

Health education and its relationship to the health behavior of women in rural and urban areas (comparative study)

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Introduction and research problem

Considers environmental sense public middle or spatial domain in which they live rights and is influenced by and influences which all contained in this field from the elements and data, whether created by God Almighty as rocks and the promise of metals and sources of fuel, soil, topography, water resources and climate elements of heat and pressure, and wind and rain add to natural vegetation and wildlife or human-made data from Imran and ways and means of transport and communication, farms, factories, dams and others.

And takes care of this component (the environment) to improve the environmental conditions in which they live rights and the elimination of health problems that affect the health of individuals through care sources of drinking water as well as the provision of modern methods for the disposal of garbage and waste of various kinds so as not to be the cause of the spread of

diseases and epidemics, as well as monitoring the health food , which are sold in the community and also restaurants and shops that provide food for the citizens and presence in places of good ventilation, lighting and pest control in the environment in which they live and all that adversely affect human health. (5: 26.27)

And that the environment surrounding the individual has a significant impact on the health and behavior, so the individual lives in the conflict between him and the external factors that affect health, so it must be supported programs, health education, which help him to develop his behavior health, which helps him to overcome the health risks in the environment in which they live. (1:8)

I have seen the past decades, a radical change in the patterns of disease and its spread among members of the community from infectious diseases to chronic diseases,

especially diseases that are expressed disease life style diseases such as pressure, heart, diabetes and many of these diseases are the result of the erratic behavior Hence, health education is the cornerstone of prevention of this disease, but is the first activity: health promotion in which it is upgrading the knowledge and information and building trends and changing health behaviors. (6:52)

And contributes to health science in determining the behavior patterns of hazardous and identify the causes of health disorders, diagnosis, and in the rehabilitation and improvement of the supply system health in addition to that it is interested in analyzing the potential impact of the behavior patterns of health of the human being at the individual and collective foundations of social diseases and overcome them, and aware of the health care aspects of behavior Health following:

- 1- Development and maintaining health.
- 2- Prevention and treatment of diseases.
- .3- Identify patterns of dangerous behavior.

.4- Identify the causes of health disorders and diagnosis.

.5- Rehabilitation.

.6- Improve the supply system health.

It occupies the issue of health behavior and development of the increasingly important, not only with respect to aspects of the physical, but also psychological aspects also has led a growing understanding of the relationship inherent between behavior and health to large shifts in the last three decades of the twentieth century in the understanding of health and development, and the possibility of influence on an individual level. (20-6)

Health is no longer negative concept, can be achieved in all cases, it has become a dynamic concept, and an effort needs to be made by individuals in order to achieve and maintain. And for that is the study and understanding of behavioral practices harmful to health and Almmumeih her and trends toward health and health behavior , the first step towards the creation of resources Almmumeih health and work to develop them , and to identify the factors and trends that

hamper health in order to work on the modification which is reflected in the end on the healthy growth and development planning Health and development of appropriate prevention programs and quality. (21-180)

And stems Current search of that development and modify health behaviors must be based originally on the basis of what is, and identify resources positive and strengthening and development , and work to modify and change what you can contribute to the harm health in the short term and long term. Because of the fact that the field of research fields that are still in the Arab countries uninhibited to a large extent , it has been necessary to provide a theoretical perception on the subject of health and perceptions around him, and which in all cases the theoretical starting points for research

Consequently, the researcher conducted a study that in an attempt to identify the culture of health and its relationship to health behavior

A woman in rural and urban Comparative Study

Research Objective

The research aims to identify the health culture and its relationship to the health behavior of women in rural and urban areas and the comparison between them to determine the most important reasons and the consequent results.

Research questions:

- 1- What is the level of health education at the hypocrisy in rural and urban areas?
- 2- What is the level of hypocrisy among health behavior in rural and urban areas?
- 3- Is there a relationship between culture and health behavior at the hypocrisy in rural and urban areas?

Research Procedures:

Research Methodology:

Researcher used descriptive approach with screening method as it is relevance to for research nature and fulfilling its objectives and queries.

Research society and sample:

Research society represented on working women and non-workers in rural and urban areas in Minia Governorate and the following ranges in age

from 35: 45 years old, which ranges from the 400 women from 200 women in the countryside (workers and non-workers) and 200 women workers and non-workers in urban areas in the period from 15/10/2013 to 22/10/2013.

Research Tools:

1-a measure of the health behavior priggishism in rural and urban areas. (Prepared by the researcher)

2-a measure of the health of the culture priggishism in rural and urban areas. (Prepared by the researcher).

Statistical treatments:

Average, median, skewness Coefficient, Standard deviation.

The application of the proposed questionnaire- :

The researcher distributed questionnaires to a sample search on Arif province of Minya and Beni Suef and Assiut by health units in villages belonging to those provinces were distributed questionnaires to a random sample of women following are literate, and the number (200) Lady in the period from

1.3.2013m for a period of (10) days until 20/3/2013AD.

Then the researcher distributed questionnaires to a sample search in the province of Minya, Beni Suef and Almitrdaan on social clubs in the governorates of Minya and Beni Suef and included a sample (200) Lady of the population of the province, in the period from 20/3/2013m for a period of 0 days until 3/20/2013

Results and discussion:

I - Results :

Presentation and discussion of the first question, which stipulates what is the level of health education at the hypocrisy in rural and urban areas?

To answer this question has been the outcome of the application and the special health education syllabus at hypocrisy in rural and urban areas on the number (400) priggishism in rural and urban reality (200) Omraah in the countryside (200) Omraah in urban areas and the answers were as follows- :

Table (1)
The percentage of the opinions of the research sample in urban and rural areas around Axes measure of health education under discussion N 1 = n 2 = 200

Urban group									
Percent	Life Skills	Percent	Environmental Health	Percent	Nutrition	Percent	Preventive Health	Percent	Personal Health
%٦٠	Regularly	%٣٠	Regularly	%٦٥	Regularly	%٦٠	Regularly	%٥٠	Regularly
%٢٠	Sometimes	%٣٠	Sometimes	%١٥	Sometimes	%١٠	Sometimes	%٢٠	Sometimes
%١٥	Rarely	%٢٠	Rarely	%١٠	Rarely	%١٠	Rarely	%١٥	Rarely
%١٥	Never	%٢٠	Never	%١٠	Never	%٣٠	Never	%١٥	Never
%١٠٠	Total	%١٠٠	Total	%١٠٠	Total	%١٠٠	Total	%١٠٠	Total

A group of rural									
Percent	Life Skills	Percent	Environmental Health	Percent	Nutrition	Percent	Preventive Health	Percent	Personal Health
%٢٠	Regularly	%١٠	Regularly	%١٥	Regularly	%٥	Regularly	%٢٠	Regularly
%١٠	Sometimes	%١٥	Sometimes	%٣٠	Sometimes	%٥	Sometimes	%٢٠	Sometimes
%٢٠	Rarely	%١٥	Rarely	%١٥	Rarely	%٢٠	Rarely	%١٠	Rarely
%٥٠	Never	%٦٠	Never	%٤٠	Never	%٧٠	Never	%٥٠	Never
%١٠٠	Total	%١٠٠	Total	%١٠٠	Total	%١٠٠	Total	%١٠٠	Total

Seen from the table (١) for a group of urban emerged proportion committed to personal health regularly (%٥٠) and if we add this figure to the percentage of those who from time to (%٢٠), we find that the total who have a culture of health (%٧٠) compared with non-intellecutuals rarely (٥٠%) plus rarely for a total of (%٦٠) and this percentage slightly for the group of the countryside and its negative impact on health.

While it's not much different in the rest of the axes of health education rose in the urban cities in the axes of health prevention, nutrition and health of the environment

where there is a significant increase to a range of urban and returns the researcher that improvement to culture high in urban than rural areas and widening the horizon of information has led to an improvement in the level of health education they have.

Presentation and discussion of the second question, which stipulates what is the level of hypocrisy among health behavior in rural and urban areas?

To answer this question has been the outcome of the special form and syllabus health behavior among women in rural and urban areas on the number (٤٠٠) women in rural

and urban reality (۲۰۰) woman
in the countryside (۲۰۰)

women in urban areas and the
answers were as follows- :

Table (2)

**The percentage of the opinions of the research sample in urban
and rural areas around Axes measure of health behavior in
question N ۱ = n ۲ = 2۰۰**

Urban group							
Percent	Conduct public health	Percent	Commitment to medical instructions	Percent	Locomotor activity	Percent	Healthy food
%۳۰	Regularly	%۶۰	Regularly	%۶۰	Regularly	%۵۰	Regularly
%۳۰	Sometimes	%۱۰	Sometimes	%۱۰	Sometimes	%۲۰	Sometimes
%۲۰	Rarely	%۱۰	Rarely	%۱۰	Rarely	%۱۰	Rarely
%۲۰	Never	%۱۰	Never	%۳۰	Never	%۱۰	Never
%۱۰۰	Total	%۱۰۰	Total	%۱۰۰	Total	%۱۰۰	Total
A group of rural							
Percent	Conduct public health	Percent	Commitment to medical instructions	Percent	Locomotor activity	Percent	Healthy food
%۱۰	Regularly	%۱۰	Regularly	%۵۰	Regularly	%۲۰	Regularly
%۱۰	Sometimes	%۳۰	Sometimes	%۱۰	Sometimes	%۲۰	Sometimes
%۱۰	Rarely	%۱۰	Rarely	%۲۰	Rarely	%۱۰	Rarely
%۶۰	Never	%۴۰	Never	%۱۰	Never	%۵۰	Never
%۱۰۰	Total	%۱۰۰	Total	%۱۰۰	Total	%۱۰۰	Total

Seen from the table (۲) that the percentage of the sample individuals of the group Urban subject to a healthy diet was (%۵۰) and this percentage lies within the framework of surprising and shows how the neglect of urban importance counters healthy that determine the effect of food on the health aspects and Hsata comparing a group of rural that does not know the proper food if the percentage they have (%۲۰)

and this ratio is very large and khasata that the sample from the countryside.

As for the rural sample , we find that it is not far from reaching their peers urban research sample practiced motor activity (%۵۰) and this percentage appears to be normal despite high because the sample in the countryside and rural labor practice work. That the percentage of the sample individuals who are

committed to the urban medical instructions amounted to (٦٥%), in addition to individuals Almsoben Bahiana per week (١٥%), and this percentage is high in urban than rural areas because of the culture of health in their possession.

As for the rural group , we find that it is not much different from the group of athletes because the meat of the favorite food for all individuals of different races and ages.

For a group of urban stood at the percentages of people who are turning behavior towards the public health in their lives (٣٠%) while the rural (١٠) and is considered These percentages Mottagrbh relatively due to the stress of

everyday life for both groups in addition to the lack of awareness of Whole Health in the countryside..

Presentation and discussion of the third question, which stipulates Is there a relationship between culture and health behavior at the hypocrisy in rural and urban areas?

To answer this question is to compare the results form and own axes behavior health and health education among women in rural and urban areas on the number (٤٠٠) of women in rural and urban areas by (٢٠٠) a woman in the countryside (٢٠٠) woman in urban areas and the results were as follows- :

Table (3)
The arithmetic mean and standard deviation of the outcome measure of the trend toward behavior Health and health education among a sample search in rural and urban areas

$N = n = 200$

A group of rural		Urban group		Axes	M
P	Q	P	Q		
٣.١٥	٣٦.٨	٢.٦٨	٥٢.٧	Health education	١
٢.٩٨	٣٣.٢	٢.٦٨	٤٨.٩	Health behavior	٢

That circles computational scale health education received in a urban (٥٢.٧), while in the level of health behavior to the same

group (٤٨.٩) and got a group Ladies in the countryside at the level of cultural health was (٣٦.٨) and healthy behavior for the same group was (٣٣.٣

), and we find that the level of culture health and health behavior fits direct proportion where the higher the level of culture, health increased level of health behavior.

Alasantajat

The results showed the proportion of variation culture of women's health in rural and urban areas.

-Variation of the percentage of health education among women working and non-working in rural and urban areas.

No significant correlation between the level of Ahsaúih health education and behavior of women's health (in rural and urban areas - for working women and non-performing)

Recommendations:

Researcher recommended the deployment of health education among women in rural and urban workers and non- workers and urged them to dangerous lack of health awareness on public health and health behavior in women , also must pay attention to adjust the behavior of the healthy women in rural and urban workers and non-workers . Attention to the application scale health

education to women in rural and urban workers and non-workers.

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