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Comparison between the knowledge of pregnant women and lactating mothers about food facilities

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ABSTRACT

The present research was conducted in the rural locality of Dharwad district, Karnataka state during 2012-13. Two talukas namely Hubli and Dharwad were selected purposively for the study and from each taluk two villages, Byhatti and Hebsur from Hubli and Yadwad and Garag from Dharwad were randomly selected. Total sample of 80 women, (40 pregnant and 40 lactating mothers) were selected as study participants to know their knowledge regarding the food facilities provided in Anganwadis by using the Ex-post facto research design. The pretested structured interview schedule was used to elicit the information. The collected data were tabulated and analyzed using descriptive statistical tools. The results show that level of knowledge about food facilities provided in anganwadis is low in 52.50 percent, intermediate in 32.50 percent, and high in 15 percent of pregnant women whereas such knowledge is low in 60 percent, intermediate in 10 percent, and high in 30 percent of lactating mothers. Age, education level, land holding, organizational participation, and cosmopolitanisms are positively and significantly related to level of knowledge with respect to pregnant and lactating women. Most of the respondents reported that quantity of food and Iron tablets provided by anganwadis is insufficient and not as per recommendations. Hence present study raises concerns for aganwadi functionaries to take adequate steps like creating awareness among rural vulnerable population by organizing camps and trainings.

Key Words : Pregnant women, Lactating mothers, Food facilities

INTRODUCTION

The Integrated Child Development Services (ICDS) is India's response to the challenge of meeting the holistic needs of the child. ICDS is one of the world's largest and most unique outreach program for early childhood care and development. The first ICDS project was launched in India on 2nd October 1975 with 33 projects all over the country.

The ICDS scheme is presently the major national program in the country which focuses on the nutrition needs of children under six years, adolescent girls, pregnant women and lactating mothers through anganwadi workers. Each anganwadi is catering to population of around 1,000 in rural and urban areas and around 700 in tribal areas. The anganwadi workers and helpers are the basic functionaries of the ICDS. The package of services provided by the ICDS scheme includes supplementary nutrition, immunization, health check up, referral services, nutrition and health education,

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and preschool education.

The services of ICDS are rendered essentially through the "Anganwadi" worker at a centre called "Anganwadi." The word Anganwadi is derived from the Indian word "Angan" which means "court yard" (a central area in and around the house where most of the social activities of the household take place). In rural settings, the 'Angan' is the open place where people gather to talk, greet the guests, and socialize. Traditional rural households have a small hut or house with a boundary around the house which houses their charpoys, cattle, feed, bicycle, etc. Sometimes food is also prepared in the angan. Some members of the household also sleep outside in open air, under the sky, in their angans. The angan is also considered as the 'heart of the house' and a sacred place which buzzes with activity at the break of dawn. Given versatile nature of this space, the public health worker who works in an angan, and also visits other people's angans, helping with their healthcare issues and concerns, is called Anganwadi Worker. Anganwadi is an institution where children between three and six years of age have the benefit of non formal preschool education. The anganwadi is therefore the focal point for the delivery of the package of services of the Integrated Child Development Services. (Yadav, 2012). The services provided under anganwdis are as follows

1. Supplementary nutrition
2. Immunization
3. Referral Services
4. Growth monitoring and promotion
5. Non-formal Pre-School Education (PSE)
6. Nutrition and Health Education (NHED)

METHODOLOGY

The study was conducted during the year 2012-13 in Dharwad district of Karnataka state. Two talukas namely Hubli and Dharwad were selected purposively for the study and from each taluk two villages, Byhatti and Hebsur from Hubli and Yadwad and Garag from Dharwad were randomly selected. From each village 40 pregnant women and 40 lactating mothers were randomly selected. Thus the total sample consisted of 80 for the study.

Ex-post facto research design was employed in the present research study. An interview schedule was formulated to collect the information. The schedule was pre-tested in a non sample area and suitable modifications were made. The structured schedule was used to collect the data from respondents by personal interview method. The data collected were tabulated and analyzed by using suitable statistical parameters.

RESULTS AND DISCUSSION

Table 1 shows the pattern of supplementary food provided to the pregnant women and lactating mothers. The quantity of food ingredients provided per day per beneficiary is given in Table 1. Table 2 shows that 52.50 percent of pregnant women had low level of knowledge about food facilities followed by 32.50 percent and 15 percent with high and medium level of knowledge respectively. Whereas in case of lactating mothers 60 percent had low level of knowledge about food facilities provided by anganwadis and 10 percent medium and 30 percent high level of knowledge.

There was significant difference observed between the two groups on knowledge about food facilities provided by anganwadis. On the whole lactating mothers and pregnant women had better knowledge regarding food facilities provided by anganwadis. This may be because the pregnant women are taken for regular health check-ups and are provided with necessary immunizations, hence their knowledge level is better. In case of lactating mothers, the health facilities provided is very less except providing them iron tablets; hence they had low knowledge as compared to pregnant women.

Table 3 shows that 37.50 per cent of the respondents reported the problem of insufficiency of food provided followed by not providing iron tablets as per recommendations to beneficiaries (31.25%), improper storage of food in anganwadis (25%) and supplementary food not provided as per

Table 1 : Pattern of supplementary food provided to the beneficiaries in the anganwadis

Sr. No	Days	Supplementary food items	Quantity per day (grams)
1.	Pregnant women and lactating mothers		
	Monday	Wheat	160.00
	Wednesday	Green gram	62.00
	Friday		
	Tuesday	Rice	160.00
	Thursday	Green gram	57.00
	Saturday		

Table 2 : Knowledge of pregnant women and lactating mothers about the food facilities provided by anganwadis

Sr. No	Categories		Frequency	Mean (S.D)
1.	Pregnant women (n=40)	Low	21 (52.50)	
		Medium	06 (15.00)	5.5 (±0.93)
		High	13 (32.50)	
2.	Lactating Mothers (n=40)	Low	24 (60.00)	
		Medium	04 (10.00)	5.6 (±1.00)
		High	12 (30.00)	

Note:Figures in the parentheses indicate percentages.
CD=Critical difference
SEm= standard error of mean
** Significant at 0.01 level

Table 3 : Problems reported by the respondents (N=80)

Sr. No.	I Problems reported by beneficiaries (80)	F	%
1.	The quantity of food provided is insufficient	30	37.5
2.	Iron table is is not provided as per recommendations to beneficiaries other than children attending anganwadis	25	31.25
3.	Improper storage of food in anganwadis	20	25
4.	Supplementary food is not provided as per recommendations to the children in anganwadis	20	25

Note: Multiple answers are possible

Table 4 : Suggestions given by the respondents (N=80)

Sr. No.	I Suggestions given by beneficiaries (n=80)	Respondents	
		F	%
1.	There is a need to improve the health facilities provided in anganwadis	25	31.25
2.	All the children should be treated and taught equally	30	37.50
3.	Nutritional and health education activities of ICDS should be strengthened	18	22.50
4.	Information and referral services need to be strengthened	23	28.75

Note: Multiple answers are possible

recommendations to the children in anganwadis (25%).

The suggestions as given by the respondents are given in Table 4. Beneficiaries suggest that there is a need to improve the health facilities provided in anganwadis (31.25%); all the children should be treated and taught equally (37.50%); Nutritional and health education activities of ICDS should be strengthened (22.50%); and information and referral services need to be strengthened (28.75%). The nature and pattern of suggestions indicate that respondents have felt that quality of food provided through anganwadis is poor and the children are not treated equally and there are no attractive play materials. Hence rich people do not prefer to send their children to anganwadis. Also, the present nutrition and health education program is not accessible to the entire population coming under a particular anganwadis. Therefore, present nutrition and health education program should be strengthened.

Conclusion:

The study concludes that majority of the respondents had low level of knowledge about health facilities provided in anganwadis. Hence concerned functionaries should take adequate steps by organizing camps and trainings to increase the knowledge level of pregnant women and lactating mothers about health facilities provided in anganwadis.

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