

“IMPACT OF INTERVENTION ON RURAL PREGNANT AND LACTATING WOMEN”



स्वामी रामानंद तीर्थ मराठवाडा विद्यापीठ, नांदेड.

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SUMMARY AND CONCLUSION

The study of **“Impact of Intervention on Rural Pregnant and Lactating Women”** was carried out in the randomly selected villages of Aurangabad districts of Marathwada region of Maharashtra state on the randomly selected 600 rural pregnant and lactating women. The objectives of study were

- To find out the family background of the rural pregnant and lactating women
- To assess the anthropometric measurements of rural pregnant and lactating women
- To know the food habits of rural pregnant and lactating women
- To make aware about the nutritional intake and balanced diet
- To identify the health problems of rural pregnant and lactating women
- To design and execute the intervention program for rural pregnant and lactating women
- To assess the impact of intervention program on overall health of the rural pregnant and lactating women

The data pertaining to the study were collected through personal interview based on pre and post tested interview schedule before and after the intervention program. The salient findings of the study are as mentioned below.

Irrespective of economic status, it was found that a higher percentage of selected rural pregnant women were in the age range between 22-25 years and lactating women in the age between 18-25 years and most of them belonged to joint family while on other hand majority of them have middle family.

When an attempt was made to know about the number of offspring these women had it was noticed that irrespective of their economic status majority of them were second gravida. Very less women were multigravida.

Most of the rural pregnant women in MIG and HIG found to be high school educated where as less were illiterate. Among rural lactating women, HSC educated women recorded more in MIG and HIG as compare to LIG.

Irrespective of economic status the common health problems encountered by the selected rural pregnant women were nausea, anaemia, edema, fatigue, low BP, High BP, leg cramps, burning feet, urinary tract infection, insomnia, loss of appetite and weakness and by rural lactating women were nipple pain, low milk supply, low BP, High BP, candidiasis, breast pain, milk stasis, inverted nipple, overactive let down, insomnia, cramps to breast and small size breast. Health problem of rural pregnant women observed more in HIG and in other hand no significant differences were recorded based on their economic status with respect to the health problems encountered by the rural lactating women.

The emotional problems experienced by higher percentage of rural women during pregnancy were fear about delivery, anxiety about fetal normalcy and gender of fetus, mood swings, nervousness, feeling sad or hopeless for no reason, loneliness, night mares, crying for no reason and emotional problem expressed by rural women during lactation were post partum depression, low energy and feeling tired all the time, excessive mood swings, anxiety, insomnia, difficulty in bonding with kids, thinking about suicide and self harm. After received the intervention by rural women during pregnancy and lactation showed significantly reduction in their problems.

When the socio-recreational restrictions of rural pregnant women had in their families were studied, it was recorded that a higher percentage of rural pregnant and lactating women in MIG had more socio-recreational restrictions as compared to their counter parts in LIG and HIG. Intervention was aid in enhancing positive and reducing social restrictions of family.

Irrespective of their economic status a lower percentage of rural pregnant and lactating women fell prey to the domestic violence even it is proved to be having detrimental effects on pregnancy outcome. The prevalence of domestic violence was more in LIG and MIG as compared to HIG. Most

common form of domestic violence was reported as physical violence followed by psychological and sexual. After the intervention program conducted it shows positive effect and percentage of abuse get decreased.

When the common obstetric problems and incidence of infant mortality were studied, it was found that irrespective of their economic status, preterm deliveries, obstructed labour, stillbirth, low birth weight babies and miscarriages were the problems encountered by these rural pregnant and lactating women. The percentage of infant mortality was found to be more in LIG as compared to their counterparts in MIG and HIG.

Majority of the rural pregnant and lactating women in low income group encountered financial problems with respect to taking proper antenatal care, nutritious and sufficient diet as compared to their counterparts in middle income and high income groups.

With irrespective of their economic status maximum rural pregnant and lactating women used primary health services as compared to private and with regard to the rural women's frequency of the undergoing antenatal check up most of the women had undergone ANC every after 3 month.

Food habits of RPLW were assessed before and after intervention. The intervention program was effective in improving women's food habit. RPLW's dilatory behavior affect's their health. Consumption of food items like milk and milk products, fruits, sprouted pulses, dry fruit, egg, Meat and leafy vegetables were less in diet of RPLW. The effect of intervention was greater; they increased more consumption of these food items in their diet.

Rural pregnant and lactating women avoided eating numerous accessible foods like brinjal, papaya, pineapple, sesame seed, fenugreek seed because the food are believed as tabooed for them. Intervention program convinced them and increased inclusion of these items at some level.

All most all women under the study followed some form of restrictive diet. Many nutritive and locally available foods were avoided. Concept of hot and cold food was preventing high and there was no significant reason given for this practice. Many misconception were prevented which do not have any

significant basis. To change this behavior intervention program was conducted and at some level it work to reduce these practices.

According to economic status, most of the rural pregnant and lactating women in HIG and MIG applied the given information in their life after the intervention as compared to rural women in LIG. With irrespective of their economic status they give preference to government hospital for delivery. They increased family planning, reduced their domestic workload and consume more nutritious food.

After the intervention program conducted more change was observed at individual level as compared to family and community level.

Rural pregnant and lactating women's Age, income, educational, age at marriage found to have positive correlation with the health problems, socio-emotional and economic problems.

SUGGESTION

- To print & make the pregnant and lactating women aware of the nutritional facts.
- In addition to the nutritious food and healthy practices also added in their routine.
- For safe delivery prefer government or private hospital.
- It is optimal to design an awareness program regarding pregnancy and lactation in rural area.
- Reduce the food habits in order to lead a healthy pregnancy.
- If the women having economic problem then recommended them to use more government services for healthy pregnancy and delivery.
- Awareness must be created among individual, family and community level regarding healthy pregnancy and lactation.
- Rural pregnant and lactating women must give more importance to the hygiene factor during pregnancy and lactation.

RECOMMENDATIONS

Researcher given some recommendations

- Similar study may be replicated on large samples
- A comparative study may be conducted between urban and rural pregnant and lactating women
- A comparative study may be conducted between utilization of government and private services by pregnant and lactating women in rural area
- Family should encourage to pregnant and lactating women to do antenatal check up regularly
- Pregnant and lactating women should include more nutritious food in their diet
- Pregnant and lactating women should avoid traditional beliefs and practices.
- Pregnant and lactating women should change their food habits.
- Family should make available nutritious food, vegetables, fruit and medicine at home.
- A descriptive study can be continued on intervention and effect of it on health of pregnant and lactating women as well as infant.
- Intervention program can be conducted on large scale not only for women but also for men.
- A study can be conducted by including additional demographic variable e.g. Religion.
- Awareness program should be regularly organized in each village for whole family.