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Adoption status of health and nutritional practices among seasonal migrant women

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Abstract

The present study was carried out in the Latur district of Marathwada region of Maharashtra state. From Latur district, three sugarcane factories namely Vilas Sahakari Sakhar Karkhana Ltd. Vaishalinagar U-1 Niwali, Vilas Sahakari Sakhar Karkhana Ltd. U-2 Udgir and Rena Sahakari Sakhar Karkhana Niwada were selected purposively. From each selected sugarcane factories forty seasonal migrant women were selected randomly. Thus, 120 women members were selected for the study. The study was based on an ex-post facto research design. The study indicated that the majority of the seasonal migrant women had a medium level of adoption of health and nutritional practices. Overall, the findings indicated that the exactly two-third (66.66%) of the seasonal migrant women had a medium level of overall adoption of health and nutritional practices, followed by 22.50 per cent with a low level of adoption and 10.83 per cent with a high level of adoption.

Keywords: Seasonal migrant women, health practices, nutritional practices, adoption level, sugarcane factories

Introduction

Health is a fundamental human right and includes physical, mental and social well-being. Women contribute significantly to household management, agriculture, employment, childcare, food security and community development; however, rural and marginalized women often face limited access to healthcare, nutrition and resources. Seasonal migration in Marathwada, Maharashtra, mainly driven by drought, agrarian distress, water scarcity and limited employment, exposes sugarcane-harvesting women to strenuous work and poor living conditions. Migrant women often live in temporary settlements with inadequate water, sanitation, toilets and healthcare facilities and work for long hours while managing household responsibilities. During pregnancy, continued heavy labour, inadequate rest and limited healthcare may increase health risks, while poor and irregular diets can lead to nutritional deficiencies. Lack of awareness, financial constraints, frequent migration and fear of wage loss further restrict the adoption of appropriate health and nutritional practices. Therefore, the present study entitled "Adoption status of health and nutritional practices among seasonal migrant women" was undertaken.

Objective

To study the level of adoption of health and nutritional practices followed by seasonal migrant women.

Materials and Methods

The present study was carried out in the Latur district of Marathwada region of Maharashtra state. From Latur district,

three sugarcane factories namely Vilas Sahakari Sakhar Karkhana Ltd. Vaishalinagar U-1 Niwali, Vilas Sahakari Sakhar Karkhana Ltd. U-2 Udgir and Rena Sahakari Sakhar Karkhana Niwada were selected purposively. From each selected sugarcane factories forty seasonal migrant women were selected randomly. Thus, 120 women members were selected for the study. The research design followed for the study was Ex-post-facto. The collected data was measured by using frequency, percentage, arithmetic mean.

Adoption of health and nutritional practices was operationally defined as the extent to which seasonal migrant women regularly followed recommended health and nutritional practices in their daily life. The adoption was measured using a structured schedule consisting of selected health and nutritional practices, with responses scored according to the prescribed scoring procedure. Based on the total adoption score, the respondents were categorized into three groups: low, medium and high adoption. There were 39 statement related to health and nutritional practices. The variable was measured on two-point continuum as have adoption and no adoption with the score 2 and 1 respectively. A respondent can obtain a minimum of 36 and maximum of 72 scores. Thus the respondents were classified into three categories on the basis of Mean $\pm$ Standard Deviation.

Results and Discussion

1. To study the level of adoption of health and nutritional practices followed by seasonal migrant women.

1.1 Adoption of health practices

Adoption of health practices refers to the extent to which

seasonal migrant women regularly follow recommended health-related behaviours in their daily life. It includes practices related to personal hygiene, sanitation, maternal and child care, disease prevention, and the use of health services.

Assessing the level of adoption helps understand the respondents' actual health behaviour and compliance with recommended practices.

Table 1: Distribution of seasonal migrant women according to their adoption of health practices

SL. No.	Statements	Yes Freq. (%)	No Freq. (%)
A)	Personal Hygiene and sanitation practices		
1	Do you wash your hands before eating meal and after using the toilet ?	120 (100)	00 (00.00)
2	Do you keep your nails clean ?	69 (57.50)	51 (42.50)
3	Do you use boiled/filtered/safe water for drinking ?	02 (01.66)	118 (98.33)
4	Do you change your sanitary pad or cloth regularly during menstruation ?	72 (60.00)	48 (40.00)
5	Do you have access to a clean and private place for managing menstruation ?	00 (00.00)	120 (100)
B)	Maternal and reproductive health practices		
1	Do you attend health check-ups during pregnancy ?	40 (33.33)	80 (66.66)
2	Do you take iron and folic acid tablets during pregnancy prescribed by doctor ?	26 (21.66)	94 (78.33)
3	Do you take sufficient rest during pregnancy and after delivery ?	11 (09.16)	109 (90.83)
4	Do you avoid heavy work during pregnancy whenever possible ?	19 (15.83)	101 (84.16)
C)	Child care		
1	Do you ensure vaccination of your children regularly?	102 (85.00)	18 (15.00)
2	Do you bath child daily ?	82 (68.33)	38 (31.88)
3	Do you take your baby for regular monthly health check ups at a clinic or health centre ?	66 (55.00)	54 (45.00)
4	Do you seek treatment immediately when children fall sick ?	55 (45.83)	65 (54.16)
D)	Disease prevention and health care practices		
1	Do you maintain clean surroundings and avoid water stagnation to prevent diseases caused by mosquitoes, bedbugs, and houseflies ?	112 (93.33)	08 (06.66)
2	Do you drink sufficient water during working hours to prevent dehydration ?	88 (73.33)	32 (26.66)
3	Do you take adequate rest after heavy work ?	13 (10.83)	107 (89.16)
4	Do you complete the full course of prescribed medicines ?	19 (15.83)	101 (84.16)

The data in table 1 revealed that, under personal hygiene and sanitation practices, all the respondents (100.00%) reported washing their hands before meals and after using the toilet, indicating good awareness of basic hygiene. More than half (57.50%) kept their nails clean, while only 1.66 per cent used boiled, filtered, or safe drinking water. Sixty per cent changed sanitary pads or cloths regularly during menstruation. However, none of the respondents had access to a clean and private place for menstrual hygiene management, reflecting poor sanitation facilities at migration sites.

Regarding maternal and reproductive health practices, only 33.33 per cent attended health check-ups during pregnancy, 21.66 per cent consumed iron and folic acid tablets as prescribed, 15.83 per cent avoided heavy work during pregnancy, and only 9.16 per cent took sufficient rest during pregnancy and after delivery. These findings indicate poor

adoption of recommended maternal health practices, mainly due to continuous work, migration, and limited access to healthcare services.

With respect to child care practices, a majority (85.00%) ensured regular vaccination of their children, while 68.33 per cent bathed their children daily. More than half (55.00%) took their babies for regular monthly health check-ups, whereas only 45.83 per cent sought immediate treatment when their children fell sick.

Under disease prevention and health care practices, a large majority (93.33%) maintained clean surroundings to prevent mosquito- and fly-borne diseases, and 73.33 per cent drank sufficient water during working hours to prevent dehydration. However, only 10.83 per cent took adequate rest after heavy work, and just 15.83 per cent completed the full course of prescribed medicines.

Table 2: Distribution of seasonal migrant women according to their adoption of health practices

SL. No	Category	N = 120	
		Frequency	Percentage
1.	Low (up to 23)	37	30.83
2.	Medium (24 to 26)	67	55.85
3.	High (above 26)	16	13.33
	Total	120	100.00

The data in table 2 indicated that, more than half (55.85%) of the seasonal migrant women had a medium level of adoption of health practices, followed by 30.83 per cent with a low level of adoption, while only 13.33 per cent had a high level of adoption. This indicates that although most respondents

adopted some recommended health practices, the overall level of adoption was moderate, with relatively few women consistently following all the recommended health practices.

1.2 Adoption nutritional practices

Adoption of nutritional practices refers to the extent to which seasonal migrant women follow recommended practices related to nutrition and food consumption. These practices include balanced diet, maternal nutrition, child feeding, food selection, preparation and preservation of nutrients. Proper adoption of nutritional practices contributes to better health and nutritional well-being. Assessing adoption helps determine the level of adherence to recommended nutritional practices among seasonal migrant women.

Table 3: Distribution of seasonal migrant women according to their adoption of health practices

SL. No.	Statements	Yes Freq. (%)	No Freq. (%)
A)	Balanced diet		
1	Do you regularly consume dry fruits ?	04 (03.33)	116 (96.66)
2	Do you consume fruits regularly ?	13 (10.83)	107 (89.16)
3	Do you consume milk and curd regularly ?	72 (60.00)	48 (40.00)
4	Do you consume whole grain cereals (like Jowar, Bajara or Nachani) rather than only refined wheat/rice ?	101 (84.16)	19 (15.83)
5	Do you consume protein rich meal (meat, eggs, pulses) in your diet ?	116 (96.66)	04 (03.33)
6	Do you follow nutritious dietary practices during seasonal changes ?	102 (85.00)	18 (15.00)
B)	Pre and post maternal practices		
1	Do you provide breast feeding to your infant ?	74 (61.66)	46 (38.33)
2	Do you consume nutritious food during pregnancy and lactation?	86 (71.66)	34 (28.33)
3	Do you introduce complementary foods after completion of six months to your baby ?	88 (73.33)	32 (26.66)
4	Do you follow dietary advice given by doctors after delivery ?	40 (33.33)	80 (66.66)
5	Do you consume foods that helps to improve breast milk production ?	72 (60.00)	48 (40.00)
6	Do you feed your children at regular interval ?	85 (70.83)	35 (29.16)
C)	Conservation of nutrients		
1	Do you avoid overcooking of foods and throwing excess water after cooking?	28 (23.33)	92 (76.66)
2	Do you wash green leafy vegetables before cutting them ?	102 (85.00)	18 (15.00)
3	Do you avoid consuming leftover food from the previous day ?	102 (85.00)	18 (15.00)
D)	Nutritional care		
1	Do you consume additional nutritious food for faster recovery during illness?	02 (01.66)	118 (98.33)
2	Do you avoid oily and spicy foods during illness ?	07 (05.83)	113 (94.16)
3	Do you utilize Anganwadi supplementary nutrition ?	87 (72.50)	33 (27.50)
4	Do you follow dietary advice given by doctors during illness?	48 (40.00)	72 (60.00)

The data in table 3 indicated that, under balanced diet practices, the majority of respondents (96.66%) consumed protein-rich foods such as pulses, eggs, or meat, 85.00 per cent followed nutritious dietary practices during seasonal changes, and 84.16 per cent consumed whole grain cereals

such as jowar, bajra, or nachani. Sixty per cent consumed milk and curd regularly. However, only 10.83 per cent consumed fruits regularly and 3.33 per cent consumed dry fruits regularly, indicating poor intake of these nutritious foods.

With regard to pre- and post-maternal practices, 73.33 per cent introduced complementary foods after six months, 71.66 per cent consumed nutritious foods during pregnancy and lactation, and 70.83 per cent fed their children at regular intervals. About 61.66 per cent practiced breastfeeding, while 60.00 per cent consumed foods that help improve breast milk production. However, only 33.33 per cent followed dietary advice given by doctors after delivery.

Regarding conservation of nutrients, a majority (85.00%) washed green leafy vegetables before cutting them and avoided consuming leftover food from the previous day. However, only 23.33 per cent avoided overcooking food and discarding excess cooking water, indicating limited awareness of nutrient conservation during cooking.

Under nutritional care, 72.50 per cent utilized Anganwadi supplementary nutrition. In contrast, only 40.00 per cent followed doctors' dietary advice during illness, 5.83 per cent avoided oily and spicy foods during illness, and only 1.66 per cent consumed additional nutritious foods for faster recovery during illness.

Table 4: Distribution of seasonal migrant women according to their adoption of nutritional practices

SL. No.	Category	N = 120	
		Frequency	Percentage
1.	Low (up to 28)	36	30.00
2.	Medium (28 to 31)	57	47.50
3.	High (above 31)	27	22.50
Total		120	100.00

Overall adoption of health and nutritional practices

The adoption of health and nutritional practices among seasonal migrant women was determined by aggregating the scores obtained for the recommended health and nutritional practices followed by them. The overall adoption level of the respondents was assessed based on the composite score, and the respondents were categorized into low, medium and high level of adoption.

Table 5: Distribution of seasonal migrant women according to their overall adoption of health and nutritional practices

SL. No.	Category	N = 120	
		Frequency	Percentage
1.	Low (up to 51)	27	22.50
2.	Medium (52 to 57)	80	66.66
3.	High (above 57)	13	10.83
Total		120	100.00

The data presented in table revealed that, exactly two-third (66.66%) of the seasonal migrant women had a medium level of overall adoption of health and nutritional practices, followed by 22.50 per cent with a low level of adoption and 10.83 per cent with a high level of adoption.

Conclusion

Overall, the findings revealed that the majority of seasonal migrant women had a medium level of adoption of health and nutritional practices, followed by low and high levels of adoption. Thus, the overall adoption level among the respondents was predominantly medium.

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