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# A Study on Practice of National Rural Health Mission in Sirkazhi Block, Tamil Nadu

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## Abstract

The National Rural Health Mission was introduced as a flagship scheme of the United Progressive Alliance government in 2005-06 to address the needs of the rural population through an architectural correction of the health system.Integrated Child Development Servicesscheme aims to improve the nutritional and health status of vulnerable groups including pre-school children, pregnant women and nursing mothers through providing a package of services including supplementary nutrition, pre-school education, services and nutrition and health education. In addition, the scheme envisages effective convergence of inter-sectoral services in the anganwadi centres.The scheme targets the most vulnerable groups of population including children upto 6 years of age, pregnant women and nursing mothers belonging to poorest of the poor families and living in disadvantaged areas including backward rural areas, tribal areas and urban slums. It has been dealt in this article with special reference to Manikandam Block, Tiruchirappalli, Tamil Nadu

**Keywords:** Rural, Health and anganwadi

## Introduction

NRHM is visualized as an architectural correction of the Indian public health system to enable it to effectively handle effectively for the increase of allocations and promote policies which strengthen public health management and service delivery in the country. It may help to appoint envisages appropriate health personnel different levels starting form village level in fully functioning health centres with adequate linkages amongst different levels. An illustrative structure model is depicted in figure 1.1 showing health structures functioning at different levels with asset of key health personnel performing adequate functioning in coordination with others sectors.

NRHM has key components as provision of a female health activities in each village, a village health plan formulated through a local term headed by the health and sanitation committee of the panchayatto strengthen rural hospitals for effective and creative care and make them measurable and accountable to the community through Indian public health standards (IPHS) with the integration of vertical health care through optimal utilization of funds infrastructure and available manpower, NRHM works on five key approaches communication emphazing community involvement.

The Alma-Ata Declaration in 1978 called on all governments to "formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system". In India, however, health has traditionally received low priority in the central and state budgets. Expenditure on the health sector comprised, for instance, less than

1% of the gross domestic product (GDP) in 1999 - one of the lowest in the world. Further, there was a considerable urban bias characterizing health policies and investment strategies - about 75% of the resources and infrastructure were concentrated in urban India (Patil et al 2002) which resultant in increasing in the incidence of both communicable and non-communicable diseases, coupled with poor health facilities in rural areas high level infanticide, child and maternal mortality rates.

This objective is sought to be attained through strategies aimed at improving household health status through the introduction of female health activists, strengthening the three-tiered public health system, increasing community participation through the involvement of Panchayati Raj Institutions (PRIS) and strengthening capacities for data collection to facilitate evidence-based planning, monitoring and supervision.

**Strengthening Rural Public Health Facilities**

One of the core strategies for providing accessible healthcare to the population is to strengthen the Sub-centres (SCS), Primary Health Centres (PHCs) and Community Health Centres (CHCS) - units where healthcare is actually delivered. Accordingly, the NRHM envisages sanctioning of new Sub-centres, upgrading existing such centres, provisioning 24-hour service in half of the PHCs, upgrading all the PHCs and 3,222 CHCS as 24-hour First Referral Units (FRUS), etc.

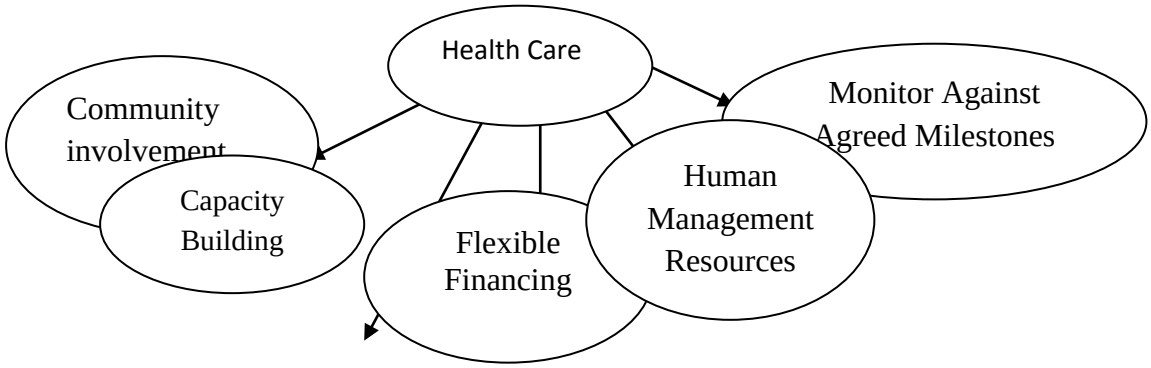
**Targeted beneficiaries**

i) Improve the nutritional and health status of pre-school children 0-6 years;
ii) Lay the foundation of proper psychological development of the child;
iii) Reduce the incidence of mortality, morbidity malnutrition and school drop-out;
iv) Achieve effective coordination of policy and implementation amongst the various departments to promote child development; and
v) Enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

**NRHM Goals and Approaches:**

Flexible financing for increased monetary autonomy at different levels, capacity building to empower multiple stakeholders for efficient health delivery and human resource management to generate mote manpower and equipping health personnel with adequate multiple skills the strategies proposed in NRHM are illustrated in Box.

**Universal Health Care Reducing IMR, MMR, TFR.**




***Source:*** NRHM, frame work for implementation, 2005-12 ministry of Health and family welfare government of India New Delhi.

**Strategies under national Rural Health Mission care strategies under Mission.**

- Train and enhance capacity of Panchayat Raj institution (PRLs) to own, control and mange public health services.
- Promote access to improved health care at household level through the village level worker [Accredited social health activist-ASHA]
- Health plan for each village through village health committee of the Panchayat
- Strengthening sub-center through better human resource development, clear quality standards better community standards better community support and an untied fund to enable local planning and action and more multipurpose workers.
- Strengthening existing primary health centers through better staffing and human resource development policy, clear quality standards, better community support and an untied fund to enable the local management committee to achieve these standards.
- Provision of 30-50 bedded PHC per Lakhs population for improved curative care to a normative standard. Indian public Health standards defining personnel equipment and management standards, the decentralized administration by a hospital management committee and the provision of adequate funds and powers to enable these committee to reach desired levels.
- Preparation and implementation of an inter-sector district health plan prepared by district health mission, including drinking water supply, sanitation, hygiene and nutrition.
- Integrating vertical health and family welfare programmes at national, state, district and block levels.
- Technical support to national, state and district health mission, for public health management.
- Strengthening capacities for data collection, assessment and review for evidence base planning, monitoring and supervision.
- Formulation of transparent policies for deployment of human resource for health.
- Developing capacities for preventive health are at all levels for promoting healthy life style, reduction in consumption of tobacco and alcohol etc.
- Promoting non- profit sector particularly in underserved areas.

**National Rural Health Mission in Tamil Nadu**

The National Rural Health Mission seeks to provide effective health care to the rural population. Especially the disadvantaged groups including women and children by improving access, enabling community ownership and demand for services, strengthening public health systems for efficient NRHM has transformed public health service delivery in the state the decentralization, responsiveness to local needs, paradigm shift in health system management and availability of united funds has improved the facilities and their credibility among members of the public TamilNadu has implemented the activities of National Rural Health Mission efficiently and effectively for attaining the goals and objectives of National population policy and millennium defilement Goals Brief information on progress of activities is as follows.

**Statement of the problem**

The days of rural and urban people missing access to basic health care may be a thing of the past. With the launch of national rural health mission in April 2005, the government of India has decided to reach out to the village panchayat and urban nation with the innovative scheme anganwadi centres, ASHA who will be the first point of health contact in the areas of village & town's basic healthcare and counseling. The NRHM provides a broad-based health care in all areas of our nation. The mission plans to achieve convergence from the village level to municipality by organizing monthly health days in all anganwadi of the country by involving ANMS, anganwadi workers and accredited social health activities (ASHA).

In dealing with the health problem, in general, the public are not knowledgeable about the health matters, such as prevailing health problems of community, methods to prevent and control them and the need for utilizing the health services: in recent years it has achieved in which could have a been taken up to assess health services for children through anganwadi centres to improve the health status of women and children in Manikandam Block, Tamilnadu.

**Objectives**

The present study has been taken up with the following specific objectives:

1. To study the socio-economic status of respondents benefited by the Anganwadi.
2. To understand the respondents status of prevailing health and their children,
3. To assess the contribution of NRHM in improving / upgrading urban women's health, and
4. To examine the utility level of respondents towards NRHM functionaries.

**Methodology**

The present study was conducted based on the primary data collected through field survey with the well-structured interview schedule and purposive sampling. All the 50 registered women in the Anganwadi are considered as respondents including lactating mothers, pregnant mothers and those who have children below 5 years of age in the study area. This research is a pioneer work in Manikandamblock of Tamil Nadu, the research used an exploratory research design. The collected data was collected between the periods of July – August 2021 and analyzed with the use of SPSS package and suitable statistical analysis was done.

## ANALYSIS AND INTERPERTITION

**Table - 1**

**Distribution of the Respondents by their Age, Caste and Level of Education**

| S. No | Age | No. of Respondents (N*=50) | Percentage (100%) |
|---|---|---|---|
| 1. | Below25 | 18 | 36 % |
| 2. | 26-30 | 20 | 40 % |
| 3. | 31-35 | 10 | 20 % |
| 4. | 36-above | 02 | 04 % |
| **S. No** | **Caste** | **No. of Respondents (N*=50)** | **Percentage** |
| 1. | SC | 38 | 76% |
| 2. | ST | 09 | 18% |
| 3. | BC | 01 | 02% |
| 4. | MBC | 02 | 04% |
| **S. No** | **Level of Education** | **No. of Respondents (N*=50)** | **Percentage** |
| 1. | Illiterate | 1 | 02 % |
| 2. | Primary | 2 | 04% |
| 3. | Middle | 21 | 42 % |
| 4. | High | 16 | 32 % |
| 5. | College | 10 | 20% |

***Source: computed from primary data***

**Age**

The above table shows the age wise distribution of respondents out of the total 50 respondents, the majority 20 (40%) of the respondents belong to the age group of 26 to 30 years; followed by that 18 (36%), 10 (20%) and few 2 (4%) of them were below the age of 25; 31 to 35 years and A few respondents belong to the age group of above 36 years in the study area respectively.

**Caste**

From this investigation, it is evident that the majority 38 (76%) of the respondents were belong to scheduled caste; the remaining 9 (18%), 2 (4%) and 1 (2%) of them were belong to ST community. Only 02 respondents belong to MBC community and Only 01 respondents belong to BC community respectively.

**Level of Education**

The above table states the educational status of respondents. Out of the total 50 respondents, the majority 21 (42%) of the respondents were studied up to the middle school level; followed by that 16 (32%), 10 (20%) 2 (4%) and 1 (2%) of them were higher educated; college level higher education; primary level of education and only one respondent is illiterate in the study area respectively.

**Table - 2**
**Distribution of the Respondents by their Occupation,Family Monthly Income,Family Size and Type of House**

| S. No | Occupation | No. of Respondents (N*=50) | Percentage (100%) |
|---|---|---|---|
| 1. | Agriculture Coolie | 12 | 24% |
| 2. | House wife | 23 | 46% |
| 3. | Private | 12 | 24 % |
| 4. | Government | 03 | 06% |
| **S. No** | **Family Monthly Income** | **No. of Respondents (N*=50)** | **Percentage** |
| 1. | Below 5,000 | 02 | 04% |
| 2. | 6,000 to 10,000 | 13 | 26% |
| 3. | 11,000 to 15,000 | 21 | 42% |
| 4. | Above 15,000 | 14 | 28% |
| **S. No** | **Family Size** | **No. of Respondents (N*=50)** | **Percentage** |
| 1. | Small | 43 | 86% |
| 2. | Medium | 06 | 12% |
| 3. | Large | 01 | 02% |
| **S. No** | **Type of House** | **No. of Respondents (N*=50)** | **Percentage** |
| 1 | Thatched | 13 | 26% |
| 2 | Tilled | 18 | 36% |
| 3 | Pucca | 19 | 38% |

***Source: computed from primary data***

**Occupation**

It could be seen from the above Table No 2 that the majority of the respondents 23 (46%) are the house wives; followed by that 12 (24%) and 3 (6%) of them were engaged in the agriculture related works; as well as working in the private company for earning and only 3 respondents were employed in the governmental organization.

**Family Monthly Income**

The above table reported that the majority 21 (42%) of the respondent's monthly family income was medium middle class level category of Rs 11,000-16,000; the remaining 14 (28%), 13 (26%) and 2 (4%) of them were family income is fall under the category of above Rs 15,000; between Rs 6,000-10,000 and only 2 respondents were earning Very Poor income of below 5,000 per month.

**Family Size**

The family size and health practices were closely related. A proper understanding of the family size leads to happy and health, life in the society. It could be seen from a study of table that a good majority of the respondents' family size was 43 (86%) belong to the small size i.e. 2-4 members in their house hold; followed by that 6 (12%) and 1 (2%) of them were having more than

five members in their family, and only 2 respondents belong to the large family size group. In this study it is reflected that most of the respondents followed the modern small family norm practices.

**Type of House**

The above Table reveals that out of the total 50 respondents the majority 19 (38%) of the respondents were dwelling in concrete roof pucca house; the remaining 18 (36%) and 13 (26%) of them were living in tiled houses and poor thatched houses in the study area respectively. In general in the urban area the nature and type of house indicated the prosperity of the household as well as individuals status. Out of the total 50 respondents except 5 respondents all the others are living in their own houses.

**Table - 3**

**Distribution of the Respondents by their children getting from school and Age at Marriage,**

| S. No | Categories | No. of Respondents (N*=50) | Percentage (100%) |
|---|---|---|---|
| 1. | Eat in the school | 46 | 92% |
| 2. | Not eat | 04 | 08% |
| **S. No** | **Age at marriage** | **No. of Respondents (N*=50)** | **Percentage (100%)** |
| 1 | Below- 20 | 21 | 42% |
| 2 | 21-25 | 20 | 40% |
| 3 | 26-30 | 08 | 16% |
| 4 | 31-Above | 01 | 02% |

***Source: computed from primary data***

The data in the above table presents the distribution of the respondents according to their children received nutritious meals from school. Out of the total 50 respondents the majority 46 (92%) of the respondents were utilized the nutritious meals provided by the school; and the remaining only 4 (8%) of them were not consume meal from school. Because their children were not visited anganwadi, most of them studied in the convent and matriculation schools.

Out of total 50 respondents the majority 21 (42%) of the respondents were married in below 20 years; followed by that 20 (40%), 8 (16%) and 1 (2%) of them were married in the age of between 21-25 years; 26-30 years and Only one respondent was married after 31 years old respectively.

**Table - 4**

**Distribution of the Respondents by their Age at first conception and Nature of visit to Maternity Health Centre**

| S. No | Categories | No. of Respondents (N*=50) | Percentage (100%) |
|---|---|---|---|
| 1. | Below- 20 | 20 | 40% |
| 2. | 21-25 | 19 | 38% |
| 3. | 26-30 | 10 | 20% |
| 4. | 31-Above | 01 | 02% |

| S. No | Nature | No. of Respondents (N*=50) | Percentage (100%) |
|---|---|---|---|
| 1. | Irregular | 18 | 36% |
| 2. | Regular | 32 | 64% |

***Source: computed from primary data***

Out of total 50 respondents the majority 20 (40%) of the respondents were conceived in the adolescent period i.e. below 19 years old; followed by that 19 (38%), 10 (20%) and 1 (2%) of them were attained conception between the ages of 21-25 years old; conceived between 26-30 years because late marriage and only 1 respondent ready to conceived for their first baby after 31 years old respectively.

The data presented in the Table No 4 is the distribution of the respondents, by their visiting maternity health centre during pregnancy. Out of the total 50 respondents, the majority 32 (64%) of the women respondents have visited to maternally centre regularly regarding healthcare consultation with medical professionals and the remaining 18 (36%) of the respondents were not visited to maternity health centre regularly because of the tight domestic works. They have no adequate time in the office hours and inabilities like low awareness, optimism and economic status.

**Table - 5**
**Distribution of the respondents by their maternal and child health care**

| S. No | Particulars | No of Respondents | | Total |
|---|---|---|---|---|
| | | Yes | No | |
| 1. | Abortion | 14 (28%) | 36 (72%) | 50 (100%) |
| 2. | Fed Cholestrum | 47 (94%) | 03 (06%) | 50 (100%) |
| .3. | Send Child to Anganwadi | 28 (56%) | 22 (44%) | 50 (100%) |
| 4. | Adoption of Planning | 24 (48%) | 26 (52%) | 50 (100%) |
| 5. | Received Weaning Food From Anganwadi | 36 (72%) | 14 (28%) | 50 (100%) |
| 6. | Their Children Affect Disease vs. Disability | 14 (28%) | 36 (72%) | 50 (100%) |
| 7. | Vaccination immunization | 50 (100%) | - | 50 (100%) |

***Source: computed from primary data***

The above table depicts the data on the respondent's attitudes and behavior of a sustained maternal and child health for their standard quality of life. It is significant to note that all are properly immunized and vaccinated for epidemic diseases, and 94 percent of the respondents have fed the cholestrum to their new born babies and also they are all well known about its positive nature. Only 48 percent of the respondents are used the family planning methods towards various devices for birth control. 72 percent of the respondents are utilized and enjoyed the weaning food provided by the Anganwadicenters. It is noted that one fourth (24%) of the respondents children are affected by common diseases in the study area. It is noted that many respondents are experienced in abortion for postponement of child birth and other health reasons.

**Table - 6**
**Distribution of the respondents by their opinion on nature of anganwadifunections**

| S. No | Particulars | Anganwadi level of functions | | | Total |
|---|---|---|---|---|---|
| | | Good | Normal | Bad | |
| 1. | Health Nurse Visit | 23 (46%) | 23 (46%) | 4 (8%) | 50 (100%) |
| 2. | Health Workers Care | 18 (36%) | 19 (38%) | 13 (26%) | 50 (100%) |
| . 3. | Health Workers Attendance | 17 (34%) | 19 (38%) | 14 (28%) | 50 (100%) |
| 4. | Infrastructure | 9 (18%) | 19 (38%) | 22 (44%) | 50 (100%) |
| 5. | Availability Of Drugs | 12 (24%) | 19 (38%) | 19 (38%) | 50 (100%) |
| 6. | Conducting programmes | 4 (8%) | 17 (34%) | 29 (58%) | 50 (100%) |

***Source: computed from primary data***

It is clear from the above table that a good majority of the respondents are having good opinion regarding health nurse visit regularly their homes. The health workers care and the nature of treatment also favored to some what good opinion among women respondents it is reported that the health workers professional, ethics and punctuality could not appreciated by the respondents and they are failed to fulfill the public expectations in these aspects. It is estimated that availability and conditions of amenities such as scanning blood test, are got low level of applause from the respondents. It is noted that the availability of drugs and medicine also not good position. It is noted the responsible health workers are failed to conduct health programmes routinely and properly regarding eye camp, health education, family helper and nutritional programme in study area.

**Table - 7**
**Distribution of the respondents by their opinion on overall health care by delivery system of by Anganwadi**

| S. No | Health Activity | Opinion | | | Total |
|---|---|---|---|---|---|
| | | High | Medium | Low | |
| 1. | Antenatal care | 40 (80%) | 10 (20%) | 0% | 50(100%) |
| 2. | Comfortable Delivery | 30 (60%) | 15 (30%) | 05 (10%) | 50(100%) |
| . 3. | Attended Meetings | 7 (14%) | 30 (60%) | 13 (26%) | 50(100%) |

| | | | | | |
|---|---|---|---|---|---|
| 4. | Attended Health Campus | 2 (04%) | 33 (66%) | 15 (30%) | 50(100%) |
| 5. | Receiving Weaning Food | 37 (74%) | 13 (26%) | 0% | 50(100%) |
| 6. | Breast Feeding | 38 (76%) | 12 (24%) | 0% | 50(100%) |
| 7. | Cholestrum Feeding | 46 (92%) | 4 (08%) | 0% | 50(100%) |
| 8. | Family Planning | 25 (50%) | 22 (44%) | 03(06%) | 50(100%) |
| 9. | Good Health | 29 (58%) | 20 (40%) | 01(02%) | 50(100%) |
| 10. | Health Education | 36 (68%) | 16 (32%) | 0% | 50(100%) |

***Source: computed from primary data***

The above table depicts that majority (80 percent) of respondents are having a high level opinion regarding antenatal care given by the health workers. It is noted that only low number of respondents are attends the meeting and camps regularly. The remaining respondents are not interested to participate the service rendered by healthcare institutions because of poor reciprocal relation and poor management. communication of workers. It is observed that most of the respondents are comfortable delivery with the help of health workers. A good majority of the respondents utilized the weaning food and nutritious tablets supplied by the centers. 76 percent of the respondents are given more importance to the breast feeding and feed a long time to maintain a good health of their children. It is found that 92 percent of the respondents are well known about the health capacity and immunity power of cholestrum because they have fed properly it. It is reported that 50 percent of the respondents are adopted the small family norms and family planning methods.

It is noted that most of the women are inculcated by the health worker regarding good health and health education subject matter. It is reflected from the above discussion that majority of the respondents are benefited by the health workers advices and educated towards their rendered services regarding maternal and children good health in the study area. It is noted that the responsible health workers are failed to conduct health programmes actively and properly regarding eye camp, health education, family planning and nutritional programmes in the study area. It is deducted from above investigation that the contemporary structure and functioning of Health Care Mechanism toward Anganwadi Centre performance are not standardized and incredible achievement to reduce the vulnerability of health hazards for mother and children health in the study area.

**Findings of the Study**

- Out of the total 50 respondents, the majority 20 (40%) of the respondents belong to the age group of 26 to 30 years; followed by that 18 (36%), 10 (20%) and few 2 (4%) of them were below the age of 25; 31 to 35 years and A few respondents belong to the age group of above 36 years in the study area respectively.
- From this investigation, it is evident that the majority 38 (76%) of the respondents were belong to scheduled caste; the remaining 9 (18%), 2 (4%) and 1 (2%) of them were belong to ST community. Only 02 respondents belong to MBC community and Only 01 respondents belong to BC community respectively.
- Out of the total 50 respondents, the majority 21 (42%) of the respondents were studied up to the middle school level; followed by that 16 (32%), 10 (20%) 2 (4%) and 1 (2%) of them were higher educated; college level higher education; primary level of education and only one respondent is illiterate in the study area respectively.
- The majority of the respondents 23 (46%) are the house wives; followed by that 12 (24%) and 3 (6%) of them were engaged in the agriculture related works; as well as working in the private company for earning and only 3 respondents were employed in the governmental organization.
- The majority 21 (42%) of the respondent's monthly family income was medium middle class level category of Rs 11,000-16,000; the remaining 14 (28%), 13 (26%) and 2 (4%) of them were family income is fall under the category of above Rs 15,000; between Rs 6,000-10,000 and only 2 respondents were earning Very Poor income of below 5,000 per month.
- The family size and health practices were closely related. A proper understanding of the family size leads to happy and health, life in the society. It could be seen from a study of table that a good majority of the respondents' family size was 43 (86%) belong to the small size i.e. 2-4 members in their house hold; followed by that 6 (12%) and 1 (2%) of them were having more than five members in their family, and only 2 respondents belong to the large family size group. In this study it is reflected that most of the respondents followed the modern small family norm practices.
- Out of the total 50 respondents the majority 19 (38%) of the respondents were dwelling in concrete roof pucca house; the remaining 18 (36%) and 13 (26%) of them were living in tiled houses and poor thatched houses in the study area respectively. In general in the urban area the nature and type of house indicated the prosperity of the household as well as individuals status. Out of the total 50 respondents except 5 respondents all the others are living in their own houses.
- The distribution of the respondents according to their children received nutritious meals from school. Out of the total 50 respondents the majority 46 (92%) of the respondents were utilized the nutritious meals provided by the school; and the remaining only 4 (8%) of them were not consume meal from

school. Because their children were not visited anganwadi, most of them studied in the convent and matriculation schools.

- Out of total 50 respondents the majority 21 (42%) of the respondents were married in below 20 years; followed by that 20 (40%), 8 (16%) and 1 (2%) of them were married in the age of between 21-25 years; 26-30 years and Only one respondent was married after 31 years old respectively.
- Out of total 50 respondents the majority 20 (40%) of the respondents were conceived in the adolescent period i.e. below 19 years old; followed by that 19 (38%), 10 (20%) and 1 (2%) of them were attained conception between the ages of 21-25 years old; conceived between 26-30 years because late marriage and only 1 respondent ready to conceived for their first baby after 31 years old respectively.
- The distribution of the respondents, by their visiting maternity health centre during pregnancy. Out of the total 50 respondents, the majority 32 (64%) of the women respondents have visited to maternally centre regularly regarding healthcare consultation with medical professionals and the remaining 18 (36%) of the respondents were not visited to maternity health centre regularly because of the tight domestic works. They have no adequate time in the office hours and inabilities like low awareness, optimism and economic status.
- The respondent's attitudes and behavior of a sustained maternal and child health for their standard quality of life. It is significant to note that all are properly immunized and vaccinated for epidemic diseases, and 94 percent of the respondents have fed the cholestrum to their new born babies and also they are all well known about its positive nature. Only 48 percent of the respondents are used the family planning methods towards various devices for birth control.
- A good majority of the respondents are having good opinion regarding health nurse visit regularly their homes. The health workers care and the nature of treatment also favored to somewhat good opinion among women respondents it is reported that the health workers professional, ethics and punctuality could not appreciated by the respondents and they are failed to fulfill the public expectations in these aspects. It is estimated that availability and conditions of amenities such as scanning blood test, are got low level of applause from the respondents.
- The majority (80 percent) of respondents are having a high level opinion regarding antenatal care given by the health workers. It is noted that only low number of respondents are attends the meeting and camps regularly.
- The detailed Data relating to disposition of the respondents regarding discussion with ASHA and 62 percent of the respondents said that they are not interested to discuss with ASMA because of poor awareness and knowledge about ASHA. It is noted that 24 percent of respondent have discussed regularly with the professionals regarding personal and environmental hygiene like water safety at home and only 2 percent of them practiced and washing of their physique properly.
- Out of total 50 respondents, 86 percent of the respondents have received the Iron tablet and 18 percent of the respondents have got Proteins Related tablets, 20 percent of respondents have utilized the Vitamin tablets, only 4 percent of the respondents have received the paracetamal tablet and only 2 percents have got a tonic from the public health centers. It is noted that most of the respondents are utilized the center's services towards, receiving various nutritious tablets to concrete their nutritional deficiency during pregnancy.
- In order to understand the Post Natal Care of the Respondents Health, the data presented in the above table regarding the type of delivery 50 respondents 30 respondents delivery is natural and comfortable. Only 20 respondents delivery and child birth is caesarian and minimum complication

delivery made with the help of forceps. In general in the study area the respondents are adopting family planning method and proper medical treatment to maintain good health. In order to understand the post natal care of respondents health status, the researcher asked delivery place. All the respondents delivery occurred in the government hospital with safety.

- ❖ It is significant to note that out of the 50 respondents a good majority of the respondent having baby are healthy and adequate weight and only 18 percent of the respondents babies born with low weight, and because of their poor food consumption the pregnancy like inadequate and low nutritious food consumption.
- ❖ Out of the total 50 respondents 80 percent of the respondents are breastfeed with in one hour of delivery to their baby without and delay and has only 6 percent of respondents have breastfed to their child after 6 hours of delivery. The same number of respondents breastfeed their child within 24 hours of delivery. It is noted that 8 percent of respondents have given breast milk, after one or two days from their delivery. It is observed that there is no neutral taboos for the delay of breast feeding. a other reasons are prevented the breast feeding such as complicated delivery and other mother's health problems.
- ❖ Out of the total 50 respondents 34 percent of them are given minimum i.e. single year gap. There are 18 percent of the respondents given space one to two years between child birth. It is noted that 4 percent of respondents have delayed child birth up to $3^{1/2}$ years and 14 percent of respondents are given a long gap i.e., above 3 years for new conception. It is delivered from the above discussion that a good majority of the respondents are having adequate knowledge and awareness regarding pros and cons of normal spacing between two pregnancy

**Conclusion**

From the investigation It is clear from the data that 56% of the respondents send their children to Anganwadi Centre for developing preschool activities. 44 percent of the respondents have not sent their children two Anganwadi Centre because due to long distance.12 respondents are first conception women because they did not send their kids to the centre. From this investigation, it could be pointed out that all the respondents have appreciated the Anganwadi Centre activities like maintaining and teaching hygienic practices, sanitation, conduction of regular check up of weight of children and pregnant mothers, providing nutritious balanced food for children and issuing wearing food for pregnant mothers and using way method teaching, they are not utilized the NRHM activities. It is evident from the data all the respondents are having a fair knowledge about small family norm of family planning method (both permanent and temporary) and importance of birth control in the study area. Even though all the respondents are having fair knowledge about infectious diseases affected by diseases due to the leading cause of poor wealth index in the study area. It is concluded that majority of the respondents are not satisfied on the current nature and level of public health centers, availability of infrastructural facilities and functioning of health professionals in the study area.

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