

Status of Lactating Women in Salem District, Tamilnadu: A Study

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Abstract : The basic proposition of this study is that for forward-looking interventions, what really matters is the vulnerability to see the status of lactating women and child health. Women literacy rate plays an important role in health care while comparing other social factors. The awareness programme organized by different institute and organization can be conducted periodically. More funds are released by state and central government for the awareness of health care. The study shows if literacy level increases, there is a good health in new born.

Keywords: *lactating women, caste, literacy, child health.*

Introduction

Women are key in generating good nutrition and household food security. They have the greatest potential to make decisions that positively affect child survival. However, the position and status of women strongly influences their ability to make decision to realize that potential¹. Women's position and status is framed around a series of cultural and economic factors such as resource use, ownership, control, legal, ideological structures, education, and information.

If women are over represented in poor households, this is a strike against nutrition². Poor women are likely to be poorly nourished, which has serious implications

for the nutrition status of their yet to be born children, and the birth weight of newly born children. If girls do not receive the same educational opportunities as boys, this has important negative consequences for their total fertility rate, their labor force participation, and their ability to provide child welfare³⁻⁴.

Nutritional status is one of the indications of the overall well being of population and human resources development⁵. There have been significant improvement in the overall nutritional and health status of the population in Tamilnadu over the last two

decades with a steady reduction in the percentage of underweight children and severely malnourished children due to the better early childhood care for survival, growth and development and better nutritional status of pregnant and lactating women⁶⁻⁷.

In 1980, the Tamilnadu Integrated Nutrition Project (TNP-1, 1980 to 1989) was started with World Bank aid with a focus on the nutritionally most vulnerable groups, children under three years along with pregnant and nursing women which eventually covered 174 blocks⁸. Starting with rural preschoolers, the scheme was expanded in phases to cover urban areas, school children up to 15 years of age, pregnant and lactating women and various categories of pensioners for social security. This finding is covered under the state budget⁹⁻¹⁰.

Objectives

- To assess the impact of maternal factors such as socio economic background fertility record and their awareness on health practices in promoting the child health.
- To study the Influence of prenatal healthcare practices on the lactating women and their children.

- To identify the respondents mode of identifying child health status for hospital treatment.
- To suggest some policy measures to improve the child health awareness among women.

Area profile

The study area is located between 11° 14' and 12° 53' N, 77° 44' and 78°50'E in the western part of the southern most state of India. The total population as per 2001 census is 3,016,346. The proportion of male and female in the total population is 51.83%, and 48.17% respectively. Out of total the population nearly 68% live in rural areas and 32% live in urban areas.

Sampling

The randomly selected villages are Karuppanampatti, Oomaramangalam, Chinthamaniyur, Patchanampatti, Pucharipatti, and Theevatiipatti. From each village 50 respondents are selected as sample. The study comprises the age between 15 and 38 with 300 respondents. Various factors like literacy level, age at marriage, age at first conception, total conception, total abortion, prenatal checkup, health care, breast feeding, weaning food, and child birth weight which are associated with lactating women's health status were analyzed.

Caste	FC	BC	MBC	SC	Total	Percentage
No of respond	50	72	124	54	300	
Literacy level						
Primary level	2	7	17	14	40	13.33
Below HSc	11	29	43	13	96	32.00
UG	15	18	36	17	86	28.66
PG	13	11	19	9	52	17.33
Above PG	9	7	9	1	26	8.67
Age at marriage						
Below 18	6	18	23	26	73	
18-21	9	17	63	14	103	
21-25	23	23	16	8	70	
above 25	12	14	22	6	54	
Age at first conception						
Below 18	5	10	29	36	80	
18-21	6	18	65	6	95	
21-25	6	22	18	7	53	
Above 25	33	22	12	5	72	
Total conception						
One	66	57	32	9	164	
Two	5	7	37	10	59	
Three	7	6	13	15	41	
Above Three	6	2	8	20	36	
Total no of abortion						
Nil	33	14	46	13	106	35.33
1	12	36	59	6	113	37.67
2	5	22	19	35	81	27.00
Prenatal checkup						
3 times	5	12	47	29	93	31.00
4-5 times	20	23	66	19	128	42.67
above 5 times	25	37	11	6	79	26.33
Health care						
i) TT Immunization						
Yes	44	36	72	16	168	56.00
No	6	36	52	38	132	44.00
ii) IFA tablet						
Yes	33	22	56	12	123	41.00
No	17	50	68	42	177	59.00
iii) Advices from HCP/Dr						
Yes	36	31	65	16	148	49.33
No	14	41	59	38	152	50.67
Initiation of FBF						

Less than 1.5 h	5	12	66	27	110	36.67
1.5 - 2 h	6	26	32	11	75	25.00
2 - 6 h	12	27	21	10	70	23.33
6 - 24 h	27	7	5	6	45	15.00
FBF						
Hourly	6	18	36	28	88	29.33
Two hourly	13	36	65	18	132	44.00
On demand	31	18	23	8	80	26.67
Duration of Breast Feeding						
Below 6 months	20	11	8	11	50	16.67
6-12 months	19	31	37	22	109	36.33
1-2 years	6	12	66	10	94	31.33
above 2 years	5	18	13	11	47	15.67
Types of Weaning Food						
Liquid	33	22	10	8	73	24.33
Semi solid	19	37	22	12	90	30.00
Solid	10	13	80	34	137	45.67
Child Birth Weight						
Below 2.5 kg	8	12	22	23	65	21.67
2.5 -3 kg	19	42	57	24	142	47.33
Above 3 kg	35	18	33	7	93	31.00

HSc- Higher Secondary, TT - Tetanus Toxoid, IFA - Iron Folic Acid, HCP - Health Care Personal, Dr – Doctor, FBF - First Breast Feeding, PG- Post Graduate, UG –Under Graduate.

Conclusion

Health is important to all people. The basic proposition of this study is that for forward-looking interventions, what really matters is the vulnerability to see the status of mother and child. The study identifies the proportion of livelihood among the married women, caste wise in Salem district. From the above result it is seen that half of the respondents get married before they become 21 years old, especially, the respondents of Scheduled Castes and Most Backward Caste. However, the majority of the Backward Caste and Forward Caste respondents get married after 21 years of age.

In urban areas, women's own education being high school and above and or possessing a sales/clerical or professional job has tremendous impact on risk reduction. The illiterates and primary level educated women became pregnant before 20 years of their age in contrast to women with higher education, who conceived only after 20 years of age.

The overall statistical figure shows that as literacy level increases there is a good linear positive relationship between lactating women and child's health. The studies suggest that more awareness programmes like Child Health Care, Breast Feeding Awareness and Nutrition during pregnancy should be conducted by the health care personals periodically.

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