

## **“NUTRITIONAL STATUS OF PREGNANT AND LACTATING WOMENS IN HAVERI DISTRICT”**

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### **ABSTARCT**

Women's health is pain pillar of Indian community to structure the fetus and newly born infant child. In Indian society women's have valuable status, in that part nutrition play vital role in women's health. Nutrition is one of the basic determinants of quality of life of pregnancy and lactating women's PLW. The present study is conducted on nutritional status of women's in Byadagi, Hanagal and Savanur taluks of Haveri district which is situated in North Karnataka (India). With the objective of to know socio-economic background of Pregnancy and lactating women's (PLW) were in the age group of 18-45 years and the role of Anganwadi in promoting nutritional level among PLW, the nutritional requirement of PLW. The total sample was 36. The study was conducted using interview schedule and questionnaire, survey form PLW. Data was collected form primary and secondary, Primary data collected techniques like Interview, observation and survey schedules were used and secondary data from various Books, published reports and government website's and documents.

**Keywords:** Women's Health, Infant, Nutrition, Pregnancy and Lactating Women's (PLW), AWW's.

### **INTRODUCTION**

Nutrition word came from Latin word Nutrire which mean Sucker or feed. Nutrition is an important aspect of human development. World declaration of nutrition adopted joint FAO/WHO International Conference on nutrition the international community affirmed that " Access to nutritionally adequate and safe food is a right of each individual (WHO 2006). After independent the constitution of India part IV under the directive state principle article 47 documented that "Primary duty of the state to raise the level of nutrition and standard living and

to improve the public health". A large number of pregnancy women's in world have anemia and 9.8 pregnancy women's have night blindness. In pregnancy period women's need healthy nutrition food for healthy infant Child. Maternal under nutrition plays a crucial role in influencing maternal, neonatal and child health outcomes (Mason et al., 2012). Iron deficiency anemia (IDA) it is world wide spread nutrition disorder 2 Billion of women's and children were affected IDA and 8.8 million people have mental/moor handicap due to Iodine deficiency. Pregnancy and lactating women's were face nutritional problems that are Iron deficiency anemia (IDA), foliate deficiency, calcium deficiency, protein energy malnutrition, Iodine deficiency disorders, and Vitamin A deficiency. Malnutrition in women contributes significantly to the growing rate of mental death and it directly linked to faltering nutrition states in children. Government of India taken action on reduces malnutrition and improves the nutrition condition in Pregnancy and lactating women's (PLW). On October 2, 1975 Government of India was Introduced the Integrated Child development Services (ICDS) scheme in the country. The main objectives were to improve the nutrition and health status of children in the age group 0-6 years, to enhance the capability of mother through proper nutrition and health education. The scheme covers children below the age of six years, expectant and nursing mother and other women in the age group of 15-44 years belonging to the poor families.

Service were provided under ICDS Integrated Child development Services scheme such as a.

- i. Supplementary Nutrition
- ii. Immunization
- iii. Health Check-up
- iv. Referral Services
- v. Non Formal Pre Education.
- vi. Health and Nutrition Education to all Women.

### **OBJECTIVE OF THE STUDY**

- To know socio-economic background of Pregnancy and lactating women (PLW).
- To know role of Anganwadi in promoting nutritional level on Pregnancy and lactating women (PLW).
- Find out Nutritional status of women.

### **Mathrupoorna Programme for Maternal Nutrition**

This program was launched in Karnataka under the ICDS scheme. One of main service of ICDS was Supplementary nutrition providing to Pregnancy and lactating women (PLW). Which provided about 600 calories per day for six day of week. One full Nutritional Meal to Pregnant

and breastfeeding mothers through Anganwadi centers (AW). Under the Supervision of AWWs gestational weight monitoring and providing Iron Folic Acid (IFC) tablet to pregnancy women.

**Nutritional Value under Mathrupoorna yojana (Maternal Nutrition)**

SLNO	ITEM	ENERGY(Kcal)	PROTEIN(g)	calcium (mg)
1	Milk	273	10.03	490
2	Rice	517.66	10.2	15
3	Vegetable	52.5	1.8	16.06
4	Oil	144	0	0
5	Dal	104.0	7.25	22.50
6	Egg	100.42	776	35
7	Peanut Cikki	150	4	--

Source- <http://www.dwcd.kar.nic.in/>

**PRADHANA MANTRI MATRU VANDANA YOJANA (PMMVY)**

The scheme was launched in 2010-2011 the scheme called before Indira Gandhi Matrita Sahayog Yojana (IGMSY). The scheme implemented through Anganwadi centers, salient features was, pregnant and nursing mothers are given nutrition and IYEF guidance, health tips and health education. And second one is providing cash incentive for better health and nutrition to 0-6 months lactating and pregnant women's.

**NATIONAL NUTRITIONAL WEEK CELEBRATED IN MONTH OF SEPTEMBER EVERY YEAR**

National Nutritional Week is being celebrated since 1982, by the food and nutritional board of the department of women and child development. Every year month of September 1st to 7th. The Theme of 2017 was "optimal infant and young child feeding practices: better child health. The objective of the event is to give awareness about nutrition and health which is an impact on productivity, economic growth and development and ultimately national development. Throughout the week at state, district and village level activities are organized nutritional related workshop, skits, quiz, drama and films will be conducted.

**RESEARCH METHODOLOGY**

In order to achieve the stipulated objectives of the present study, all Anganavadi Centers operating in Haveri District were selected. The Taluks so selected were Byadagi, Hanagal and Savanur. Further 12 Anganwadis each from Byadagi, Hanagal and Savanur Taluks were selected randomly. In order to reach out the ultimate sampling units, 36 Pregnancy and lactating women

(PLW) were selected by selecting three Pregnancy and lactating women (PLW) each from sample Anganwadi. For collection of primary data, responses were elicited from the chosen sample through open and close ended questions in the schedule through personal interview method. Schedule were designed in English and for the convenience of the respondents it were translated in Kannada which is common language spoken in the Haveri District.

### **DATA COLLECTION**

The present methodology for the study includes AWCs survey was conducted in Byadagi, Hanagal and Savanur taluks of Haveri district of Karnataka (India). during the month of May 2018 to July 2018. Researcher visited AWCs to collect data from PLW in office time 10 am to 4 pm. A list of nutritional and malnutrition complications deficiency Questions was given to them that includes- Hemoglobin Anemia, Vitamin A Deficiency, Maternal Health, Under Weight infant, risk of low birth weight (It defined less than 2.5 kg ) Iron Deficiency. Data was collected from primary and secondary Sources. The primary data collection techniques like Interview, observation and survey schedules were used, the source of secondary data were gathered from books, journals, published reports and Government websites and documents.

**Table No-01: EDUCATION STATUS OF PREGNANCY AND LACTATING WOMEN (PLW)**

<b>SL NO</b>	<b>EDUCATION STATUS</b>	<b>RESPONDENTS</b>	<b>PERCENTAGES</b>
<b>01</b>	Illiterate	02	5.56%
<b>02</b>	Primary	14	38.89%
<b>03</b>	High school	12	33.33%
<b>04</b>	Graduate	08	22.22%
	<b>TOTAL</b>	<b>36</b>	<b>100.00</b>

The above table and chart shows that most of respondent are 38.89% primary Educates. Then 33.33% are educated up to High school. Then 22.22% are graduated. Only 5.56% respondents are uneducated.

**Table No-02: TYPE OF FAMILY OF RESPONDENTS**

SL NO	TYPE OF FAMILY	RESPONDENTS	PERCENTAGES
01	Joint	11	30.55%
02	Nuclear	25	69.44%
	TOTAL	36	100%

Above table shows that type of family of the respondents 69.44% are nuclear family 30.55% are joint family. Thus, a majority of the respondents is in nuclear family among the Pregnancy and lactating women (PLW).

**Table No-03: AWARE OF THE MALNUTRITION**

SL NO	RESPONDENTS OPINION	RESPONDENTS	PERCENTAGES
01	Yes	21	58.33%
02	No	15	41.67%
	TOTAL	36	100%

The above table shows that out of 36 respondents, 58.33% respondents are the opinion that they are aware of Malnutrition which mainly covers remaining 41.67% respondents have not agreed with the above statement. Hence, there is a positive aware for the majority of respondents are aware of Malnutrition complication in Pregnancy period.

**Table No-04: NUTRITION RELATED HEALTH PROBLEMS**

SL NO	RESPONDENTS OPINION	RESPONDENTS	PERCENTAGES
01	Iron deficiency anemia	16	44.44%
02	Vitamin A deficiency	04	11.11%
03	Folate deficiency	08	22.22%
04	calcium deficiency, protein	08	22.22%
	TOTAL	36	100

The table no-04 indicates the out of 36 respondents 22.22% of respondents face calcium and protein deficiency. 44.44% of respondents are iron deficiency anemia. Folate deficiency 22.22% of respondents face. Rest of 11.11% respondents facing Vitamin A deficiency.

### **Major Research Findings:**

The finding of the study is based on the data collected from 36 respondents the major findings of the study are:-

- 36.49 % of respondents are not satisfaction with nutritional education because of AWCs is not involving for proper guidance and supervision.
- 86.72% of respondents are attending the regular health check up. Its show that PWs are healthy .and AWCs working in positive way.
- 42.83% of respondents are not having nutritional food thus show respondents are poor economic background.
- 22.22% respondents are facing calcium and protein deficiency.
- 68.78% of respondents are having awareness about iron and anemic deficiency rest 31.22% of respondents not aware about IAD.
- 89.17 % of respondents are beneficiary of ICDS scheme.
- Beneficiary of health checkup 100% of respondents are taking service such as Immunization. Its shows that respondents aware about health service which provided under ICDS scheme.

### **Recommendations:**

- AWWs should be visit PLWs home and give proper guidance about nutrition whose who are not involving in the ICDS Health checkup and nutritional education.
- PLWs attend regular health checkup, to the health conditions and growth of child and gestational weight.
- AWHs will provide one full meal to PLWs those who are not attending lunch (Maternal Nutrition).
- Nutritional and Malnutrition deficiency programme conduct in rural and community level. Its help that PLWs and their families.
- Awareness of nutritional and health trainings conducted for AWWs and AWHs to gain a knowledge of nutrition. Its help them to proper guidance for PLWs.
- PLWs and families members are should know what nutrition food is and which are - protein and calcium, vitamin A, BC... Iron and vegetables which they have.

## CONCLUSIONS

The health of women is linked to their status in the society. The demographic consequence of the women has formed expression in various forms, such as female infanticide, higher death rate, lower sex ratio, low literacy level and lower level of employment of women in the non-agricultural sector as compared to men. Generally, at household level, cultural norms and practices and socio-economic factors determine the extent of nutritional status among women. Their nutritional status was possibly reflected in the high percentage of premature termination of pregnancy. Those babies born alive at term had a low average birth weight, nearly one-third of them weighing less than 2500 g at birth. Results show that mothers' nutritional status is the most important determinant of newborn children's birth weight. Safe drinking water, use of antenatal care and iron deficient anemia were also significant contributors to low birth weight.

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