Chapter-8

Brief Summary, Conclusion
And
Recommendation
This study was designed to investigate Social Economic & Psychological Factor leading to Anaemia among Rural Population Specially in Gumnawara. 8 km away from Jhansi city.

Among various nutritional disorders affecting women of child bearing ages allover the country is anaemia which occupies important position to cause widespread ill effects during pregnancy an its outcomes.

Anaemia for the purpose of this study is considered as a condition of reduction in the concentration of haemoglobin in the peripheral blood the normal for the age and sex.

**Major objective of the study were.**

To study the socio-economic and demographic characteristics of the rural women. Attempt was also made to assess the social-economic and psychological factors leading to anaemia besides; to identify the major health problems of the rural women and their nutritional status, study also covered the welfare schemes initiated for the rural women and to evaluate the MCH services provided by the government.
Study was carried out in a village Gumnawara 8 km. away from the Jhansi city. 300 women provided data for this study. These 300 were selected among 1500 women which were available in the village using simple random sampling. Women thus represented middle class and lower middle class families of the village

**Socio-economic profile of women:**

Majority of the respondents were in younger age group this was highly reproductive period, regards educational status majority was illiterate despite the area only 8 km away from the city literacy level was very lower. Village was dominated by backward caste followed by Dalits. Religion wise distribution of the respondent consisted of Hindus.

Gumnawara village was near Jhansi city hence majority of the respondents were engaged in business followed by agriculture majority of the women were house wives however few were engaged in activities like labour or other related work.

As regards the size of families. Majority was having large families and Majority of the families in the village were coming from poor socio-economic status. Study also covered the major health problem of the village women which were caused due to anaemia and their poor nutritional status.
It was found that majority of the respondents were suffering from physical weakness because of anaemia.

In the village most of the women were anaemic as they have symptoms like yellow nail, physical weakness, shivering of the limbs, breathing problems and weight loss etc. About 10% of the cases were referred to medical college and by Gynaecologist confirmed that these cases were acute anaemia.

There are many other disease which may lead to anemia among them malaria is also one of the dreadful disease among the respondents 35% had suffered from malaria.

Because of illiteracy and poverty they were suffering from anaemia and were prone to many diseases, besides, malaria tuberculosis is also a major disease which may cause anaemia it was heartening note the very insignificant percentage suffered from tuberculosis.

Excessive bleeding during delivery may also cause Anaemia 33% disclosed that they have suffered from excessive bleeding but majority 67% did not have excessive bleeding.

As regards hemorrhage 50% of the respondents have suffered from high bleeding this can be attributed to the weakness of the women.
Anaemia sometimes produces irritating behaviour. However, this symptom was not seen among the majority of the respondents but about 60% women have breathing problems.

Feeling of uneasiness was felt by 50% of the respondents through it can not be said that it was only due to anaemia but it may be due to other reasons.

Feeling of giddiness is also one of the symptoms of anaemia it was felt by majority of the respondents to the tune of (55%).

Anaemia may reduce working capacity of the women. It was revealed by the respondents that working capacity was not reduced but 28% were of the opinion their working capacity has been reduced due to anaemia. Weight loss is also considered as one of the symptoms of anaemia the majority of the respondent opined that they have weight loss.

During investigation respondents were asked to show their nails the majority was having yellow nails. Similarly only very few respondents were having shivering of limbs.

Respondents were also asked about the concept of positive health majority was not conversant regarding positive health. In their opinion only good physique was sign of positive health.

Social and psychological factors leading anaemia among rural women in Jhansi District
Similarly views of the respondents were ascertained regarding balanced diet they have no knowledge of balanced diet and according to their opinion good and rich food was balanced diet.

Among the respondents 52% took balanced diet after pregnancy which included all the essential nutritional component. Remaining 48% could not afford balanced diet after delivery.

Mostly respondent took both types of food sometime fresh sometime stale. But it was a good sign that respondent were not interested in taking spicy food.

The main focus of the study was to study socio-economic and cultural factor which lead to anaemia. A women socio-cultural situation and her health are very closely inter related, studies in different parts of India have revealed that social discrimination against women in nutritional matters has persisted despite, agricultural development. Even women of high income group families were found to be malnourished.

In the village under study the income of the majority families was not found to be low according to the number of family member. But significantly despite having reasonable income, Women were found to be anaemic. In the village size of the family was found to be
large and employment status was poor very few families had working members. They were engaged in petty business and agriculture. Among the respondents 48% found their survival difficult because of low family income.

As regard eating habits of respondent majority did not have healthy food habit. Most of the respondents took their food after all family member had finished their food. As regard taking stale food majority was not aware regarding consequence of stale food. So for habit pattern of respondents regarding food intake was concerned as per cultural pattern they took their food when all family member had finished their food. Because it was a tradition which they learnt in childhood. It was a belief of respondents that they should take their food after their husbands have taken their food.

But in respect of food intake their was equality of status majority of the respondents while observing during fast did not know which type of food they should eat in order to maintain their health.

As regards breast feeding pattern it was hearting to know that majority of the respondents had breast fed their children upto 1 year of age. It was found in village that normally in the village women take full food instead of taking morning breakfast. Majority of the respondents took their meal 2 times daily.
Attempts was also made in the present study to evaluate the maternal and child health service and various welfare scheme provided to the women.

Maternal and child health status is assessed through measurement of mortality, morbidity and growth and development. In recent year attention has been paid systematizing the collection, interpretation and dissemination of data of growth and development.

In order to assess the prevailing MCH services in the village few indicators have been discussed like knowledge about ANMs roles, knowledge about balance diet, vaccination, vitamins provided during delivery, healthy food intake and health checkup during pregnancy.

As regards knowledge about ANM, respondent were not aware of the role and function of the ANM. The basic preventive health service like distribution of iron folic acid during pregnancy were not available which may prevent anaemia among the rural women.

Majority of the respondents did not have knowledge about balance diet. Vaccination status during pregnancy reasonably was found to be good because 51% village women were vaccinated. But about 40% have not availed this facility.
As regards the status of tetanus vaccination majority village women were given this vaccination. Particularly those women who had health awareness while 48% could not get this facility. Respondents did not realize the importance of vitamins therapy therefore they were found to be susceptible to the anaemia. Views of the respondents regarding healthy food intake during pregnancy were ascertained but majority did not realize the importance of healthy food intake. Therefore they were not taking healthy food during pregnancy. So for health check-up during pregnancy. It was found that majority of the respondents availed this facility while, another big percentage of 46^ did not availed this facility.
SUGGESTION AND RECOMMENDATION

1. Among various nutritional disorders among child bearing ages were suffering from anaemia which was the cause of widespread ill effects during pregnancy. Diet and proper nutrition are important factor in the promotion and maintenance of good health among the women of studied area. A normal balanced diet was not available which was the main cause of anaemia.

2. There is a need to educate women regarding balanced diet which can be made available at the local level and which ensures nutritional adequacy.

3. Iron deficiency anaemia was one of the most common nutritional disorder in the village. Therefore there is a strong need to distribute iron, folic acid to the women of the area.

4. It was found the nearly two third of pregnant and one half of non-pregnant women were suffering from anaemia in the area. MCH service including curative, preventive and social aspect and proper health education should be provided.
5. A major factor underlying anaemia among the respondents was there low economic and social survival. If women have independent means they can often walk away from situation of abuse. Employment generating schemes among the women particularly through the self-half group can play a vital role to remove the incidence of anaemia.

6. socio-cultural condition like education, religion, food intake need to be changed. Repeated pregnancies and desire for a son because of which women have to face social alienation and even desertion. This needs to be avoided.

7. Social economic and legal dependence is extremely important these factors need to be taken into account due to these reasons women become anaemic.

8. Discrimination against women in nutritional matters is still persisting despite economic development in the area. Food was not equally divided with in house hold unequal food distribution should be avoided.

9. There is a need for changing dietary habits and providing nutritional education. Package of services should be given like immunization, prevention, treatment of anaemia antenatal care
and early identification of maternal complication deliveries by trained personnel and birth spacing are important areas which need to be taken care of by the health authorities of the area.

10. A sustained educational programme needs to be started in changing the dietary pattern and education regarding various socio-cultural factors which affect women's health should be provided.