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Malnutrition Pregnant Rural Women – A Sociological Analysis

KEYWORDS

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ABSTRACT *Maternal malnutrition increases the risk of poor pregnancy outcomes including obstructed labour, premature or low-birth-weight babies and postpartum hemorrhage. Severe anemia during pregnancy is linked to increased mortality at labour. Low-birth-weight is a significant contributor to infant mortality. Moreover, low birth-weight babies who survive are likely to suffer growth retardation and illness throughout their childhood, adolescence and into adulthood. Growth-retarded adult women are likely to carry on the vicious cycle of malnutrition by giving birth to low birth-weight babies.*

Introduction

Nutrition and pregnancy refers to the nutrient intake, and dietary planning that is undertaken before, during and after pregnancy. In a precursory study into the link between nutrition and pregnancy in 1950 women who consumed minimal amounts over the eight-week period had a higher mortality or disorder rate concerning their offspring than women who ate regularly, attributed to the fact that the children born to well-fed mothers had less restriction within the womb. Not only have physical disorders been linked with poor nutrition before and during pregnancy, but neurological disorders and handicaps are a risk that is run by mothers who are malnourished, a condition which can also lead to the child becoming more susceptible to later degenerative disease(s).23.8% of babies are estimated to be born with lower than optimal weights at birth due to lack of proper nutrition. Without a doubt, a nutritious, well-balanced eating plan can be one of the greatest gifts you give to your soon-to-be-born baby. Pregnancy nutrition is essential to a healthy baby. Ideally, adopting a healthy eating plan before pregnancy is best. No matter how many weeks are left on your countdown calendar, it's never too late to start! Supplying your own body with a tasty blend of nutritious foods can not only improve your fertility, keep you feeling healthy during pregnancy, and pave the way for an easier labor, but it can also help to establish essential building blocks of growth and overall health for your child. The food we eat on a daily basis affects how our bodies work, how we heal and grow, and how we maintain energy and strength for years to come. It also determines the basic nutritional health that our children are born with, and provides a model for their eating habits during childhood and beyond. Pregnancy is the one time in your life when your eating habits directly affect another person. Your decision to incorporate delicious vegetables, whole grains and legumes, lean protein, and other wise food choices into your eating plan before and during pregnancy will give your baby a strong start in life. During pregnancy, some foods can cause harm to a developing baby. Be sure that all meats are thoroughly cooked to avoid exposure to toxoplasmosis, salmonella, and other harmful bacteria. Proper nutrition is important after delivery to help the mother recover, and to provide enough food energy and nutrients for a woman to breastfeed her child. Women having serum ferritin <= 70 µg/L may need iron supplements to prevent iron deficiency anemia during pregnancy and postpartum. During lactation, water intake needs increase to compensate for the loss of water through milk production. Milk is made of 88% water, and the European Food Safety Authority therefore recommends that breastfeeding women increase their water intake by about 700 mL/day, giving an adequate volume of 2,700 mL/day (from food and drink), or approximately 2,200 mL/day from fluids.

The present study entitled "malnutrition pregnant rural women – a sociological analysis**"**. In each food group, choose foods that have the vitamins and minerals you need for a healthy pregnancy. Learn more about choices to make from each food group to provide the vitamins and minerals you and your baby need. Also make choices that are low in "empty calories." Empty calories are the calories from added sugars and solid fats in foods like soft drinks, desserts, fried foods, cheese, whole milk, and fatty meats. Look for choices that are low-fat, fat-free, unsweetened, or with no added-sugars. They have fewer or no "empty calories." Vitamin and mineral supplements cannot replace a healthy diet. Most doctors recommend that pregnant women take a prenatal vitamin and mineral supplement every day in addition to eating a healthy diet. Taking a supplement ensures that you and your baby get enough important nutrients like folic acid and iron. But don't overdo it. Taking extra can be harmful for you and your baby.

Pregnant women's Nutritional Needs

During pregnancy your body has increased nutritional needs. Although the old adage "eating for two" isn't entirely correct, you do require more macronutrients (for example, calories, protein, and fluids) and micronutrients (for example, calcium, folate, and iron).

Nutrient	Additional daily requirements for pregnant women
Calories	300 (in the second and third trimesters)
Protein	60 mg
Calcium	1200 mg
Folate (folic acid)	15 mg
Iron	30 mg

In general, most women can meet these increased nutritional needs by choosing a diet that includes a variety of nutritious foods, including 8 to 10 glasses of water a day, and by taking a prenatal vitamin prescribed by their health care provider. A simple way to ensure that you are getting all the nutrients that you and your baby need is by eating

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a variety of foods from each of the food groups every day.

Review of Literature

According to WHO, in developing countries, the prevalence of anemia among pregnant women is 56% (**WHO, 1992**). The prevalence of anemia in India is 60 -70% (Park, 2005). In India, anemia is the 2ndmost common cause of maternal deaths accounting for 19% of total maternal deaths **(Govt. of India, 2002).**Safe food handling is also an important aspect of good nutritional practices to prevent food- Related diseases in pregnancy such as listeriosis and toxoplasmosis **(Gilbert, 2002)** Pregnant women, especially the ones expecting their first child, usually are highly motivated to correct poor eating habits **(Eschleman, 1996**). In the study of **Anderson (2001**), however, it was concluded that giving written advice can influence knowledge about healthier eating, but does not seem to alter attitudes, or actual behavior. Our results show that recommendations concerning food safety and health risks are followed upon, but nutritional aspects are much less taken into account. It is possible that changes in dietary behavior for negative reasons (motivation driven by risk perception and avoidance) have a lower probability of lasting, in this particular case beyond pregnancy, than eventual dietary change for positive reasons (motivation driven by health benefit beliefs). This may explain why **Anderson (2001**) found no long-term changes in dietary behavior. Apparently, after pregnancy harmful effects are no longer of concern. Nutrition counseling during pregnancy is far reaching if it addresses both family members' normal needs and the additional needs imposed by pregnancy (**Eschleman, 1996**). Therefore, it is important to help future parents to increase their knowledge about nutritional aspects of food and to become aware of the influence their eating habits might have on their children. Pregnant women are recommended not to eat liver because of high vitamin A levels, which has been associated with miscarriages and teratogenic effects (**Ortega, 2001).**

Methodology

Statement of the problem

Women's health in India can be examined in terms of multiple indicators, which vary by geography, socioeconomic standing and culture. To adequately improve the health of women in India multiple dimensions of wellbeing must be analyzed in relation to global health averages and also in comparison to men in India. Health is an important factor that contributes to human wellbeing and economic growth. Currently, women in India face a multitude of health problems, which ultimately affect the aggregate economy's output. Addressing the gender, class or ethnic disparities that exist in healthcare and improving the health outcomes can contribute to economic gain through the creation of quality human capital and increased levels of savings and investment. The common problems faced by women of India are malnutrition, lack of maternal health, diseases like AIDS, breast cancer, domestic violence etc. Some of the women have been displaced from their traditional settlements due to mining activities and were distraught over a lack of basic facilities such as clean water, sanitation, firewood and open spaces. They reported the erratic supply of water by water tankers of the mining companies and irregular bus transport.

Objectives

The researcher has carried out the present study with the following objectives:

1. To find out the socio-economic status of the respondents.
2. To find out the malnutrition rural pregnant women.

Universe and Sampling Method

The rural areas of Omalur taluk Kadayammpatty block kanjanaickenpatty panchyat ward anganwadi centre malnutrition pregnant women list was collect present study. For the purpose of the research, the researcher decided the women in the age group 18-40 years to be included in the sample. A total number of 61 Malnutrition pregnant women respondents were chosen using in sing simple random sampling method. Since the number of eligible women (18-40 years old) varies in all the 11 villages, the researcher selected the number of women proportionately. The selected respondents were contacted directly and interviewed.

Socio economic characteristic

S.No	Age	Total Respondent	percentage
1	18-25	42	69
2	26-30	13	21
3	31-35	05	8
4	36-40	01	2
	Total	61	100
	Education		
1	Illiterate	10	16
2	Primary	46	75
3	High School	04	7
4	Graduated	01	2
	Total	61	100
	Religion		
1	Hindu	52	85
2	Christian	01	2
3	Muslim	08	13
	Total	61	100
	Community		
1	FC	08	13
2	BC	05	8
3	MBC	32	53
4	SC	16	26
	Total	61	100

The above table indicates that majority of the respondent 69 are belonging to the age group of 18 – 25 years, 21 per cent of the respondent are belonging to the age group of 26 – 30 years, 8 per cent of the respondent are belonging to the age group of 31 – 35 and remaining 2 per cent of the respondent are belonging to the age group of 36 – 40 years. 75 per cent of the respondents are completed primary school education ,and 16 per cent of the respondents are illiterates, 7 per cent of the respondents are completed high school education, remaining two per cent of the respondents were completed their degree level of education. The majority of the respondents (85%) are Hindu, 13 per cent of the respondents are Muslim and two per cent of the respondents are Christian. The majorities 53 per cent of the respondents are belonging to the most backward caste, 26 per cent of the respondents are belonging to the Schedule Caste, 13 per cent of the respondents are belonging to the forward community and remaining 8 per cent of the respondents are belonging to backward caste.

Malnutrition pregnant women

S.No	Village Name	Total	Percentage
1	Kanjanaickenpatty	12	19.67
2	Periyandipatty	03	04.91
3	Pandiyankardu	05	08.19
4	Manganur	07	11.47
5	Motour	04	06.55

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6	Kottaimedu	03	04.91
7	Kalarkadu	06	09.83
8	Kill kalarkadu	02	03.27
9	Kundur	05	08.19
10	Umagoundapatty	08	13.11
11	Kattur	06	09.83
	Total	61	100

The intern visited 11 village Kanjanaickenpatty pachayat and 61 malnutrition women' Kanjanayakanpatti is small village located in Omalur Taluka of Salem district, Tamil Nadu with total 3901 families residing. The Kanjanayakanpatti village has population of 15611 of which 8232 are males while 7379 are females as per Population Census 2011. In Kanjanayakanpatti village population of children with age 0-6 is 1737 which makes up 11.13 % of total population of village. Average Sex Ratio of Kanjanayakanpatti village is 896 which is lower than Tamil Nadu state average of 996. Child Sex Ratio for the Kanjanayakanpatti as per census is 958, higher than Tamil Nadu average of 943. Kanjanayakanpatti village has lower literacy rate compared to Tamil Nadu. In 2011, literacy rate of Kanjanayakanpatti village was 60.36 % compared to 80.09 % of Tamil Nadu. In Kanjanayakanpatti Male literacy stands at 69.61 % while female literacy rate was 49.95 %. As per constitution of India and Panchyati Raaj Act, Kanjanayakanpatti village is administrated by Serpent (Head of Village) who is elected representative of village.

Conclusion

The malnutrition results in poor health of women. The women of India are prejudiced from the birth itself. Women perceptions of low education, low social status, economic instability, gender inequality in the community The malnutrition problems among pregnant women are very complex. A judicious combination of various food groups required to ensure that nutrient demands of individuals are fully met. It was also found that the mean daily dietary intake of iron and folic acid of the anaemic pregnant women was significantly lower than those of the non-anaemic pregnant women. In spite of better education and highly monthly income, nutrition intake was lower than. This might have been due to poor knowledge on nutrition and ignorance about healthy by these women. The agriculture extension and home science extension officials should encourage the rural women to cultivate low fact nutrients fruits, vegetables etc, and popularize the same for consumption in the rural families.

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