Conclusions
CONCLUSIONS

Most of the respondents in Ekla, Sarsawan and Chamao villages of Harhua Block of Varanasi district were found to be anaemic. The extent of anaemia differed with age group, parity, income group, religion and dietary habits. All the anaemic respondents exhibited only microcytic anaemia which can easily be cured through nutritional management and education. There is no chance of spina bifida (the incomplete development of spinal cord causing incomplete closure of the embryonic neural tube) in the neonates as non-existence of megaloblastic anaemia. In prophylaxis, the pregnant women can be dewormed (albendazol) in second trimester of pregnancy to escape from the blood losses due to helminthic infections.

Pregnancy in total duration consumes 60,000 kcal (Chaudhary, R., 2004) over and above normal body requirements. The energy intake in study sample was very poor. (only 37,000 to 45,000 kcal) during entire gestation period. The diet of the pregnant women was found to be deficient in protein, iron and folic acid. Only in few cases protein and iron requirements were fulfilled. The mean iron, protein and folic acid intake was much lower than the RDA values.

The malnutrition of pregnant women is mainly because of non-availability of nutrient rich food stuffs, unawareness about the nutritional value of food and the discrimination of women in rural families as the man folk dine prior to the females who get mostly the remains. Therefore, proper counseling of senior ladies of the family and family heads is utmost important. Proper advisory services to the pregnant women regarding nutrition may also play a key role who often have poor knowledge on nutrition and ignorance about health.
Proper training of ANMs and Anganwadi workers may also have a pivotal role in the above mentioned advisory services. The system is also lacking in structure and has no designated days for tablet distribution, no tracking system in place to record the number of tablets distributed and consumed and client follow-up and counseling by these workers. The visit of health workers was also not very regular, which needs to be regularized.

Therefore, emphasis should be given towards nutrition and health education adopting multi-media approach. The agriculture extension and home-science extension officials should encourage the rural women to cultivate low cost nutritious fruits, vegetables, etc by establishing nutrition garden and popularize the same for consumption in the rural families. For supplementary nutrition, iron and folic acid tablets should be supplied to the pregnant women. For the maintenance of healthy and active life, access to safe and nutritious food is essential. For the food security of the household, purchasing power of the family should be increased through various income generating schemes.