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Skill Development among Women about Jute Product Making for Establishing an Enterprise

*A self-employed women is gaining better status and it enables her to take decision in her family affairs. The present study was undertaken with objective develop an intervention package for skill development, to impart training among rural women for making value added jute product. A purposive random sample of 30 respondents was selected from Griva Tehsil of village Badgaon, Udaipur district of Rajasthan Skill training was imparted at their own village. Self developed skill assessment test and rating scale was used. The major findings of the investigation revealed that majority of respondents belonged to the age group of 20-30, slightly more than half of respondents income ranges between Rs. 5,000-10,000 and month and belonged to medium socio economic status. The five value added jute article selected by the respondents were belt, phone mat, book holder, photo frame and jute painting out of list of 20 jute article. Eight days skill development training programme was organized and demonstration method was used. The result obtained by skill assessment test revealed that all the women fall under the category of excellent skill development category the feedback of the whole training was found to be very fruitful and had applicability. It was also found that rural women were eager to adopt the jute as an enterprise. **Key Words** : enterprise development, Jute product, Skill development, Training, Value addition.*

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(I) Introduction :

Skill development for rural women is a process whereby rural women are able to organize themselves to increase their own self reliance, to assist their independent right to make choices and to control resource which will assist in challenging and eliminating their own subordinate and it is widely recognized that women work and economic capabilities can facilitate them to achieve their own control over resource and grow self confidence and self esteem. The rural population migration to urban area due to lack of employment opportunities in rural area. The rural women are school droppers who lack in productive skill. The poverty and unemployment problems will be solved through vocational skill training inputs and they will become a successful entrepreneur. With the help of this skill training women will be able to enter the social network system and, that will help them to gain more decision making power, which will have significant and positive impact on women status. Effective awareness of women can raise their lives, social standards enables them to reduce poverty and develop feeling of empowerment at economic as well as social level. The

objective of present study was to develop and implement skill development package on value added jute product making for enterprise development.

(II) Methodology :

The present study was undertaken for skill development among rural women for entrepreneurship development. The study was conducted in the municipal limits of Udaipur district. For the research purpose a sample size of 30 rural women, and 10 panel of experts were selected by random sampling method. As per the objectives, a intervention package (booklet) entitled "Value Added Jute Products" was developed by the researcher. Mobile cover, pen stand, fruit basket, wall hanging, door mat, photo frame, pot holder, tea coaster, bandarvar, Jute painting, flower pot, decorative curtain, key chain, napkin holder, book holder, belt, comb holder, chhika, phone mat and hand bag were made by the researcher and method was documented step by step. It was evaluated by a panel of ten experts from the field of Textiles and Apparel Designing and Home Science Extension and Communication Management The developed booklet/ intervention package was judged as very good by panel of experts. An eight days training was organized at

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Bargoan village .Before the training willingness to participate in training was asked. Self developed rating scale and skill assessment test was used for data collection. Data were analysed using frequency percentage and mean percent scores

(III) Results and Discussion :

General Profile of respondents :

Age : Data in the Table 1 reveals that 43 per cent of the respondents belonged to the age group of 26-30 years whereas 37 percent respondents belong to the age group of 20-25 year and 20 percent were in the age group of 31-35 years.

Education : The data pertaining to education revealed that the more than one third of the respondents (40%) were educated up to 8th class where as more the one fourth of the respondents i.e. 30 percent were educated up to 12th class. Nearly 17 percent of the respondents were educated up to primary class followed by 13 percent were graduate.

Monthly Income : Table shows that 53.33 percent respondent had income in the range of Rs.5,000-10,000 rupees per month whereas 26.66 percent respondents' income ranges between Rs.11,000-15,000 per month while 20 percent of respondents belong to income group of Rs.16,000-20,000 Rupees per month.

Socio-economic Status : The socio-economic status were categorized according to the income of the respondents. Equal number of respondents (50%) belonged to medium and low socio-economic status respectively

Interest about Learning Jute Products : Table shows that all rural women respondents (100%) were highly motivated and interested to learn how to make value added Jute products. The reason reported by the women that they never heard about the value addition which was a newer term for them that's why they were more curious and zealous about learning the process of making value added jute products.

Eight days training of 3 hours duration was organized to deliver the intervention package to the respondents. This training was organized at Badgaon village of "Girva tehsil" of Udaipur district. A list along with picture of 20 jute products was given to the respondent and their interest to learn the product was asked. As per the respondent's preference, the training of most preferred 5 products was imparted to the rural women. And after complication of training two days were kept for skill assessment test. For this purpose a list of all steps involved in making product was prepared, respondents were asked to make a product. For each correct step one mark was allotted, total marks for each product was counted

Overall skill developed among respondents :

It was assessed by adding the all scores of all the steps involved in making of five values added Jute products. The total steps were 41 the total score was calculated by multiply the number of respondent 30 which was 1230 and respondent get total score was 1165 overall skill developed 94.71 per cent. 100 per cent women came under the category of excellent. The reason was that women education level was good with high catching power; they were highly motivated and eager to learn something innovative so that they can utilize this training skill further for the betterment of their life.

(IV) Conclusion :

Thus, it is concluded the way to create a new innovative jute items will prove a bright future in field of handicraft Jute rope with other creative technique can be used in production of different value added items for their future livelihood security. It is recommended that enterprise related specialized skills oriented trainings should be organized by DRDA, DIC, Government and Non government organizations and Cooperatives exclusively for women, so that women can become competent in the particular enterprise. Secondly marketing centers should be established at block, district and state levels. These centers should be entrusted with the responsibility of providing raw material to women and selling their produce. So there is a need to establish a linkage between enterprises run by women and GOs and NGOs, for marketing of their produce.

References :

- (1) Jan Karremans. Anne Robert 2011. Rural Women Enterprises and Credit. Rural India 62:31-32
- (2) K. Suresh, S.M. Mundinamani, L.B. Kunnal, 2009. Micro finance and empowerment of rural women. A case study of dairy enterprise, Karnataka J. Agri. sci, 22(4)831-834:2009.
- (3) Negi, T. 2010. "SWOT Analysis of selected Entrepreneurial Activities Performed by rural women." An unpublished M.Sc. Thesis, Collage of Home Science, MPUAT, Udaipur.
- (4) Purohit, A. 2009. Adoption of Entrepreneurial activities by women promoted under Rajasthan mission of livelihood
- (5) Yadava, R. 2009. Role of Swana jayanti Gram Swarozgar Yojana in Promotion of Entrepreneurial Activities among Rural Women. An Unpublished M.Sc. Thesis, MPUAT, Udaipur.



Table 1 : General profile of respondents (N=30)

S.No	Aspects	Categories	(%)
1	Age	20-25	37.0
		26-30	43.0
		31-35	20.0
2	Education	1 st to 5 th	17.0
		6 th to 8 th	40.0
		9 th to 12 th	30.0
		Graduation	13.0
3	Monthly Income	5,000-10,000	53.33
		11,000-15,000	26.67
		16,000-20,000	20.0
4	Socio-economic Status	Low	50.0
		Medium	50.0
		High	0
5	Interested in learning	Yes	100
		No	0



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Family Adjustment and Needs of Mentally Retarded Children

The study was aimed to Find out the Family Adjustment and need of mentally retarded children. Through status of parental vocation to fulfillment of need of mentally retarded children and relationship between type of family to fulfillment of need among mentally retarded children the sample was collected from different district of Chhattisgarh. We have selected 300 children under the age group eighteen years. Data was collected from different institute some family Through care takers and parents We.
Key words : Mental retardation, mild, moderate.

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Introuction :

Mental retardation is a universal problem. Mental retardation is a condition diagnosed before age 18 that includes below average general intellectual function, and a lack of the skills necessary for daily living mental retardation affects about 1-3% of the population there are many causes of mental retardation but doctor find a specific reason in only 25% of cases.

A family may suspect mental retardation if the child motor skill, language skills, and self-help skills do not seems to be developing or slower rate than the child peers, failure to adopt adjust to new situation normally and grow intellectually may become apparent early in a child life . In the case of mild retardation these failure may not become recognized until school age or later.

(1.2) Symptoms :

Continues infant like behavior, decreased learning ability, failure to meet the intellectual development, inability to meet the educational demands, and lack of curiosity.

(1.3) Family Adjustment with the children with mental retardation :

Generally for facing any situation, adjustment is very much required for that many psychological factor are responsible. When a person is well balanced with his wishes, decision, thoughts, aims, ideal and inspiration, he can adjust himself very smoothly and can full-fill his needs.

In this process of adjustment, certain things help the families to cope and adapt well. Families need to gather the right kind of information about it. At some stage, they have to accept the mental retardation in family members will continue to development.

(1.4) Needs of Children with Mental Retardation :

Every family has their own basic needs. that need depends on same sources and for identifying that sources family memberhelp to attain basic needs like, love, affection care. Affection is the foundation of life and family is the root. Other than these needs there are some conventional needs like physical safety, accommodation, food and shelter. Mentally retarded children are different from normal children but they are some similar from them or therefore have all of the basic needs of their normally children. One of the first primary needs of the mentally retarded children is communication, Acceptance, Freedom to Grow and Develop, Needs Of Sibling, Attention.

(2) Objectives :

The objectives of the present study are as follows :

(1) To examine the relationship between parental education and fulfillment of needs among mental retardate children.

(2) To examine the relationship between type of family and fulfillment of needs among mental retardate children.

(3) Hypotheses :

The hypotheses of the present study are as follows:

(1) The parental education would emerge as predictor of fulfillment of needs among mental retardate children.

(2) The type of family would emerge as predictor of fulfillment of needs among mental retardate children.

(4) Methadology :

(4.1) Research Design :

In this research work cor- relational research design was employed. Ffulfillments of needs is the criterion variable; parental education, type of family and level of mental

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retardation are suspected predictor.

(4.2) Participants :

Children with mental retardation are target population in the present research. Participants from urban, semi-urban and rural are included in this study. However, children with mental retardation from only Chhattisgarh state are included. 300 Children with mental retardation with the chronological age range of 10-16yrs are included from Chhattisgarh state by the incidental cum random sampling technique.

(4.3) Measures :

- (1) Group test of general mental ability (Jalota,)
- (2) Coping Behavior Scale. (NIMH)
- (3) Demographic Data sheet

(4.4) Procedure :

Prior to initiation of the study, all participants gave their informed and written consent. The study obtained approval from research degree committee of home science, Pt. Ravishankar Shukla University, Raipur, India. Introductory interview with the participants was made at different institution at Chhattisgarh. They were aware about the objective of the research. Introductory interview, each participant was also illustrated the temperament of the research and the participants were illustrated about the privacy regarding acquaintance collected from them. They were urged to complete the questionnaire as per the instructions and after completion they returned the test and were acknowledged for their collaboration.

(5) Data Analysis :

Table 1 : Multiple regression models for the predicting effect of different predictors on fulfilment of need

Predictors	β
Parental Education (2=Literate, 1= illiterate)	-.119**
Type of Family (1=Nuclear, 2= Joint)	-.250**

**p<0.01

Table 1 indicated that, all predictors explained 27.80% of the total variance (R²= 27.8; F (5, 294) = 82.62; p<0.01). Parental education of the participants (2=Literate, 1= illiterate) was negatively associated with fulfillment of need (-.119, p<0.01). This shows that increasing parental education of participants reported less fulfillment of need.

Type of family of the participants (1=Nuclear, 2= Joint) was negatively associated with fulfillment of need (-.250, p<0.01). This shows that participants from joint family reported less fulfillment of need.

Table 2 : Multiple regression models for the predicting effect of different predictor on family adjustment

Predictors	β
Parental Education (2=Literate, 1= illiterate)	.254**
Type of Family (1=Nuclear, 2= Joint)	-.211**

Table 2 indicated that, all predictors explained 32.08% of the total variance (R²= 32.08; F (5, 294) = 105.31; p<0.01). Parental education of the participants (2=Literate, 1= illiterate)

was positively associated with family adjustment (.254, p<0.01). This shows that increasing parental education of participants reported high family adjustment.

Type of family of the participants (1=Nuclear, 2= Joint) was negatively associated with family adjustment (-.211, p<0.01). This shows that participants from joint family reported less family adjustment.

(6) Result :

All 300 cases were included for data calculation. Multiple regression models were used to examine the predicting effect of different predictor on criterion. SPSS version 22.0 was used for prediction analyses.

All predictors explained 27.80% of the total variance (R²= 27.8; F (5, 294) = 82.62; p<0.01). Parental education of the participants (2=Literate, 1= illiterate) was negatively associated with fulfillment of need (-.119, p<0.01). This shows that increasing parental education of participants reported less fulfillment of need.

Type of family of the participants (1=Nuclear, 2= Joint) was negatively associated with fulfillment of need (-.250, p<0.01). This shows that participants from joint family reported less fulfillment of need.

(7) Conclusion :

Present study concluded that there is sufficient empirical and statistical evidence of the predication effect of parental education, type of family. Present research demonstrates thorough understanding of family adjustment and needs of mentally retarded children.

(8) References :

- (1) AgarwaAdesh & Pandey Anubhuti, "psychological studies" vol-43, 1998, pgno 1-2.
- (2) AAMR (1992). *Mental retardation: Definition, classification, and systems of supports*, 9th edition.
- (3) Benjamin, "International Encyclopedia of psychoanalysis and Neurology" vol 13 Esculapius Hewyorsk (1977).
- (4) Batshaw, M.L. & Perret, Y.M. "Children with disabilities : A medical primer "(3rd ed.). Baltimore: Paul H. Bookers Publishing co.
- (5) Helen, "The Psychology of Women", voll Published simultaneously in the United State & Canada, Odctomber, pg no. 311 (1973).
- (6) James," *Abnormal Psychology and Modern Life*". Paraporavaia & pvt. Ltd. Bombay, page no. 502-506.
- (7) Jerry, "Children Relations" Memillan Publishers Newyork (1979), pg no.47.
- (8) Kozma, C.& Stock, J. "What is mental retardation?" In smith, R.X. *Children with mental retardation: A Parent's Guide*. Maryland: Woodbine House.(1992).
- (9) Peshawari reeta, "Understanding Indian families", pg no. 41.





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स्वास्थ्य को निर्धारित एवं प्रभावित करने वाले तत्व एवं कारक

प्रस्तुत शोधपत्र में स्वास्थ्य को निर्धारित एवं प्रभावित करने वाले तत्व एवं कारकों पर विचार किया गया है। व्यक्तिगत कारकों में शारीरिक संरचना एवं वंशानुक्रम प्रभावित करता है। साथ ही वातावरण कारक, सामाजिक-आर्थिक कारक, रहन-सहन का स्तर एवं स्वास्थ्य सेवाएँ भी ऐसे कारक हैं, जो स्वास्थ्य को निर्धारित एवं प्रभावित करते हैं। इन्हीं कारकों से सम्बंधित विचार-विमर्श शोधपत्र में किया गया है।

रेणु सिंह* एवं डॉ.सरिता वर्मा**

स्वास्थ्य को निर्धारित करने वाले कई तत्व एवं कारक हैं। इनमें से कई कारक ऐसे हैं, जो व्यक्ति विशेष की शारीरिक संरचना एवं वातावरण (जिसमें व्यक्ति रहता है तथा कार्य करता है) पर निर्भर करता है। स्वास्थ्य को निर्धारित एवं प्रभावित करने वाले तत्व एवं कारक निम्नलिखित हैं :

- (क) व्यक्तिगत कारक : (1) शारीरिक संरचना एवं वंशानुक्रम।
(ख) वातावरण का कारक,
(ग) सामाजिक-आर्थिक स्थिति,
(घ) रहन-सहन का स्तर,
(ङ) स्वास्थ्य सेवाएँ।

(क) व्यक्तिगत कारक :

(1) शारीरिक संरचना एवं वंशानुक्रम : मनुष्य की शारीरिक संरचना एवं अनुवंशिकता से प्राप्त गुण उसके स्वास्थ्य को प्रभावित करता है। जब बच्चा माँ के गर्भ में आता है, तभी वह बहुत सारे पैतृक गुणों को अपने साथ ले आता है, जिसे परिवर्तित करना सरल नहीं होता है। शोधों के द्वारा यह साबित हो चुका है कि कुछ रोग आनुवंशिक होते हैं, जो कि सन्तानों में पैतृक सम्पत्ति के रूप में स्वयं ही हस्तान्तरित होते रहते हैं। मनुष्य में 46 क्रोमोसोम होते हैं, जिनमें से उर्वरण के दौरान बालक 23 क्रोमोसोम में ही जीन पाए जाते हैं। इन्हीं जीनों में पैतृक गुण एवं लक्षण विद्यमान होते हैं, यही कारण है कि माता-पिता की शक्ल, रंग, लम्बाई, सुन्दरता, शारीरिक डील-डौल इत्यादि के अनुरूप ही बालक होता है।

कई रोग हैं, जो आनुवंशिक होते हैं एवं पीढ़ियों से अपनी सन्तानों में हस्तान्तरित होते रहते हैं, जैसे मधुमेह, रंग अंधता, मानसिक बुद्धि, गठिया रोग, रक्तचाप, उपापचयन की अवस्था, एड्स इत्यादि अनेक आनुवंशिक रोग हैं, जो कि स्वास्थ्य को

प्रभावित करते हैं। इसी तरह कुछ व्यक्तियों की शारीरिक संरचना इस तरह की होती है कि वे या तो मोटे होते हैं या फिर दुबले तथा इन्हीं कारणों से वे स्वस्थ नहीं रह पाते।

(ख) वातावरण का कारक :

सर्वप्रथम हिपोक्रेट्स ने यह जानकारी दी कि रोग का सम्बन्ध वातावरण से भी रहता है। बाद में यह सर्वमान्य हो गया कि रोग का वास्तव में सम्बन्ध वातावरण से रहता है। इस तरह जल, वायु, मिट्टी, धूल-कण, मौसम, बर्फ इत्यादि स्वास्थ्य को प्रभावित करते हैं।

व्यक्ति मुख्यतः दो प्रकार के वातावरण में रहता है :

(1) बाह्य वातावरण : यह बाहर की मिट्टी, पानी, ताप, वायु, प्रकाश, धूप, वायु, भोजन, ठण्ड, मौसम, वायुमण्डलीय दबाव इत्यादि पर निर्भर करता है।

(2) आन्तरिक वातावरण : यह व्यक्ति के स्वयं के भीतर ही विद्यमान रहता है, जैसे-कोशिका, ऊतक, अंग, अंग-तंत्र, सभी का स्वस्थ रहना तथा सुव्यवस्थित होकर सामंजस्य स्थापित करते हुए कार्य करना।

व्यक्ति को आन्तरिक एवं बाह्य दोनों ही प्रकार के वातावरण में सामंजस्य बनाए रखना होता है, तभी उत्तम स्वास्थ्य का निर्धारण हो सकता है, इसके अतिरिक्त व्यक्ति में स्वयं की कुछ गलत आदतें विद्यमान रहती हैं, जिससे स्वास्थ्य प्रभावित होता है। जैसे-मद्यमान, गांजा-भाग का सेवन करना, ड्रग्स का सेवन करना, धूम्रपान की आदतें, पान, तम्बाकू, गुटखा, खैनी खाने की आदतें, वेश्यामागमी होना इत्यादि।

यह शत-प्रतिशत सही है कि वातावरण से शारीरिक, मानसिक एवं सामाजिक स्वास्थ्य प्रभावित होता है। अच्छा एवं सुखद वातावरण ही अच्छे एवं कल्याणकारी स्वास्थ्य को प्रदान करता है,

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जिससे व्यक्ति शारीरिक, मानसिक एवं सामाजिक कार्य करने में समर्थ होता है। स्वच्छ वातावरण एवं प्रकृति के नियमों की पालना करना सुस्वास्थ्य की प्राप्ति के लिए आवश्यक है, जैसे—शुद्ध वायु में साँस लेना, शाम—सुबह प्रकृति भ्रमरण करना, हवादार मकान में निवास करना, पौष्टिक एवं संतुलित भोजन का सेवन करना, वातावरण स्वच्छ रखना ठतयादि से स्वास्थ्य का स्तर ऊँचा उठता हे तथा स्वास्थ्य उत्तम रहता है।

स्वास्थ्य के प्रति जागरूकता से सम्बन्धित सांख्यिकीय विश्लेषण

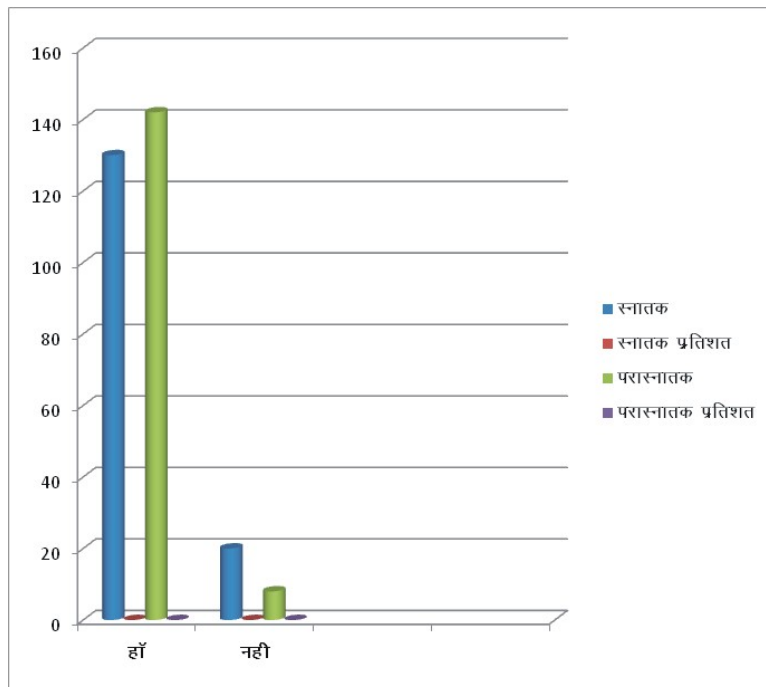
क्र०	उत्तर	स्नातक आवृत्ति	प्रतिशत	परास्नातक आवृत्ति	प्रतिशत	पूर्णप्रतिदर्श आवृत्ति	प्रतिशत
1	हाँ	130	86.67	142	94.67	272	90.67
2	नहीं	20	13.33	8	5.33	28	9.33

काई स्क्वायर = 5.66, P > .05, df = 1

प्राप्त परिणामों का विवरण :

उपरोक्त तालिका को देखकर ज्ञात होता है कि प्राप्त तालिका की df 1 है तथा आंकड़ों का काई स्क्वायर 5.66 है। चूंकि 0.05 स्तर पर डिफ़ी 1 की χ^2 का मान 3.841 होता है, जो की प्राप्त मान से कम है, अतः उपकल्पना अस्वीकार्य हैं। उपर्युक्त तालिका को देखकर ज्ञात होता है कि स्नातक स्तर की छात्राओं की संख्या (130) की तुलना में परास्नातक स्तर की छात्राओं की संख्या (142) अधिक है। अतः हम कह सकते हैं कि स्वास्थ्य के प्रति जागरूकता का मतलब परास्नातक स्तर की छात्राओं को अधिक पता है। सम्पूर्ण छात्राओं की संख्या के आधार पर कुछ छात्राएँ ऐसी भी हैं, जिनको स्वास्थ्य के प्रति जागरूकता का मतलब नहीं पता है। उनका प्रतिशत (9.33) बहुत कम है।

स्वास्थ्य के प्रति जागरूकता



संदर्भ :

(1) पाण्डेय, डॉ. सुधा : मानव विकास, साहित्य प्रकाशन आगरा।

(2) सक्सेना, डॉ.सविता व सिंह, डॉ.मंजू : बाल विकास, भवदीय प्रकाश, अयोध्या फैजाबाद।

(3) बक्शी, बी० के० : मातृकला एवं बाल विकास, साहित्य प्रकाशन, आगरा।

(4) वर्मा, डॉ.डी० एन० व वर्मा, डॉ.प्रीती वर्मा : बाल विकास एवं मनोविज्ञान, विनोद पुस्तक मन्दिर, आगरा।

(5) श्रीवास्तव, डॉ.आराधना : बाल विकास, साहित्य प्रकाशन, आगरा।

(6) भाई योगेन्द्रजीत : बाल मनोविज्ञान, विनोद पुस्तक।

