International Journal of Medical Sciences
DOI : 10.15740/HAS/IJMS/7.1and2/33-37 Volume 7 | Issue 1&2 | October, 2014 | 33-37 e ISSN-0976-7932 | Visit us - *www.researchjournal.co.in*
RESEARCH PAPER

Health and nutritional status of nursing mother visiting as beneficiaries of anganwadi

DAXA J. JOTANGIYA AND HINA K. BHADANIYA

See end of the paper for authors' affiliation

Correspondence to :
DAXA J. JOTANGIYA
M.V.M. Science and Home Science College, RAJKOT (RAJASTHAN) INDIA
Email: heena_hs2011@yahoo.in

ABSTRACT : The Integrated Child Development Services Scheme (ICDS) is India's most ambitious multidimensional welfare programme to reach millions of children and their mothers who are caught in the grip of malnutrition. India is a country suffering from over population, malnourishment, poverty and high infant mortality rates. In order to counter the health and mortality issues gripping the country there is a need for a high number of medical and healthcare experts (Prasanna Kumari, 2006). Researcher to formulate the tool and gave an idea of what items to include in the tool. Data collected with the help of personal interview, filled questionnair and clinical method for haemoglobin estimation. Data was analyzed. More than 83% mother was 20 to 25 years age at marriage. 92% were in the age at first child birth of 20-25 years, 73 % mother haemoglobin level was 9 to 10 g % in mother, three year's distance between two children in 64%, 12% mothers had taken need of emergency treatment during Pregnancy Period, 3% mothers were need to take emergency treatment after the child's birth. Only 11% children get government help, 67% mothers prepared premix atta recipes at home, 67% were used iodized salt in her diet, 5% mothers have the knowledge of nutrition, 5% mothers have the knowledge of balance diet, 17 % mothers washed Veg. /fruits before use, 100% mothers covered the Food .On the whole the researcher concluded that the nursing mother who were visited anganwadi regularly benefited the most.

How to cite this paper : Jotangiya, Daxa J. and Bhadaniya, Hina K. (2014). Health and nutritional status of nursing mother visiting as beneficiaries of anganwadi. *Internat. J. Med. Sci.,* **7**(1&2) : 33-37.

KEY WORDS :
Nursing mother, Haemoglobin, Nutrition, Health, Anganwadi

Paper History :
Received: *22.07.2014*;
Revised : *30.08.2014*;
Accepted: *14.09.2014*

The word anganwadi is derived from the Hindi word "Angan" which refers to the courtyard of a house. In rural areas an Angan is where people get together to discuss, greet, and socialize. The Angan is also used occasionally to cook food or for household members to sleep in the open air. This part of the house is seen as the heart of the house. It is perceived as a sacred place. Thus the significance that this part of the house enjoys is how the worker who works in an Angan and visits other Angans to perform the indispensable duty of helping with health care issues among other things came to be known as the anganwadi worker. They are after all the most important link between the rural poor and good health care (*www.anganwadi.ap.nic.in*).

The word anganwadi means "courtyard shelter" in Hindi. This part of the house is seen as the heart of the house. It is perceived as a sacred place. Thus the significance that this part of the house enjoys is how the worker who works in an Angan and visits other Angans to perform the indispensable duty of helping with health care issues among other things came to be known as the anganwadi worker. They are after all the most important link between the rural poor and good health care. They were started by the Indian government in 1975 as part of the Integrated Child Development Services

program to combat child hunger and malnutrition. A typical anganwadi centre also provides basic health care in Indian villages. It is a part of the Indian public health-care system. Basic health-care activities include contraceptive counselling and supply, nutrition education and supplementation, immunization. The centres may also be used as depots for oral rehydration salts, basic medicines and contraceptives. Integrated Child Development Services (ICDS) programme is the world's largest child care programme reaching out to 35.4 million children below six years of age and 6.4 million expectant and nursing mothers (Kapil, 2002 and Barman, 2001). Adequate nutrition is a human right for all and the nutritional benefits to women's social and economic capabilities need to be viewed as goals (UNICEF 1997).

RESEARCH METHODOLOGY

The study on "Health and Nutritional Status of Nursing Mother Visiting as Beneficiaries of anganwadi" was conducted by following systematic and scientific methodology for the purpose of this study. 150 samples were randomly selected for the data collection. The mothers were selected from different geographical areas of around Rajkot city such as Kotharia, Vavadi, Rasoolpara, Gondal Road, Pipaliapara, Madharper, Manharper, Kalawad Road. The researcher was desirous to collect data on nursing mothers who were going to anganwadi around the Rajkot city for this purpose; researcher conducted an informal survey among the selected sample. She met some of them personally and obtained information about them, their family and their work. This helped the researcher to formulate the tool and gave an idea of what items to include in the tool. Data collected with the help of personal interview, filed questioner and clinical method for haemoglobin estimation. Data was then analyzed.

RESULTS AND DISCUSSION

The present study showed that maximum numbers of mothers were married before 25 years of age, as their first priority in life was marriage. No one married after 30 years. 5% of nursing mother were in the age group of 18-20 years at the birth of first child, and 92% were in the age group of 20-25 years, followed by 3% in the age group of 25-30 and 1% in the age group of > 30 years.

Per cent weight gain of nursing mothers weighing 35 to 40 kg was 3%, 40 to 45 kg was 5%, 45 to 50 was 27%, 50 to 55 kg was 47% and more than 55 kg was 18%. Anganwadi beneficiaries gain adequate weight in their lactation period. Weight-loss regimen is not recommended when you are nursing. For many women breastfeeding helps promote weight loss and makes attaining their pre-pregnancy weight easier. However, if a woman "eats to hunger" and makes an attempt to eat nutritious foods, she should experience a safe

Table 1 : Showing various variables **(n=150)**

Variables		18-20years	20-25years	25-30years	>30years
Age at marriage	Nursing mother (n=450)	20 (14%)	125 (83%)	5 (3%)	00 (0.0%)
Age of mother at first child birth	Nursing mother (n=450)	7 (5%)	137 (92%)	4 (3%)	2 (1%)

Table 2 : Weight of nursing mother **(n=150)**

	Weight				
	35 to 40 kg	40 to 45 kg	45 to 50 kg	50 to 55 kg	>55 kg
Nursing women (At Birth of child)	5	8	40	70	27

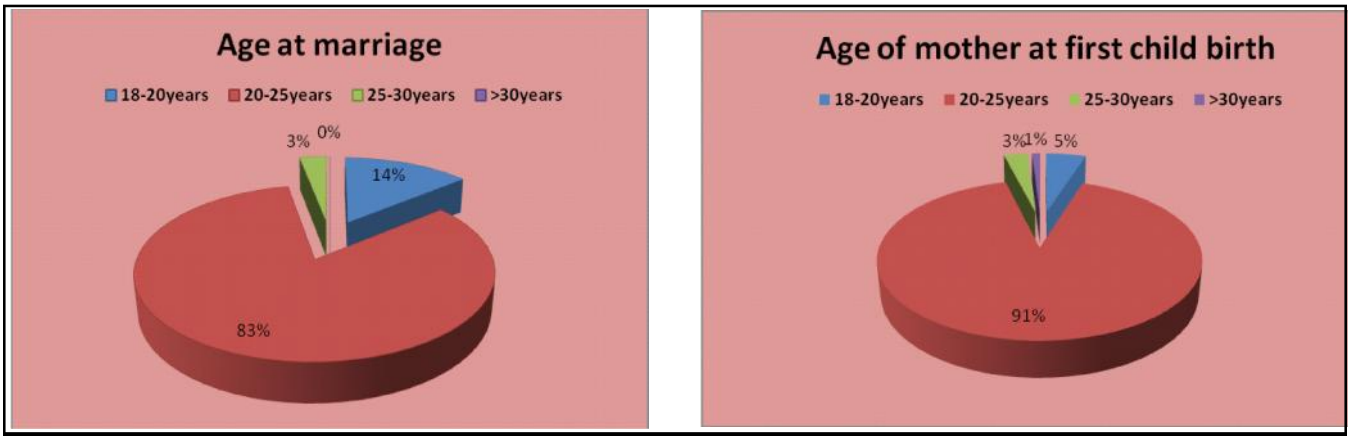

Fig. 1 : Various variables

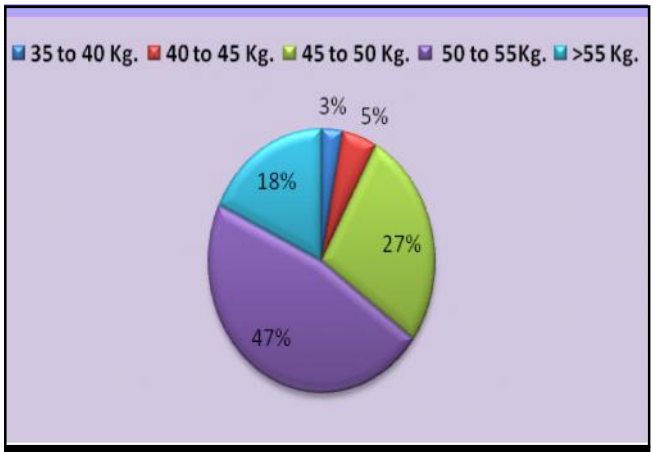

Fig. 2 : Weight of nursing women (at birth of child)

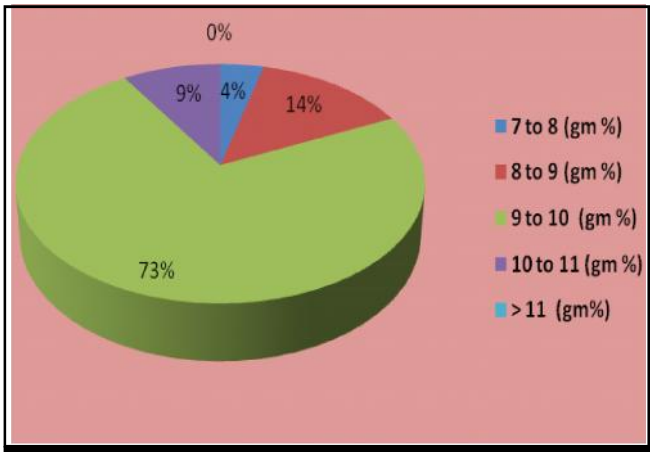

Fig. 3 : Hb level of nursing mother (n=150)

Table 3 : Height of nursing mother		(n= 150)
4.5 to 5 Ft	5 to 5.5 Ft	5.5 to 6 Ft
14 (9%)	96 (64%)	40 (27%)

Table 4 : Knowledge about your haemoglobin level		(n= 150)
Normal	Anemic	Don't know
110 (73%)	40 (27%)	00 (0.0%)

Table 5 : Haemoglobin test's past record of nursing mother	
Yes	No
150 (100%)	00 (0.0%)

gradual weight loss while nursing. 64% nursing mothers height was between 5 to 5.5 Ft, 9% was 4.5 to 5 Ft, 27% was 5.5 to 6 Ft. 73% nursing mothers were not anaemic, 27% were anaemic and 0.0% nursing mothers were ignorant to their haemoglobin level as their haemoglobin level was estimated on 'MAMTA DAY' during pregnancy period.

Study of past record shows that 100% nursing mothers investigated their haemoglobin level in past years. All nursing mothers haemoglobin test was done in anganwadi centre during her pregnancy period. Nursing mothers having 7 to 8 gm% had 4% haemoglobin level, 8 to 9 gm% had 14% haemoglobin level, 9 to 10 gm% had 73% haemoglobin level, 10 to 11gm% had 9% haemoglobin level and more than 11 gm% had 0.0% haemoglobin level. 73 % mother's haemoglobin level was 9 to 10 gm %. This level is actually low but during pregnancy blood volume increased so haemoglobin level was low. Mothers were taken more than 80 tables of iron and folic acid. ICDS gave tablets regularly in pregnancy period. Mothers delivered baby at home as majority mothers had the knowledge of facilities provided by government. Above 71% deliveries were normal but 16% deliveries were by caesarean and 13% by forceps deliveries.

Table 6 : Haemoglobin level (g %) in nursing mother				(n=150)
7 to 8 (g %)	8 to 9 (g %)	9 to 10 (g %)	10 to 11 (g %)	> 11 (g%)
6(4%)	20	110	14	00

Table 7 : Information about nursing mothers				(n=150)
Place of delivery				
At Home	At PHC	At Govt. Hospital		At Private Hospital
5 (3%)	00 (0.0%)	135(91%)		10 (6%)
Child birth (Delivery) timing				
At seven months	At Eight Months	At Nine Months		Others
15 (10%)	8 (5%)	125 (84%)		02 (1%)
Types of delivery				
Normal	Caesarean.	forceps		Others
105(71%)	25(16%)	20(13%)		00 (0.0%)
Infant weight at delivery time				
1 to 1.5 kg	1.5 to 2 kg.	2 to 2.5 kg.	2.5 to3.5 kg	3.5 to 5 kg
08 (13%)	12 (18 %)	20 (4%)	100(62%)	10 (3%)

Table 8 : Distance between two children						(n=450)
Type of beneficiaries	1 Yr	2 Yrs	3 Yrs	4 Yrs	5 Yrs	6 Yrs
Nursing mother (n=450)	05	20	95	10	15	5

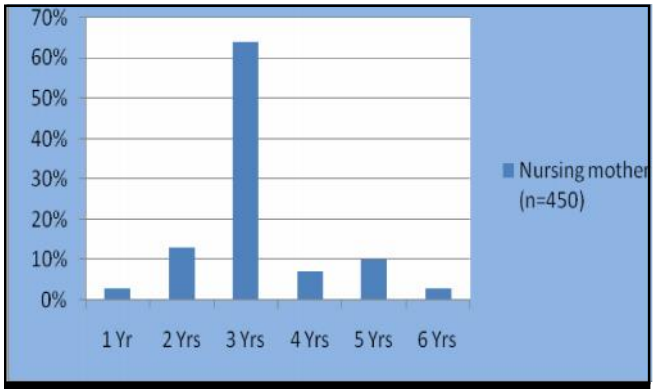

Fig. 4 : Nursing mother (n=150)

Table 9 : Timing between two breastfeeding			(n=450)
1 hrs	2hrs	3hrs	When child cried
10	75	45	20

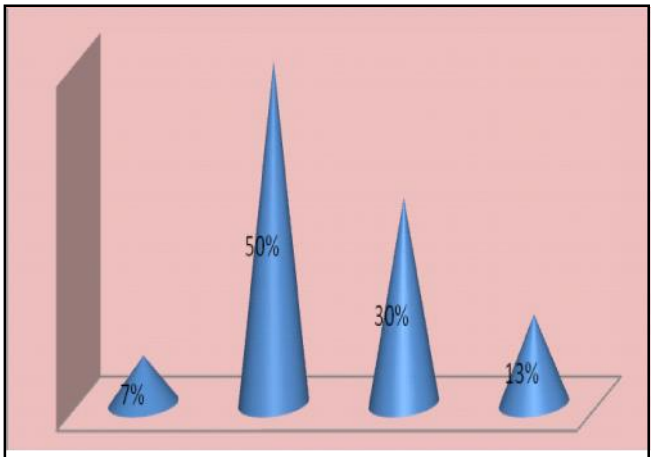

Fig. 5 : Timing between two breast feeding

Table 10 : Information gathered from nursing mother			(n=150)
Sr. No.	Details	Yes	No
1.	Mis delivery	25 (17%)	125 (83 %)
2.	Immunization during pregnancy period	140 (93 %)	10(7%)
3.	Regular medical checkup during pregnancy period	142 (95%)	8(5%)
4.	Need of emergency treatment during pregnancy period	18 (12%)	132 (88%)
5.	Need of emergency treatment after child birth	5 (3%)	145 (97%)
6.	Do you have any addiction?	4(3%)	146 (97%)
7.	Do you remain present in “MAMTA DAY”?	150 (100%)	00 (0.0%)
8.	Do you use supplementary food packet?	150 (100%)	00 (0.0%)
9.	Do you get any Government help?	16 (11%)	134(89%)

Table 11 : Information about supplementary and nutritious foods for nursing mother			(n=150)
Sr. No.	Details	Yes	No
1.	Do you prepare premix Atta recipes at home?	100 (67%)	50 (33%)
2.	Have you used iodized salt in your diet?	100 (67%)	50 (33%)
3.	Do you have the knowledge of nutrition?	5 (5%)	145 (95%)
4.	Do you have the knowledge of balance diet?	8 (5%)	142 (95%)
5.	Do you wash vegetables and fruits before use?	25 (17%)	125 (83%)
6.	Do you cover food?	150 (100%)	
7.	Do you eat fresh snacks?	15(10%)	135(90%)

In majority cases time of birth was nine month. 62% infant’s body weight was 2.5 to 3.5 kg, 13% were1 to 1.5 kg, 18% were 1.5 to 2 kg, 4% were 2 to 2.5 kg, and 3% were 3.5 to 5 kg. Maximum Beneficiary mother’s Infants were of normal body weight. IN majority cases of distance between two children are 45% in three year. Very less in 3% was 6. Maximum mother breast fed her child within two hour and her child was healthy but 50% mother breast fed her child in 2 hour and 13% mother breast fed when the child cried.

12% mothers were need to take emergency treatment after the child’s birth. Only 11% children get government help, 100% beneficiary nursing mothers remained present on MAMATA DAY. Thus all mothers benefited from anganwadi.

67% mothers prepared premix atta recipes at home, 67% were used iodized salt in her diet, 5% mothers have the knowledge of nutrition, 5% mothers have the knowledge of balance diet, 17% mothers washed Veg. /fruits before use, 100% mothers covered the food.

Conclusion:

This study provided an opportunity to aware and get some knowledge about, Nutritional and Health of nursing mother, to aware importance of immunization.Thus it can be concluded that area needs a community based strategy for the improvement of mother's nutritional status. Moreover, nutritional needs of women should be taken care of since her childhood and masses should be educated to remove gender bias so that women can hold human right of adequate nutrition for all. On the whole the researcher concluded that the nursing mother who were visited anganwadi regularly benefited the most.

Authors' affiliations :

HINA K. BHADANIYA, MVM Science and Home Science College, RAJKOT (GUJARAT) INDIA

REFERENCES

Allen, L.H., Backstrand, J.R., Chavez, A. and Petto, G.H. (1992). People cannot live by tortillas alone. The results of the Mexico Nutrition CRSP. Human Nutrition Collaborative Research Support Program, USAID Washington DC. (U.S.A).

Bamji, Mahtab, S., Murthy, P.V.V.S., Williams, Livia and Rao, M. Vishnu Vardhana (2008). Maternal nutritional status and practices and perinatal, neonatal mortality in rural Andhra Pradesh, India. *Indian J. Med. Res*., **127** : 44-51.

Barman, N.R. (2001). Functioning of anganwadi centre under ICDS scheme: An evaluative study. Jorhat, Assam. DCWC. *Res. Bull.*, **13** (4) : 87.

Chatterjee, M. (1990). Indian women: their health and economic productivity, World Bank Discussion Papers 109, Washington, DC (U.S.A.).

Dwinen–IV, G.A. (1987). Energy requirement of pregnancy. An integration of the longitudinal data from the five country study. Lancet ii, :1131-3.

Gopalan, C. and Kaur, S. (1989). Women and nutrition in India. Nutrition foundation of India. Special Publication Series 9.

Kapil, U. (2002). Integrated Child Development Services (ICDS) scheme: a program for holistic development of children in India. *Indian J Pediatr.,* **69**(7) :597-601.

UNICEF, Nutrition Series 97-002 improving adolescent and maternal nutrition. An overview of benefits and options, 1997.

WEBLIOGRAPHY

www.anganwadi.ap.nic.in

7th Year
★★★★★ of Excellence ★★★★★