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## RELATIONSHIP IN HEALTH AND SELF-ESTEEM OF GUJJAR WOMEN (45-65 YEARS)



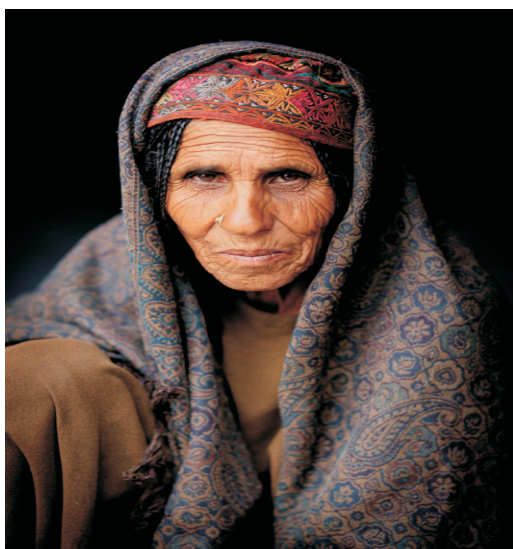
Samridhi Arora<sup>1</sup>, Ruchi Thakur<sup>2</sup>, Afsah Iqbal Nahvi<sup>3</sup> and Kalpana Rani<sup>4</sup>

<sup>1</sup>Associate Professor ,

<sup>2,3</sup>Research Scholar ,

<sup>4</sup>Student ,

P.G. Department of Home Science, University of Jammu.



### ABSTRACT

The present study was conducted with the aim to study the relationship in health and self-esteem of Gujjar women (45-65) of Kathua district. A sample of 50 Gujjar women from different Gujjar dominated areas of Kathua district were selected purposively. The tools used for the present study were Rosenberg Self-esteem Questionnaire and Cornell Medical Index Health Questionnaire. Data was analyzed both qualitatively and quantitatively using various statistical techniques. The results of the present research work indicated that Z-scores of an equal number of respondents were falling below and above the mean scores i.e. 79.06 on C.M.I. The mean

scores of Gujjar women on Physical distress is more i.e. 56.94 than psychological distress i.e. 22.12. Level of Health Index of respondents depicts that a high proportion of respondents on physical distress, (50%) on psychological distress and (68%) on total distress have moderate health, 30% respondents have good health and 2% respondents have bad health. The results of the study also revealed that Gujjar women have a high Self-esteem but their health index was moderate on physical and psychological distress. Moreover, there is a negative correlation between the two aspects i.e. self-esteem and health indicators of Gujjars woman.

**KEYWORDS :** Health, Self-Esteem, Relationship, Gujjar women, Kathua district.

### INTRODUCTION :

A women's access to health depend on care and physical, social and psychological context on health belief and her socio-economic status along with demographic background (Nayab 2005). A declining trend in both fertility and mortality rate has increased average life span and has created a new set of challenges in today's society. It is now well accepted that women's health status has got an impact on the children, family and community. In spite of several studies and rapid technology advance, many women still suffer preventable mortality and morbidity. Women's health status affect their proportion in the population, working hours, income and their overall contribution in the work place as well as in society.

Factor affecting women health is closely spaced pregnancies, pregnancy at younger age, low

status of women, lack of education, heavy work load and non-utilization of health services. Considering health in a broader perspective, protection of health of women (at all ages) is most important in order to build a sound and healthy nation through socioeconomic development.

Self-esteem has been related both to socio-economic status and to various aspects of health and health related behavior, as a related construct, self-efficacy. Self-efficacy, a term associated with the work of Bandura, refers to an individual's sense of competence or ability in general or in particular domains. Most of the research about the relationship between self-esteem and health appears to have been done in terms of the influence of self-esteem on health related behaviors. Middle aged women may enhance certain aspects of physical self-esteem by participating in physical exercise. Fewer young women than men report high self esteem. Perceived parental empathy is associated with healthy self development and hence self-esteem. Not surprisingly, women who suffer domestic violence are prone to low self-esteem. Self-esteem refers to the amount of realistic respect that you have for yourself. People with low self-esteem often have a harder time. People with healthy self-esteem realize that they deserve the good things in their lives, while those who suffer from low self-esteem feel that they deserve only the bad things in life. Most importantly, a person with low self-esteem does not feel worthy of giving or receiving love, nurturing and compassion.

Women face, a number of hurdles when it comes to looking after their own self. Women in Gujjar community play a vital role in both indoor and outdoor household work. They are hard working and most of the Gujjar men dependent on the economic activities performed by women like selling of milk etc. After reviewing the literature a need was felt to study the self-esteem and health indicators of Gujjar women in Kathua District.

### OBJECTIVES

To study the health indicators of Gujjar women (45-65 years) in Kathua district.

To study the self-esteem of Gujjar women (45-65 years) in Kathua district.

To study the relationship between health indicators and self-esteem of Gujjar women.

### HYPOTHESIS

**It is hypothesized that:-**

The self-esteem of Gujjar women will be high.

There is a positive relationship between the self-esteem and health indicators of Gujjar women.

### METHODOLOGY

50 Gujjar women were selected from different Gujjar dominated areas of Kathua district. Purposive sampling technique was used and only women within in the age group of 45-65 years were selected. Rosenberg Self-esteem and Cornell Medical Index Health questionnaire (C.M.I.) were used as tools for the study. Data collected was analyzed qualitative and quantitatively. Relevant statistical tools were applied to derive the result of the present study.

Rosenberg Self-esteem Questionnaire: devised by Morris Rosenberg (1965). This questionnaire has 22 items. The questions on self-esteem will help to find out how higher is the self-esteem. The result of the questionnaire does not evaluate one as a person; it simply indicates opinion about one self.

Cornell Medical Index Health Questionnaire (C.M.I.): The Cornell Medical Index (CMI) was created in 1949 and its purpose as stated in the original manual was: "to meet the need for an instrument suitable for collecting a large body of pertinent medical and psychiatric data at a minimal expenditure of the physician's time. It serves as a standardized medical history and as a guide to

subsequent interview. The term ‘Health questionnaire’ explains the nature and purpose of the form to the respondent.

**RESULTS AND DISCUSSION**  
**BACKGROUND INFORMATION**

Age, Educational and Occupational status of the respondents Most of the respondents (38%) were in the age group of 45-50 years, 22% of respondents in the age group of 50-55 years and 20% of respondents each belong to the age group of 55-60 years and 60-65 years.

All the respondents were illiterate. The main reason for their illiteracy was their mode of living. All the women belonged to Gujjar community and move from hills to plains and vice-versa. Due to this they are not able to avail education.

All the respondents were housewives and perform various household activities. These activities not only include indoor household chores like cooking, washing, brooming etc but also outdoor activities that include cutting of fodder, selling milk in the market etc. This depicts that Gujjar women not only contribute in the household activities but also in the economic activities of the family.

**ANALYSIS OF CORNELL MEDICAL INDEX HEALTH QUESTIONNAIRE**

To study the health indicators of gujjar women’s. For the present study, Cornell Medical Index Health Questionnaire was used. The analysis of the scale was modified. The raw scores were converted in to the standard scores or Z- score for the present research. Z-score states the position of a score in relation to mean score of C.M.I. using the standard deviation as the unit of measurement.

An equal number of respondent’s (50%) score was falling below and above the mean scores i.e. (79.06+23.89) on C.M.I.

**Table 1: Level of Health Index of respondents on Physical Distress**

Health Index	Physical distress	Psychological Distress	Total Distress
Level	(N=50)%	(N=50)%	(N=50)%
Good Health (1-33%)	16(32)	20(40)	15(30)
Moderate Health (34-66%)	32(64)	25(50)	34(68)
Poor Health (67-100%)	2(4)	5(10)	1(2)
Total	50(100)	50(100)	50(100)

Table 1 revealed that most of the respondents (64%) have moderate health in Physical Distress Indicator. This Indicates that respondent women have localized problem in the area of eye and ear, respiration, cardio-vascular, digestive tract, musculo-skeletal, skin, nervous system, genito-urinary, fatigability, frequency of illness, miscellaneous and habit.

Scores of respondents on Psychological distress indicators range from good health (40%) to moderate health (50%) and only 10% of respondents fall in bad health indicator. This depicts that respondents have diffused problem and they need some sort of help.

It clearly depicts that a high proportion of respondents (68%) fall in the category of moderate health on the total distress indicator i.e. both physical and psychological distress. Reitzes and Mutran (2006) found that functional health had longitudinal effects on self-esteem, controlling for prior self-esteem, in a sample of adults. Despite these suggestive results, there is a paucity of research examining the long-term consequences of health experiences for self-esteem development.

**Table 2: Mean Scores of respondents on C.M.I**

C.M.I Score	Mean±S.D
Physical distress (A-L)	56.94±18.6
Psychological distress (M-R)	22.12±5.2
TOTAL (A-R)	79.06±23.8

Mean scores of Gujjar women on physical distress is more i.e (56.94+23.8) which include Eye and Ear, respiration, Cardio-Vascular, Digestive tract, Muscular skeletal, Skin, Nervous system, Genito-Urinary, Fatigability, Frequency of illness, Miscellaneous and habit and psychological distress i.e. inadequacy, depression. Anxiety, sensitivity, anger and tension are less i.e. (22.12 + 5.2) table 2. Cornwell (2007) examined the perceived health status differences and also found that relationship between ill and healthy subjective but self-esteem differences were non significant. Mean score on body image of Rheumatoid arthritis (RA) and healthy groups approximated each other, while systemic lupus erythematoses (SLE) subjective had lower score. The results of Benyamini et al (2004) found that self-rated health was cross sectionally related to self-esteem among older adults.

**Table 3: Level of Self-esteem among Gujjar women**

Level	(N=50)	Percentage %
Low(0-7)	-	-
Average(8-15)	22	44
High(16-22)	28	56
Total	50	100

Table 3 reveals that 56% of respondents have high level of self-esteem and 44% of respondents have average self-esteem and no respondent has low self-esteem because the Gujjar women consider themselves as earning member of family as they do all indoor and outdoor household chores. This might be the reason that Gujjar women showed high self-esteem. Robins et al. (2002) found that self-esteem level was high in the youngest age group, declined over the course of childhood and adolescence, rose gradually throughout adulthood, and then declined sharply beginning in the mid-60s.

**Correlation between Health Indicators and Self-Esteem of Gujjar Women**

After calculating the correlation between the ‘selected health indicators’ and ‘self-esteem’ of Gujjar women of Kathua district, it is indicated that there is a negative relationship i.e (-0.093) between two aspects. Although the results of Self-esteem questionnaire reveals high self esteem in majority of Gujjar women but their health indicator is negatively correlated. The reason might be the mode of living of Gujjar women. They are not able to avail proper health facilities due to lack of awareness and their movement from one place to another for food and fodder. The results of Lyons and Chamberlain (1994) are consistent with the present work which reported that there is no interaction of self esteem and minor events for any health out come. The results of the present research are not in accordance with the results of Bernard et al (1996) that reported high correlation among self esteem, self efficacy, ego, strength, hardness, optimism and health.

It is concluded that the first hypothesis is accepted i.e. Self-esteem of Gujjar women is high and second hypothesis i.e. there is positive relationship between the Self-esteem and health Indicators of Gujjar women is rejected as there is no relationship found between the Self-esteem and Health indicators of Gujjar women.



## CONCLUSION

Women across the world face similar situation when it comes to health care. A number of policies and programmes and a lot of money is spend to raise the status of women but the outcome is dissatisfactory. It is now well accepted that women's health status has got an impact on the children, family and community. Self-esteem has been related both to socio-economic status and to various aspects of health and health related behavior, as a related construct, self-efficacy.

Majority of the respondents were in the age group of 45-50 years, all the respondents were illiterate due to their mode of living all were house wives and perform various indoor and outdoor house hold activities and thus help in the economic activities of the family. The results of the study also revealed that Z-scores of an equal number of respondents were falling below and above the mean scores i.e. 79.06 on C.M.I.

Level of health index of respondents on physical distress, psychological distress and total distress depicts that high proportion of respondents have moderate health. The mean scores of Gujjar women on physical distress is more i.e. 56.94 than psychological distress i.e. 22.12.

The results of the study also revealed that Gujjar women have a high self-esteem but their health index was moderate on physical and psychological distress.

More over there is a negative correlation between the two aspects i.e. self-esteem and health indicators of Gujjar Women.

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258/34 Raviwar Peth Solapur-413005, Maharashtra  
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