REVIEW OF RESEARCH
ISSN: 2249-894X
IMPACT FACTOR : 5.7631(UIF)
VOLUME - 11 | ISSUE - 4 | JANUARY - 2022

A STUDY OF MATERNAL ANAEMIA IN LOW INCOME WOMEN DURING ANTENATAL CARE PERIOD TAKING TREATMENT IN HOSPITAL SITUATED IN PUNE AREA

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ABSTRACT:

Researcher had worked with King Edward Memorial Hospital Pune as a medical social worker with gynaec ward and obstetric ward. She observed that too many women not taking proper diet during pregnancy. Women does not knowledge of iron rich diet during pregnancy. So many women not taking iron folic acid tablets regularly. Researcher interviewed 120 pregnant women and take their information about diet and medicine, find out participation of family members in antenatal care. Majority of woman have maternal anaemia during pregnancy but they are unaware about it and they have no knowledge about prevention, diagnosis and treatment of anaemia. Poor and low income group women always lack getting health care policies for poor people. Illiteracy and superstition restricts them to reach up to the new schemes, facilities provided by government. Woman's life relates with hard work by various types and reasons. There are insufficient basic facilities and availability of resources at rural slum fields or areas in urban sites. A haemoglobin level of 10-11 g/dl has been defined as early anaemia; a level below 10g/dl as marked anaemia. Iron is of great importance in human nutrition. The adult human body contains between 3-4g of iron, of which about 60-70 percent. The most common symptom of anaemia is fatigue ,feeling tired or weak, shortness of breath If you have anaemia, you may find it hard to find the energy to do normal activities. If mother have anaemia in pregnancy then outcome of pregnancy become intrauterine death ,low birth weight baby ,intrauterine growth retardation ,early labours, etc.

By taking proper care in pregnancy, by proper healthy iron rich food and regularity in medicine can control anaemia. We can improve health status of women during antenatal care period.

KEYWORDS: *Anaemia, Antenatal care period, Intrauterine death, Intrauterine growth retardation, Low birth weight, postnatal care period.*

INTRODUCTION

Good health is a personal and social state of wellbeing in which a woman feels active, creative, wise and worth while; where her own body healing power is intact; where all her diverse capacities and rhythms are valued; where she can make choices, express herself and move about freely. Woman's health is closely linked with environment sanitation and control of Antenatal care is most important

part of pregnancy. Majority of woman have maternal anaemia during pregnancy but they are unaware about it and they have no knowledge about prevention, diagnosis and treatment of anaemia. Poor and low income group women always lack getting health care policies for poor people. Illiteracy and superstition restricts them to reach up to the new schemes, facilities provided by government. Woman's life relates with hard work by various types and reasons. As majority of rural factors fall into two groups:

a) Supernatural causes -1) Wrath of goodness-There are good many people even among the educated who believe that certain disease are due to the wrath of god or goodness. Smallpox and chickenpox are outstanding examples.cWhere diseases are due to wrath of goodness, administration of drug is considered harmful.

b) Breach of taboos-Breach of taboos is believed by some people to be responsible for certain diseases. c) Past sins- Disease such as leprosy and tuberculosis are believed by some to be past sins.A WHO expert group definition is that anemia or deficiency should be considered to exist when hemoglobin is below the following levels. Adult females-non pregnant - 12g/dl , Adult females - pregnant - 11g/dl. Shortness of breath, Dizziness, Headache, Coldness in the hands and feet Pale skin Chest pain

Causes anemia:- The three main causes of anemia are, Blood loss, Lack of red blood cell production ,High rates of red blood cell destruction

Diagnosis of anaemia:-Diagnosis of anaemia:- The doctor will diagnose anaemia based on patient's medical and family histories, a physical exam, and results from tests and procedures, because anaemia doesn't always cause symptoms, the doctor may find out patient have it while checking for another condition.

Antenatal Care (ANC) :- Antenatal care is the care of the women during pregnancy. The primary aim of antenatal care is to achieve at the end of a pregnancy a healthy mother and healthy baby. Ideally this care should begin soon after conception and continue throughout pregnancy

NATIONAL ANEMIA CONTROL PROGRAMME: –

Nutritional anemia is a serious public health problem. Although anemia is widespread in the country, it especially affects women in the reproductive age group and young children. It is estimated that over 50 percent of pregnant women are anemic. Nutritional anemia has affects to women due to iron and folic acid deficiency, is directly or indirectly responsible for about 20% of maternal deaths .Anemia is also a major contributory cause of high incidence of premature births, low birth weight and prenatal mortality. The National nutritional anemia control programme aims at significantly decreasing the prevalence and incidence of anemia in women in reproductive age group, especially pregnant and lactating women, and preschool children.

The programme focuses on the following strategies:

- Promotion of regular consumption of iron rich food.
- Provision of iron and foliate supplements in the form of tablets (folifer tablets) to the "high risk" groups. Identification and treatment of severely anaemic cases.

1. Prevention of nutritional anaemia :–

A) Promote consumption of iron rich food:-

A regular dietary intake of iron and folic acid rich foods by pregnant and lactating mothers, adolescent girls and children under 5 years of age must be promoted. The mothers attending antenatal clinics, immunization sessions as well as women beneficiaries in the ICDS Programme should be made aware of the importance of preventing nutritional anaemia. A Regular consumption of iron rich foods

such as green leafy vegetables, cereals such as wheat, ragi, jowar and bajra, pulses (especially sprouted pulses) and gur (jaggery) must be promoted widely. In addition, wherever culturally and economically feasible, consumption of animal flesh foods such as meat, liver, etc. must be encouraged. The green leafy vegetables rich in iron, mustard leaves (sarsonka sag), amaranth (Chaulai sag), colocasia leaves (ANI ka sag), knolkhol greens (ganthgobika sag), bengal gram greens (chana sag), shepu or sowa, turnip greens (shalgamkasag).

B) Providing consumption of iron folic acid supplements:-

As a priority, all pregnant women, irrespective of haemoglobin levels, must be provided with the recommended dose of iron and folic acid (folifer) supplements. In addition, in case available remaining supply, iron and folic acid supplements must be provided to lactating women and IUD users. Preschool children, especially those in tribal areas and ICDS blocks, should be given on priority the recommended dosage of iron and folic acid supplements. The contact during administration of tetanus toxoid should be utilised for distribution of folifer tablets to pregnant women. Ensure every mother is provided with complete recommended dosage of folifer tablets during pregnancy. Wherever ICDS programme is in operation, Anganwadi workers (AWS), under the supervision of multipurpose workers, should distribute folifer tablets to pregnant and lactating mothers and also to preschool children. Mothers often accompany their infants to the immunization sessions.

C) Recommended doses of folic acid iron supplements:-

- Pregnant women - one big (adult) tablet per day 100 days (each tablet containing 60 mgI100 mg of elemental iron and 500 pg folic acid).
- These tablets should be provided to women after the first trimester of pregnancy.
- 0 Lactating women and IUD acceptors - one big (adult) tablet (containing 60 mgI100 mg of elemental iron and 500 pg folic acid) per day for 100 days.
- Preschool children (1<5 years) - one pediatric (small) tablet containing 20 mg iron and 100 pg folic acid daily for 100 days every year.

D) Treatment for severe anaemia:-

Women with haemoglobin levels below 7g/dl are considered to be severely anaemic. Testing of blood for haemoglobin concentration at field levels is neither considered safe nor practical. Therefore, as far as possible, severely anaemic cases should be identified on the basis of clinical signs. All health workers should be trained to identify such anaemic cases. Recommended therapeutic dose for women in the reproductive age group is one tablet (big) of iron thrice daily for a minimum of 100 days. In case of 100 mg elemental folifer tablets, recommended dose is two (big) tablets of iron daily for a minimum of 100 days.

REVIEW OF LITERATURE:-

1)Maternal and child health. Safe motherhood and child survival programs are critically important in a country that is experiencing high infant and child mortality and maternal mortality. Realizing the importance of maternal and child health care services, the ministry of health, Government of India, took concrete steps to strengthen maternal and child health services in the first Five year Plans(1951-56 and 1956-1961).The integration of family planning services with maternal and child health services and nutrition services was introduced as a part of the minimum needs programs during the fifth five year plan (1974-79).The primary objective was to provide basic public health services to vulnerable groups of pregnant women, lactating mothers, and preschool children(Kanitkar,1979),since then, the promotion of health of mothers and children has been one of the most important aspects of the family welfare programs in India and has now been further strengthened,(Ministry of Health Family Welfare,1992).

The Ministry of Health and Family Welfare has also sponsored special schemes, under the Maternal and child Health programs, including the program of oral rehydration therapy, development

of religion institute of maternal and child health in states where infant mortality rates are high, the universal Immunization Program me and Maternal and Child Health Supplementation Program within the postpartum Program (Ministry of Health and Family Welfare,19921a[1]).In the rural areas of India, maternal and child health services are delivered mainly by government run primary health centres and sub centres. Services for pregnant women and children can also be obtained from private and public maternity homes or hospitals, as well as from private practitioners In urban areas, maternal and child health services available mainly through government or municipal hospitals, urban health posts, hospitals and nursing homes operated by nongovernment voluntary organization and various private nursing home or maternity homes.

2. The Society for Women Heath Research"(SWHR)" is a National Non profit organization based in Washington DC. Its aim to the need for appropriate inclusion of women and minorities in major medical research studies and the need for information about condition affecting women exclusively predominantly or differently than men. SWHR advocates for greater public and private funding for women health research and the study of sex differences that affect the prevention, diagnosis and treatment of disease. SWHR ensured that its dedicated leadership included a diverse group of health care providers and other concerned with research and health care equity to provide a range of perspectives. American college of obstetrician and Gynaecologists. (ACOG) and agreed on the need not only for more gynaecological research at NIH but also for research regarding Women Health in general. SWHR Board were physician and researchers regarding specializing in cardiology mental health and obstetrics- gynaecology as well as nurses, lawyers and public policy advocates involved and interested in women health. . (Reference-Article Published by "World Health Organization)[2]

3. National Women health network (NWHN) is non profit women health advocacy organization located in Washington, DC. It was funded in 1975 by Barbara Seaman Alice Wolfsan, M.D and Phyllis chaser PhD[3].

The national women wealth network helped found raising women voices. A national initiative that advocates affordable health care for everyone. Raising women voices wants to ensure the national discourse on health care for everyone. High quality health care for all-ensure provision of the full reproductive and women health services. Such services should include but are not limited to maternity care, pre and post natal care, contraception, abortion, treatment and prevention of sexually transmitted infection and fertility treatment. The NWHN publishes independently researched fact sheet and position papers on a variety of women health topics including breast cancer, Endometriosis, cervical cancer, fibroids, mammograms, abortion, and hysterectomy. According these two big organization" NWHN "And "SWHR" women health have several health problems like breast cancer, endometriosis, cervical cancer, fibroids, menopause, hormonal therapy, mammograms, abortion, hysterectomy, prevention of STI, Pre – postnatal care, etc .Here researcher discuss on women health during antenatal care. During antenatal period women faced so many problems like, low maternal awareness of fetal movement, low awareness about micro nutrient deficiency & outcome of pregnancies. (Reference-Article Published by "World Health Organization, NWHN and SWHR).

4. Anaemia impairs human function at all stages of life. Severe anaemia during pregnancy thought to increase the risk of maternal morbidity. A review of 21 studies showed that anaemia explained 23% of mortality in Asia and 20% in Africa. Severe maternal anaemia with Hb< 8 g/l is almost certainly greater mortality risk factor than mild moderate anaemia. Here researcher discuss on the maternal anaemia. Anaemia is the most common nutritional deficiency in the world. In the survey of 2009-2010

[1] (Ministry of Health and Family Welfare,19921)

[2] (Reference-Article Published by "World Health Organization NWHN and SWHR).)

[3] National Women health network (NWHN) is non profit women health advocacy organization located in Washington, DC. It was funded in 1975 by Barbara Seaman Alice Wolfsan, M.D and Phyllis chaser PhD

the infant mortality rate is 52.091% in India. WHO have estimated that prevalence of anaemia in developing country is 14% and developed country 51% .and majority of anaemia is common disorder in pregnant woman belongs to lower economic status. Lower income women not done proper medical check up, not have proper diet, not done properly self care.

Factor responsible for maternal anaemia are;

- Poor iron less than 20mg/day
- Low dietary intake
- Folic acid intake less than 70mg/day.
- Poor bioavailability of iron (3-4 % only)
- Chronic blood loss due to infection such as hook worms and infestation

There are some other cause of maternal anaemia is low income women are believe in cultural practices, gender ,etc all these things.(Reference publication on protein energy malnutrition and the state of the world children 1994).[4]

5. Rajkumarpokhrel, M.R.Maharjan, Pragyamathema, PhilipHarvey, in (Aug.2011) reviewed their literature that majority in community culture, rule, norms of caste also gives restriction to women maintaining their health. Early and repeated pregnancies and inadequate birth spacing. The reproductive cycle increase requirements for iron pregnancy. The period between pregnancies provides some opportunity to women to recover their Iron supplies. Because of repeated pregnancies women not recover their health loss. The common on direct cause of under nutrition also contribute subsequently to maternal anaemia. Many of these causes are social economics culture including poverty, lack of education lack of access to land for agriculture and gender inequality.Culture practice also involves women also has secondary status in home. Men always take lunch first and women take at last. Women not have right to take vegetables, fruits, etc. Also women give priority to family. Inadequate birth spacing children have small 2 to 3 children each woman. So women give all iron rich diet to children and other remaining food what are in pot she eat in last of dinner. Poor family's women not get her diet all nutrients. The diet also lack of other minerals and nutrients. That contribute subsequently to anaemia including vitamin A, and vitamin C and B12.Cultural practices result in women often not sharing fully in the side of dishes which are more nutrient rich food than the staple dishes. In one study shows that women met only half of their requirements for vitamin A. (Vitamin A required for synthesis of Haemoglobin)

6. The high prevalence of postpartum anaemia among low income women in the United State. Low income women have high prevalence of maternal anaemia. The main reason is poverty and illiteracy, because of poverty not take iron rich food and because of illiteracy not have knowledge about which nutrients takes in food and which medicines take for maintain Iron concentration. Among low income women in the united state a high prevalence of anaemia persist beyond the third trimester and the early post partum period .In 12 states with data on post partum anaemia mare than low income women returning to WNC between 4 to 26 weeks post partum was anaemic. Maternal anaemia have prevalence of anaemic was higher among minority women reaching 48% in non Hispanic black women. (Reference- (Chapel Hill.NC, Atlantis Ca)[5]

7. In a gender inequality in geographic perspective mentioned the quality life of poor women. In low income/poor women have lower quality of life. Frequency & child birth confront women with high health risks. Pregnancy risk is 80 to 600 times higher than that in the richer countries. Asian women face the highest material mortality rate, they have not get adequate medical services. Excessive number

[4]. Rajkumarpokhrel, M.R.Maharjan, Pragyamathema, PhilipHarvey, inAug.2011

[5] - (Chapel Hill.NC, Atlantis Ca)

of pregnancies & malnutrition. The inadequate birth spacing. So many families waiting for boy baby. So they have inadequate pregnancy. An estimated 2,50,000 women die of illegal abortions each year. As like that so many muslim people, hindu families wants boy baby, so they forced to women for abortion if girl baby born in family. Repeating of abortion is also loss of blood & results maternal anaemia in next pregnancy/after same. (Researcher review PDf file on gender inequality in geographic perspective.)

8. According to national nutrition monitoring bureau (NNMB), district level house hold survey (DLHS), Indian council for medical research (ICMR) shows that over 70 % of pregnant women are anemic.Actually during pregnancy body needs extra dietary factors iron rich food for baby growth as well as mother's nutrition. But poor women because of poverty not take iron rich food like green vegetables, liver, green salads, milk, eggs etc. Also poor women not take calcium & iron tablets regularly. In pregnancy profound changes occurs in several laboratory parameters used for assessment of women status. The data from both developed & developing countries have documented the association between asymptomatic bacteria & anaemia often refractory to treatment poor, intrauterine growth, prematurity, low birth weight, there are several consequences of maternal anaemia.

1) In mild anaemia in pregnancy have decreased work capacity. Women with chronic mild anaemia go through pregnancy & labour without adverse consequences.
2) Women with moderate anaemia have substantial reduction of work capacity. HB below 8 gm/dl, premature births are more common.
3) Severe anaemic HB below 5 g/dl associated with circulatory failure.

In low income pregnant women not have awareness about what is anaemia &about 3 trimester in pregnancy, poor knowledge about regularly, monthly, quarterly, antenatal care check up. From that research study researchers want to prevent & manage the maternal anaemia. Aware to pregnant women about outcome of anaemic pregnancy. Mandatory monthly screening for anaemia became the routine in all antenatal clinics, skilled management of severe grades of anaemic detected in late in pregnancy. Under the national anaemia prophylaxis program me have distribution to all pregnant women in India .It distributed through the primary health care system was evolved and implemented in 1972.So that vast majority of pregnant women who never seek health care could benefit from outreach programme. (Reference- Department of reproductive biomedicine, national institute of health & family welfare, New Delhi India April 2009 .Indian J med res/30 Nov[6] 2009 627-633. 2007)]

RESEARCH METHODOLOGY-

1. Problem Formulation-

The problem formulation high lightened the real issue and gave the reasons for making such studies. It gave the clarity of thought and vision of mind to reach the goal. The selected topic A study awareness about maternal anaemia in low income women during antenatal care period taking treatment in hospital in Pune area .This was topic was chosen because the researcher had experience in working with charitable hospitals deenanath mangeshkar hospital and research centre, Pune and king edward memorial hospital, Pune .Researcher had worked in gynaecological out patient ward in king edward memorial hospital as a medical social worker. Pregnant poor economic status women taking treatment in general hospitals. Researcher had observed in gynaecological outpatient department majority of women had physical health complaints during pregnancy.Majority of women did not attended antenatal clinic because of money problem. In obstetric ward women were not capable to pay their bill .Women were admitted to treatment of severe anaemia, intravenous blood transfusion because of low haemoglobin range, threatened abortion ,oligohydrominous, early age pregnancy, under nutrition ,etc. Researcher examined publication by (Sudbury, MA, IN 2011) .Iron Deficiency anaemia is a common type of anaemia. The term anaemia usually refers to a condition in which blood has lower than

[6] Department of reproductive biomedicine, national institute of health & family welfare, New Delhi India April 2009 .Indian J med res/30 Nov 2009 627-633. 2007

normal range of normal of red blood cells. Red blood cell carries oxygen and remove co2 a waste product of body. Anaemia occurs if red blood cells don't contain enough haemoglobin. Haemoglobin is an iron rich protein that carries oxygen from the lungs to the rest of body. About half of the Indian subcontinent where 88% of them develop anaemia during pregnancy .Pregnant women during pregnancy required Iron doses up to60 mg/day. But in poor women iron supplementation to their body not done properly due to programmatic constraints such as lack of available food and supplements, lack of information, lack of education, and communication campaigns and poor counselling by health providers resulting in maternal anaemia. For this study one should select low income women because poor women are more vulnerable for maternal death only because of lack of education, poor counselling by health providers, lack of information. Because of poverty of women neglect to their health. They do not go for regular screening of haemoglobin. Do not take proper iron supplementation 60 mg/day iron rich food. Awareness about maternal anaemia in poor women can reduce the preterm delivery, causes of prematurity. Severe anaemia during pregnancy is thought to increase the risk of maternal mortality but there have been no controlled interventional trial on this question .An association between anaemia and preterm delivery has reported several studies of Indian Counsel Medical Research, District Level Health Survey, National Institute of Health and family welfare.

Researcher want focus on to create awareness among poor women about maternal Iron supplementation during pregnancy can improve both maternal and infant iron status up to about 6 months post partum. The main problem of the study poor education about maternal anaemia. Illiteracy for iron rich food and availability of iron folic acid supplementation. [7]

Poverty leads to collect food products which contain high iron contents, means green vegetables,salads,milk,smallanimals,fish,chicken,liver,maize,wheat,date,fruits,apple,jiggery,peanuts,etc take daily only because of lack of money. Also Indian culture women always neglect to self health care. Women do not take iron rich food because of poverty hence in this study researcher has involved low income women.

SIGNIFICANCE OF THE STUDY:-

Maternity homes ,anganwadi tai, health attendants working with primary hospitals ,municipal hospitals ,primary health centres, medical social worker working with charitable hospitals and government hospitals have been emerged to provide antenatal counselling, free iron folic acid supplementation, free haemoglobin screening test, free nutritious diet, organise so many health check-up camp ,organise immunization programme in each months ,etc provide good health care to pregnant women. The purpose is to minimize the vulnerability of maternal anaemia in pregnant women and in adolescent girls. This all health workers working with private hospitals, government health centres organise various health check-up camps in rural and urban area, door to door visits, organise health survey to find out the anaemic women. Also they try to provide good health facilities to pregnant women, to motivate them to attend antenatal clinic.

This study has unexplored findings and that would give primary health centres, municipal hospitals, gynaecologist, medical social workers working with charitable hospitals, ANM, anganwadi worker working for rural and urban pregnant women, social work student and individuals a chance to explore further and go to deep into issue and also to arrive at the most effective prevention ,treatment of maternal anemia. It will be facilitate the government hospitals, anganawadi workers, private gynaecologists, ANM, health attendants, to understand the situation and economic condition of anemic women help them in antenatal care period. The study also can provide ample scope for further research to test the existing knowledge and also to discover new knowledge in view of antennal care and awareness among them.

[7] Sudbury, MA, IN 2011

ETHICAL CONCERN OF THE STUDY:-

- The researcher respondent relationship was absolutely professional.
- The researcher respectfully considered the respondents as in understanding phenomenon of anemia in pregnancy.
- Informed consent from the respondents was obtained before the data collection.
- The prior permission of data collection was obtained from management and gynecologists from chaitanya maternity home, kawade nursing home, matruchaya nursing home, etc with certain conditions and all the conditions were faithfully kept.
- The purpose of this study was purely academic and not for any other reason.
- The professional integrity, objectivity, accuracy and honesty were maintained during the research.
- The respondent's identity, privacy and also the findings were kept confidential.
- No physical or mental discomfort or distress was caused respondents during data collection.
- No misuse of freedom, authority and plagiarism were done during course of study.

HYPOTHESIS OF STUDY:-

- Lower the intake of Iron rich food as well as Iron deficiency tablets higher the rate of vulnerability of maternal anemia.
- The poor knowledge about maternal anemia among poor group, women from low income group more vulnerable for maternal death, Low birth weight, Intra uterine growth retardation, premature deliveries.

Basic assumption of this study:-According researchers view during antenatal care women always needs care. But in low income group women have careless attitude about their health. Women do not have adequate knowledge about diet, because of illiteracy and poverty they do not take iron rich food and Iron folic acid supplementation. So women experience Iron deficiency hence they are vulnerable for maternal anaemia. As like that low awareness affects on health. It includes-Poverty,Low knowledge about maternal anaemia,Poor knowledge about Iron rich food,Not have knowledge about Primary Health Centres who supplies Iron folic acid tablets.

Possible contribution to social work profession:-Social work profession is very closely related to this awareness about study on maternal anaemia. As per above explanation researcher has worked in KEM, Hospital as a medical social worker. Her role was to counsel pregnant women for maternal anaemia and healthy ante natal care, importance of regular health check up, and screening of health related facts. Social worker attended gynaecologists OPD s on different days, behind that the main source to approach towards women Also has see their ANC cards told them about immunization, diet, medicine, USG. report explanation, disease during pregnancy. So from this study social worker will get more benefits. Social worker from another hospital also starts antenatal care counselling in gynaecologist OPD. Social worker conducted survey for follow up and unstructured counselling to women near to their home. Social worker, anganwadi workers and ANM from primary health centres who are working for pregnant women. Social worker organizes training for anganwadi worker who counsel regularly pregnant women from rural area / urban slum areas (poor families. This study will be helpful for social workers who are working with charity hospitals, gynaecologist out patient departments who's working on women health problems.

OPERATIONAL DEFINITIONS:-

1.Definition of women health-

Women health refers to health issues specific to human female anatomy. Some health and medical research advocates particularly the society for women health research in the United states .It can be defined as " Women health more broadly than issues specific to human female anatomy to

include areas where biological sex differences between the sexes in rates of susceptibility, symptoms and response to treatment in major disease and some cancers."

2.Definition of socio economic status:-

Socio economic status is an economic and sociological combined total measure of persons work experience and often individuals or families economic and social position in relation to others based on income, education and occupation .When analyzing families Socio economic status, income, verses with an individual when their own attribute assessed SES broken into three broad categories.

- High socio economic status
- Middle socioeconomic status
- Lower socio economic status.

When family or individual placing one of these categories any or all three variables (income, education, occupation.). can assessed .Additionally low income and little education have shown to be strong predictors of range of physical and mental health problems ranging from respiratory viruses arthritis disease and schizophrenia.

Occupation:-

Occupational prestige as one of socio economic encompasses both income and educational attainment. Occupational status reflects the educational attainments requirements to obtain the job and income level that vary with different ob within ranks of occupation. Occupation is the most difficult factor to measure because so many exist and there are so many competing scales .In some of the majority of researcher agree that income education and occupation together best represents socio economic encompass while other feels structure should also be considered.

Definition of Anaemia:-

A WHO expert group proposed that anaemia or deficiency should be considered to exist when haemoglobin is below-

Adult male -13 g/dl
Adult female (non pregnant) - 12g/dl
Adult female (pregnant women) -11g/dl.

A haemoglobin level of 10 to 11 g/dl has been defined as early anaemia; a level below 10 g/dl as marked anaemia.

Antenatal Care:- Antenatal care is the care of the women during pregnancy. The primary aim of antenatal care is to achieve at the end of a pregnancy a healthy mother and healthy baby. Ideally this care should begin soon after conception and continue throughout pregnancy.

Objectives of ANC-

- To promote protect and maintain the health of mother during pregnancy.
- To detect high risk cases and given them special attending.
- To foresee complication and prevent them.
- To remove anxiety and dread associated with delivery.
- To reduce maternal and infant mortality and morbidity.
- To teach the mother element to child care nutrition, personal hygiene and environmental sanitation.
- To sensitize mother to the need for family planning including advice to cases seeking MTP.
- To attend to the under 5 accompanying the mother.

Variable:-Dependent variable:-

1. Low awareness in women, anaemia affect on their health.
2. Vulnerability of women for maternal anaemia.

3. Low awareness about maternal anaemia higher the vulnerability rate in low income women pregnant women.

- **Independent variable:-**

1. Age
2. Education
3. Socio economic status
4. Illiteracy
5. Occupation
6. Standard of health
7. Income
8. Source of medicine
9. Antenatal counselling
10. Ultra solography reports
11. Dietary contents
12. Family members of respondents.

Sampling method and selection of sample:-

For this study the purposive sampling methods was used. From the prepared list of pregnant women who educated, more cooperative and able to provide reliable data. During data collection some respondents were uncooperative. Sample size meant the people who were actually selected respondents. Sample size of study was taking from 50 from chaitanya maternity home, 25 from kawade nursing home, 25 from matruchaya nursing home, 04 from general ward OPD of Mai Mangeshkar Hospital, Pune. All Hospitals near to Warje Area.

Research Design:-

Researcher use "Descriptive research design" for her study. The study was also descriptive because the researcher had analysed the facts and gave scientific description pertaining to the emerging challenges and then suggested various recommendations. It use because design help to provide the question who, when, where, and how associate with a particular research problem.

Area of study:-

The study is carried out in maternity home and charitable hospitals situated in warje malwadi area. In present study take warje malwadi area because people staying in this area are more migrants from outer villages. Majority of them were daily wagers, seeking job opportunities, not settled in their life, in village not have own farm and own land access, etc.

Universe of study:-

(Reference-www.googlemap.com/pune)

According to data family welfare statistics in India 2011, total ANC registration in India year 2009-2010 were 2,83,02,055 and from that 48,54,340 were anaemic. Total ANC registration in India in year 2010-2011 total 2, 83, 02,856 and from that 58, 90,529 were anaemic. Same information collected from Maharashtra in year 2009-2011 that was, total ANC registration were 2009-2010 was 21,17,762 ,from that 34,788 were anaemic. Total ANC registration in 2010-2011 were 18, 60,411 from that 62,972 were anaemic[8]

Unit of study:- Researcher had selected hospitals where women came from slum area and from low income families. Their annual income is belowRs. 50,000/- and between Rs.50, 000toRs. 1, 00,000/-

[8] (Reference-www.googlemap.com/pune)

Kawade Nursing Home, pune
Matruchaya Nursing Home Warje, Pune,
Chaitanya Maternity Home, Malawadi, Pune

Method of data collection:-In meant the method of collecting relevant information from the respondents. The method is used for collecting data for this study was interview schedule and observation. The data were collected from primary and secondary sources.

Primary source of data were the direct information from 104 respondents through interview and observation.

Secondary source of data include case history, various publication, news paper, web material.

TOOL FOR DATA COLLECTION:-

Data meant information needed for study. The tool for data collection included;Structured interview schedule- A structured interview schedule was prepared and used as the tool for data collection.

Interview-Direct interview with respondents were conducted.

Observations- The researcher keenly observed and noted down the respondents body language, facial expressions, and non verbal communication.

Pre testing-Pilot study was done and verified the questions detected the unnecessary questions and the relevant ones. Sample questions were prepared keeping in mind the sensitivity of the topic, objectives of the research and also to make sure that there was no question which might bring discomfort to the respondents during interview.

LIMITATION OF STUDY:-

Some of the limitations experienced by the researcher in the course of this study are: One of the hurdles in collecting information was to get responses from people who were pregnant. Data could be collected only once when they were pregnant and taking treatment in hospitals. It was very difficult to communicate with the pregnant women because they were not open easily because of shy nature, insecurity, tiredness nature. .

1) It was not possible for the researcher to collect information in short period of time because of large sample size in addition to this some respondents were not willing to answer the questions because of their own personal reasons.
2) Presence of relatives like in laws, parents or some other person at the time of data collection was the barrier for women to answer freely.
3) Some respondents were not willing to give the proper answers of the questions because of their personal problem and lack of information.
4) Researcher was unable to get proper privacy in outpatient department for collect actual information from the respondent .In outpatient department had crowd so women were not get proper space to communicate with researcher.
5) Some respondents had meet in last months of pregnancy change their hospitals regarding treatment so not had perfect investigation report.
6) Readings available to researcher were not reliable so most of time researcher spent more time to updated and resent investigation reports.
7) In patient department most of respondents admitted for blood transfusion because of lowest hemoglobin but that time relatives had made barrier data collection.

OBJECTIVES AND GRAPH BY ASSESSMENT

1.To study how does Maternal anemia impact on women health:-

According to World Health Organization anemia causes impairment and significant work capacity. Anemia causes greater the reduction of work performance. In rural area and slum areawomen are not aware about it. From childhood women are neglected towards their health and so many of

them believe on in fasting of women about their health, superstition, and first priority to family. Investigator has tried to study attitudes on women health.

Table 1.1
The attitude of respondents about anaemia impact on health

The above table shows that forty nine (47.1%) respondent's felt that anaemia affects on health and work productivity .It is surprising to know that fifty five (52.9%) respondents do not feel like that. They believe that anaemia is not that much serious disease; it does not affect on health, work and productivity.

Summary-

This chapter focused on the attitude of family members towards health status of respondent. A maternal anaemia among the low economic status women is widely spread the reason behind it was they have neglecting attitude towards own health. The chapter focused on the number of earning members in family, awareness among family members about maternal anaemia ,family members providing medical access to respondents, feeling of neglect ,the communication of respondents with their family members, their own pinion about does maternal anaemia impact on your health.

2.To study Awareness among family members about maternal anaemia:-

In patriarchal family, the husband usually plays a decisive role in the household. However the husband wife relation is likely to be more intimate in nuclear family. In joint family, it consists of number of couples and their children live together. All authority rests with in the senior member male. In this situation if young, pregnant woman is anaemic and if is not considered important issue within family. There is no sharing of responsibilities practically in all matters which gives the family a greater economic and social security [9](k park,2001).Investigator has tried to study in both nuclear and joint families where women do not get choice for health, women experience symptoms of anaemia but no one in family are aware about it. Also in nuclear family women have responsibilities on her shoulder so she neglects her own heath.

Table 2
The awareness among family about maternal anaemia.

Awareness among family about maternal anaemia	Frequency	Percentage
Yes	15	14.42%
No	89	85.6%
Total	**104**	**100%**

The above table show that only fifteen (14.12%) family members were aware about maternal anaemia. Eighty nine (85.6%) family members were unaware about maternal anaemia. So many husbands do not know about antenatal care and the month of pregnancy of wife. Men do not use contraceptives for birth spacing. Men do not have information, knowledge about antenatal care.

3. To evaluate the medical access of the antenatal women suffering from anemia

Pregnant and lactating women daily require 300Kcal energy. But in rural and urban slum background it is seen the joint family .In patriarchal families husband plays dominant role in household. He has careless attitude towards woman's health. Most of the women do not get medicine in time.

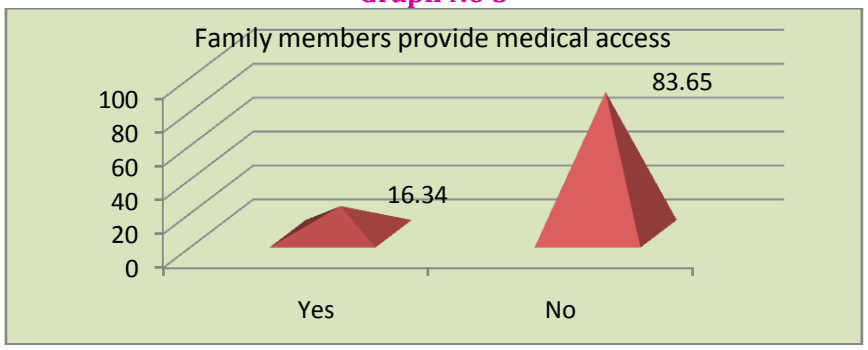
[9] k park,2001BOOK

Actually husbands do not know the importance of iron, folic acid supplementation and iron rich food during pregnancy.

Table 3
The is the family members provide medical access to respondents

Is the family members provide medical access	Frequency	Percentage
Yes	17	16.34%
No	87	83.65%
Total	**104**	**100%**

Graph No 3



The above table 3.32 shows that only seventeen (16.34%) respondent's get cooperation from family members for medical accessing facilities in time and with regular intervals. Eighty seven (83.65%) respondents' family members do not provide medical care access.

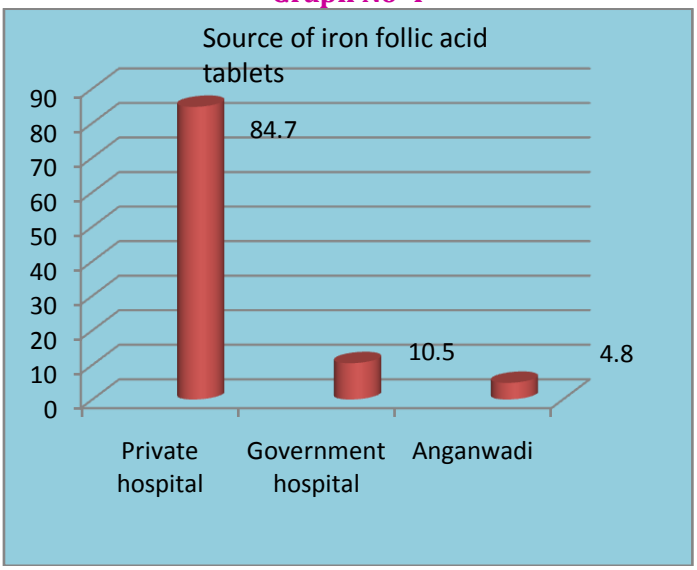
4. To access the Source of iron folic acid tablets(To provide information to low income women about National Anemia control program)

Nutritional anemia is a widespread problem with highest prevalence in developing countries (Preventive Social Medicine ,K.Park,2001).It is estimated to affect nearly 2/3 of pregnant and ½ of non pregnant women in developing countries (Preventive social medicine, k. Park).Iron deficiency can arise either due to inadequate intake or poor availability is considered to be a major reason for the widespread iron deficiency .In order to prevent nutritional anemia among mother and children, the Government of India sponsored National nutritional anemia prophylaxis program. During forth five year plan, the program is based on daily supplementation with iron and folic acid tablets to prevent mild and moderate cases of anemia. Researcher asked respondents from where they get their medicines and women to have it from private pharmaceuticals. While it can be availed at in free of cost in government hospitals and anganwadi.

Table 4
The source for respondents getting an iron folic acid tablets

Source for iron folic acid tablets	Frequency	Percentage
Private hospital	88	84.7%
Government hospital	11	10.5%
Anganwadi	05	4.80%
Total	**104**	**100%**

Graph No-4



The above table indicates that eighty eight (84.7%) respondents have taken their tablets from private hospital were not in their budget. Only eleven (10.5%) respondents were taking their medicine from government hospitals, five respondents were taking their medicine from anganwadi.

CONCLUSION-

From this study researcher has concluded that our female, respondents were married and all are pregnant women. All respondents were pregnant and belonged to below poverty line and economic weaker section. Poverty and the low status of women worked against women at three levels in her family, in her community, and in her country .In those level to create health problems that caused women poor health and anaemia, malnutrition.

- **Individual level factors impact on women's health during pregnancy**:- Due to lower education and ignorance towards health complication are created during pregnancy. The women of rural areas and urban slum areas are unaware about the complications, facilities, problems and precautions during and after pregnancy. The respondents are also aware about facilities of maternity clinics, female gynaecologists and lack of medicines. The respondents were unaware about facilities provided in primary health centres i.e free supplementation for iron folic acid tablets, free awareness activities immunization, nutritional diet, etc implemented under Integrated child development scheme. All of the respondents agreed that proper nourishment, availability of maternity clinics / homes / reproductive health centres / family health centre family welfare centres, quality contraceptives and medical equipment's are responsible for better mother / child health and reproductive health of the mother.
- **Family level factors impact on women health during pregnancy :-** Mostly, the in-laws of the respondents were uncooperative, but still they faced work pressure during pregnancy due to joint family system. Mostly the respondents were facing health problems during pregnancy and due to the non-availability of female doctors, their health deteriorated badly mostly respondent informed that Local health workers were not visiting each respondents home.
- **Government efforts for women's health during pregnancy (antenatal care) :-** Another fact is the poor medical system and poor training of health workers and traditional practitioners in early diagnosis of women health problems did not equip from to detect or refer her in time to nearest capable gynaecologists or hospital. From study it is shown that women have nutritional deficiency because of poverty. Also needs to equip rural clinics and trained health workers to treat common women health problems. This way rural women will not be forced to go to urban hospitals for care.

From the observations it is clear that health services and life saving drugs be made available to those who are most need them. There is a need to attend women from rural and urban slum areas especially women to get health training that way there will not be such storage of trained health workers .

- **Community level factors influencing on women health during pregnancy**:- It is needed to create awareness among women to develop home kitchen garden, community garden, etc from that women can improve their nutrition. Rural women may be taught to have kitchen garden ,plan crops that return strength to the soil like beans, pears, peanuts, or some other plant with seeds in ponds like legumes or pulses, vegetables like spinach, tomato ,coriander .Women must try to grow a variety of food crops.

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