural women were selected by random sampling technique. Data pertaining to participant's age, educational status, vocational training and their health related awareness were collected. 82.1% of those who participated in vocational training were in the age group of 20 -30 years. 75% of the women were educated up to Metric or beyond. Majority of those who had the household occupation as service took up vocational training to generate income. Computer training

Key words:

Vocational training;
Health related awareness,
Rural women

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followed by stitching, beautician and embroidery were preferred because of their subsequent paying capacity.

An increased awareness about selected health issues like immunization during pregnancy, delivery at hospital or by TBA and management of sick child by Registered Medical Practitioners (RMP) was observed among the utilizers of vocational training. The finding is of significance because none of the study subjects did vocational training related to medical or para-medical subjects.

. Vocational training especially income generating programmes have more takers. The study finding of increased health related awareness, a lateral benefit of non-medical vocational training, needs to be verified by a larger multi-centric study.

Introduction:

In Indian society a woman as home maker, looks after the daily needs of all the members of the family including those of her small children. In addition to looking after the meals, she ensures timely immunization of her children, ensures her own routine checkup when pregnant and makes arrangements to tide over various needs during lean period. In her endeavor to do this, she, whenever the need arises, moves out of the boundaries of her house, rubs shoulders with menfolk and earns to help her husband financially. They are increasingly being recognized as equal partner in development (1).

Rural India that represents the real India, forms the core of Indian society (2). Majority of the villages still lack the basic social infrastructure. Many of the villagers especially women are

not educated beyond metric because of non- availability of higher education in villages. Agriculture is the main occupation but majority do not have adequate land for farming in order to thrive on the produce of the land. Healthcare facilities are inadequate and accessibility to higher healthcare centers are limited because of their distances and high cost of health care.

To overcome these constraints many of the women residing in the rural areas, are taking up courses in vocational education that prepares them to work in various jobs, such as a trade, a craft, or as a technician (3). The new skill acquired by them help earn additional income and meet the financial needs. They experience a sense of empowerment, newfound freedom, and self confidence as they negotiate traditional gender roles in a new social and cultural context (4)

The present study was carried out to study certain factors associated with utilization of vocational training and to find out if it also improved their health related awareness.

Methodology:

The present cross sectional study was carried out at Maunda village of Sarojini Nagar Block of Lucknow district between Jan 2018 and June 2018. It is located in South West region of Lucknow and has a total population of 1748 including 685 women in 476 households, Most of the families are of nuclear type. The socio-economic status of the families varied from lower class to lower middle class on BG Prasad's SES scale. The sample size was worked out on the basis of proportion of rural women taking up vocational training which was reported in world development report as 22% (5). Keeping a margin of error as 5%, the minimum sample size at 95% confidence limit was worked out as 264.

Sampling frame was prepared from list available in village panchayat. Study subjects which included only women, were selected by random sampling technique. All women residents, who have been staying in the village for 1 year or more were found suitable for inclusion in the study. Visitors from other village were excluded from the study.

The data regarding the study subjects were collected by making home to home visit. All eligible subjects, after obtaining the informed consent, were interviewed by the investigator after obtaining their informed consent.

The interview schedule for the purpose of the study was prepared by the investigator with the help of experts in the field. It included information pertaining to participant's age, educational status, vocational training and their health related awareness. The instrument was pilot tested and refined subsequently. The data collected in the pilot study was included in the main study.

All data were recorded in Excel and were analyzed using statistical software.

Results & Analysis

A total of 275 women were included in the study. Distribution of the study subjects according to their age and participation in vocational training programmes are given in Table -1.

Table-1

Distribution of women according to their age and participation in vocational training

Age Group (in years)	No. of women participated (%)	No. of women not participated (%)	Total (%)
20-30	69 (82.1)	34(17.8)	103(37.5)
31-40	15(17.9)	102(53.4)	117(42.6)
41-50	0	47(24.6)	47(17.0)
50 and above	0	08(4.2)	08(2.9)
Total	84 (100.0)	191(100.0)	275(100.0)

As can be seen from the table 82.1% of those who participated in vocational training were in the age group of 20 -30 years. No one above the age of 40 years participated in vocational training.

All the study subjects were further classified according to their educational status. Their distribution according to their participation in vocational training is given in Table -2.

As can be seen from the table, women, who were educated, showed more interest in acquisition of newer skills. 63 out of 84 women i.e. 75% of the women who participated in vocational training were educated up to Metric or beyond.

The study subjects were further classified according to the type of skill acquired by vocational training. Their distribution is given in Table - 3.

Table-2

Distribution of women according to educational status and utilization of Vocational training

Educational Status	No. of women participated (%) (N = 84)	No. of women not participated (%) (N = 191)
Illiterate	0	17(8.9)
Upto Primary	21(25.0)	68(35.6)
Upto Middle	0	0
Upto Metric	33(39.3)	102(53.4)
Upto Inter	27(32.1)	04(2.1)
Graduation and Above	03(3.6)	0

Table – 3

Type of Vocational Training

Vocational Training	No. of Women participated (%) (N = 84)
Stitching	26 (30.9)
Embroidery	11 (13.1)
Beautician course	18 (21.4)
Computer courses	29 (34.5)

As can be seen from the table, women preferred computer training followed by stitching, beautician and embroidery in that order. The preference appears to be based on the subjects' subsequent paying capacity.

Rural women tend to acquire vocational education in order to improve the income of household at a later stage. In order to find out if there is any association between the household occupation and participation in vocational training, the study subjects were further classified as given in Table – 4.

Table- 4

Household occupation of Utilizers and Non utilizers of vocational training

Occupation	**Utilizers(%) (N = 84)**	**Non Utilizers(%) (N = 191)**	**Statistical significance (Z; p value)**
Agriculture	46(54.8)	115(60.2)	z = 0.845; p = 0.3983
Service	38(45.2)	47(24.6)	z = 3.410; p = 0.0006
Grocery Shop	0	16(08.4)	
Tailor Shop	0	13(06.8)	

As can be seen from the table, a higher proportion of women i.e. 45.2% compared to 24.6%, having household occupation as service have done the vocational training. The difference was found to be statistically significant. Apparently the need for vocational training for women having household occupation as agriculture, grocery shop and tailor shop was less compared to those who had limited/ fixed income from the service,

Since the women who take up vocational training, have wider social circle. They, in addition to acquiring the subject knowledge, tend to interact with their counterparts and discuss issues related to their health and their children's health. Is it possible that the vocational training has an impact on health related awareness? Accordingly the study subjects were classified as per Table – 5.

As can be seen from the table, utilizers of vocational training were found to have a higher awareness level about immunization during pregnancy, delivery at hospital or by TBA and management of sick child by Registered Medical Practitioners (RMP). The difference in awareness level was found statistically significant in with respect to immunization during pregnancy and management of sick child by RMP.

Table-5

Health related awareness among utilizers of vocational training

	Utilizers (%) (N= 84)	**Non-Utilizers (%) (N=191)**	**Statistical significance (Z; p value)**
Immunization awareness about child immunization	84 (100)	191 (100)	
Awareness about immunization during pregnancy	83 (98.8)	121 (63.4)	z = 6.189; p = 0.0000
Awareness about delivery at hospital or by TBA	31 (36.9)	64 (33.5)	z = 0.546; p = 0.5853
Management of sick child by RMP	81 (96.4)	47 (24.6)	z =10.998;p = 0.0000

Discussion

Throughout the developing world, women engage themselves in economically productive activities in order to improve the lot of their family and children (6). Vocational training programmes especially those with income generating potential, play a key role towards this end. It not only empowers the poor women but also help them generate income (7). According to Diwakar and Ahmad, focusing on vocational training for women, makes a big difference by improving household productivity, employability and income earning opportunities, enhancing food security, promoting environmentally sustainable developments and livelihoods (8).

In the present study, it was found that the study subjects especially those who are still young and educated up to metric and beyond are well aware of the utility of vocational training and have taken it up for their betterment. Majority of those who had the household occupation as service took up vocational training to generate income. This is clearly seen by their interest in the computer course. Its future is bright and they can get job easily. The reason for the lack of interest in the embroidery is now lack of work and the amount of hard work it takes to prepare the goods, is not worth it.

Johnson E J, based on their study carried out at the District Industrial Centre, Coimbatore, Tamil Nadu, also concluded that the poor women looked positively towards income generation programmes. The majority of the women expressed that the additional income was more important for the progress of family in rural areas. It helps to improve quality of life, helps to get social recognition and also helps to provide higher education for children (9).

The study also brought out an increased awareness about selected health issues like immunization during pregnancy, delivery at hospital or by TBA and management of sick child by Registered Medical Practitioners (RMP) among the utilizers of vocational training. The finding is of significance because none of the study subjects did vocational training related to medical or para-medical subjects. This could be a lateral benefit of vocational training and could be attributed to widened social circle and increased interaction with peers. However, the possibility of it being a chance finding, can not be ruled out. Small sample size and only few selected health related variables may be considered the limitation of the current study.

Conclusion

In India, Pradhan Mantri Kaushal Vikas Yojana (PMKVY) is the flagship scheme of the Ministry of Skill Development & Entrepreneurship (MSDE). The objective of this Skill Certification Scheme is to enable a large number of Indian youth to take up industry-relevant skill training that will help them in securing a better livelihood (10).Skill is the bridge between job and workforce.

The need of vocational training for poor rural women can not be overemphasized. But in order to have the best outcome and maximum opportunity for employability, the focus should be on women with formal education of metric and above and age below 40 years. Training in income generating programmes will find more takers.

The study finding of increased awareness, a lateral benefit of non-medical vocational training, needs to be verified by a larger multi-centric study.

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