P: ISSN NO.: 2394-0344 RNI No.UPBIL/2016/67980 VOL-3* ISSUE-6* September- 2018
E: ISSN NO.: 2455-0817 *Remarking An Analisation*

To Assess The Impact of Government Nutritional Programme on Life Style of People of Kanpur

Seema Kanaujia
Lecturer,
Deptt. of Home Science,
Mahila Mahavidyalaya,
Kidwai Nagar, Kanpur

Khushboo
Research Scholar,
Deptt. of Home Science,
North East Frontier Technical University,
Aalo, West Saing,
Arunachal Pradesh

Abstract

The most effective way to implement Nutrition with mainstream activities in Agriculture, Health, Education and Rural Development is to focus on improving the status of women. Particulary the economic status. After all, women are the ultimate providers of nutrition to household are both acquisition of food as well as preparation of food for consumption. There is evidence that women's employement does beneficial household nutrition, both through increase in women's status, autonomy and decision-making power. Educated women have greter roles in household decision making, particularly those relating to nutrition are feeding practices.

Keywords: Capabilities, Activities, Aptitudes, Traditionally, Nutritionald, Deficiency, Dependance.

Introduction

Rural women's major domestic tasks are meal preparation and child care. They role in meal preparation is symbolic as well as material task. The way there is differences between educated and uneducated women, differences also exist between educated and uneducated women, differences also exist between the employed and unemployed women and likewise, we find a big gap among rural and urban women. Although all women have the virtues and capabilities in varying degrees to establish them in society, their potential is assessed by the society and accordingly they are placed at different levels in various categories. For rational distribution of women's labour in economic activities, it is desirable to impart training to women in high income yielding activities, for which they have special aptitudes. But in urban areas, since women are having high education, they are taking part in trade and business and also in different service activities.

As women are traditionally known for their skills in the selection and storage of seeds, live stocks management collection of fuel and fodder etc.

They as compared to men in small and marginal form activities in the villages carry a very heavy load of work both on the farm and in the house in earlier time the economic value of make child is further enhanced, where social and cultural taboos restrict women from participating in paid work. The preferences for boys results in their better feeding causes nutritional deficiency in girls resulting in their poor health, which may precipitate a vicious circle of poverty and diseases through their weak off-springs. Rural women's economic dependence on men impacts within the family. In India, studies show a very low level of female participation in the labour force.

However, this is not true, as most of the rural women's activities like collection of firewood from the forest rearing of cattle, poultry, maintenance of kitchen, gardens, grinding food grains, cooking etc. Which generate income for the family, go unnoticed. If all these are taken into account then 88% of the rural women will be productive women and girls receive for less education as compared to their urban counterparts. Although substantial progress has been achieved since independence, the gains in education of rural girls/women have been grossly inadequate to keep pace with the growth of population. Mother and girl child are the greatest asset of any nation.

Objectives

1. To determine the impact of selected programmes on farm women life style.

2. To study the impact faced by rural women in utilizing the training inputs.

Review of Literature

Zoerink *et al.* (2001) explored the association between leisure – related variables and the perceived physical and mental health of men and women with orthopedic disabilities who lived in rural areas. Participants were 48 men and women with acquired disabilities who lived in rural areas of the mid west. All were interviewed using an instrument that included (a) to health-related questions, (b) The center for Epidemiological Studies Depression Scale, (c) Mastery Scale, (d) The Rosenberg Self-Esteem Scale, (e) The Leisure Satisfaction Scale-Short Form, (f) The Recreation Preference Scale, and (g) The leisure Barriers Scale. Analysis of variance techniques revealed that there were no significant differences between men and women on measures of health, depression, mastery, self-esteem or leisure satisfaction. Linear regression analysis indicated that positive health perceptions had significant correlations with the predictor variables of mastery, self-esteem, global leisure, satisfaction, psychological satisfaction and social satisfaction from leisure. The regression analysis revealed inverse but significant relationships between depression and the predictor variables of mastery, self-esteem, and global leisure satisfaction. The barriers that influenced their participation were ability, transpiration, distance to an activity site, lack of programmes, lack of facilities, and health status.

Krantz, G. *et al.* (2005) it was conducted among healthcare staff and district and community leaders to describe their perceptions of violence occurring between intimate partners. It focused on male violence towards females, and its forms, consequences and preparedness to act in a rural setting in Vietnam. Twenty men and 20 women were strategically selected for focus group discussions and a phenomenon graphic approach was employed. Violence was described not only as physical but also, primarily, as affecting women's mental health status. Mental violence was exemplified as verbally offending, ignoring or humiliating a woman gender based violence needs to receive attention from policy makers, and effective advocacy programmes are needed at all levels. In Vietnam partner violence against women seems to be recognized at Government level. At community level, women's Union staff and local reconciliation groups are prepared to act. However, the subject is surrounded by silence. We found that health care workers exhibited a lack of understanding of violence against women as a health problem in their own working environment.

Hakimi, M. (2010) reported that the increased life expectancy and longevity for people in many highly populated low and middle income countries has led to an increase in the number of older people. The population aged 60 years and over in Indonesia is projected to increase from 8.4% in 2005 to 25% in 2050. Understanding the determinants of healthy, ageing is essential in targeting health promotion programmes for older people in Indonesia. To describe patterns of socio-economic and demographic factors associated with health status, and to identify any spatial clustering of poor health among older people in Indonesia. Three outcome measures were used in this analysis : self-reported quality of life (QoL). Self reported functioning and disability and overall health score calculated from self-reported health over eight health domain. The factors associated with each health outcome were identified using multivariable logistic regression. Purely spatial analysis using poison regression was conducted to identify cluster of households with poor health outcomes. Women, older age groups, people not in any marital relationship and low educational and socio-economic levels were associated with poor health outcomes, regardless of the health indices used. Older people with low educational and socio-economic status (SES) had 3.4 times higher odds of being in the worst QoL quintile (OR = 3.35; 95% (1 = 2.73-4.11) as compared to people with high education and high SES. This disadvantaged group also had higher odds of being in the worst functioning and most disabled quintile (OR = 1.67; 95% (I = 1.35-2.06)) and the lowest overall health score quintile (OR = 1.66; 95% (I = 1.36-2.030). Poor health and QoL are not randomly distributed among the population over 50 years old in Purworejo District, Indonesia. Spatial analysis showed that cluster of households with at least one member being in the worst quintiles of QoL, functioning and health score interested in the central part of Purworejo District, which is a semi-urban area with more developed economic activities compared with other areas in the district. Being female, old, unmarried and having low educational and socio-economic levels were significantly associated with poor self-reported QoL, health status and disability among older people in Purworejo District. This study showed the existence of geographical pockets of vulnerable older people in Purworejo District, and emphasized the need to take immediate action to address issues of older people's health and QoL.

Gupta, A. (2012) reported that the oral diseases are not usually fatal, but can affect the ability to eat, speak and socialize without embarrassment and contribute to one's general well being. When oral health related quality of life (OHR QoL) measures are used alongside traditional clinical methods of measuring oral health status a more comprehensive assessment of the impact of oral diseases on the several dimensions of subjective well being become possible. Assessment of oral health outcomes is vital to planning health care programmes. Moreover, little is known about this impact of oral diseases on rural females and research on the social outcome related to dental diseases is limited in developing countries. Result 50.2% (95% CI: 44.2 to 56.17) participants reported oral impact on daily performances in the last 6 months. 32.6% and 22.8% subjects reported impact on eating and speaking performances respectively. 11.6% and 20.6% reported impacts of very severe and severe intensity respectively. The mean number of performances impacted was 1.19 (95% CI : 1.01 to 1.37) and the median was I performance with impact.

The correlations with missing teeth and toothache were found to be stronger. The prevalence of oral impacts on daily performance in this rural female population was high. Oral impacts affected their quality of life mainly through difficultly in eating and speaking. There is a need for further longitudinal studies to better understand and interpret OHR QoL measures in such population. Moreover, appropriate policy changes and proper programme implementation is required for the upliftment of such deprived population.

Gallon, C.W. (2012) examined that the average BMI and waist circumference were 30.1 kg/m^2 (obesity grade 1) and 99 cm (very increased risk for cardiovascular disease). Increased protein consumption and decreased fiber, calcium and vitamin D intake were detected. The most prevalent disease was hypertension, 48.5% of the women studied were taking medication for cardiovascular disease and 23% were taking antidepressant medications. Regarding quality of life significant results related to BMI as well as blood pressure was found. A nutritional intervention aiming to correct or improve food consumption and anthropometric profile may result in health benefits for rural development programmes with poverty alleviation objectives in the area; assess the extent of awareness and participation of rural people in the programmes; and examine the impact of the programmes on farmer's income, farm size, production and productivity. Multistage random sampling method was employed in the selection of communities and respondents.

Avula, R. (2013) conducted a desk review (1) to document the extent to which national and civil society/NGO programs in India reflect current technical recommendations for nutrition and (2) assess the operational evidence base for implementing essential interventions for nutrition in the India context we reviewed the design of the two major national programs, Integrated Child Development Services (ICDS) and the National Rural Health Mission (NRHM). Finally, we contacted 70 program stakeholders to identify the unpolished evidence on inputs in program models implemented by civil society/non government organizations. A review of 22 program models shows that a majority focused on improving breast feeding and timely initiation of complementary feeding. However, only a few addressed the full spectrum of complementary feeding, Vitamin A deficiency, pediatric anemia, and severe acute malnutrition. None addressed how to reduce intestinal parasitic burdens or prevent malaria. There is limited published literature on the effectiveness of the recommended interventions to deliver the essential inputs. There are few efficacy studies and even fewer effectiveness studies or program evaluations on delivering essential nutrition interventions in the Indian context. Some programs used community mobilization to promote the interventions. Several of these programs worked to improve coordination and convergence between ICDS and NRHM and to strengthen these existing systems through training, improved monitoring and supervision. Overall, a large gap persists in both the published and gray literature on how to promote interventions to address the essential inputs. Much more operational evidence is needed to ensure high quality delivery of the evidence based interventions that are already being implemented nation wide. Given the potential for the national programs to effectively deliver interventions to achieve maximum coverage and impact, and the government of India's current interest in ICDS system strengthening, this is an opportune time to test some of the innovations using the ICDS and NRHM platforms for training is a predisposing factors to sustainable livelihoods.

As per my knowledge the latest reviews has been found till 2013. We have tried out best but unable to find the data after 2014-2018.

Methodology

The research methodology has been discussed under the following heads:-

1. Selection of the Research design
2. Sampling procedure
(a) Location of district
(b) Selection of district
(c) Selection of block
(d) Selection of villages
(e) Selection of respondents
3. Selection of variables and their measurements
4. Selection of statistical tool
(a) Preparation of interview schedule
(b) Pre-testing the schedule
(c) Collection of data
(d) Analysis of data
(e) Statistical measurements

Research design refers to systematic plan to study a scientific problem "A plan that describes how, when and where data are to be collected and analyzed". The study was carried out by descriptive type of survey method. Accordingly, after a through meaningful formation of the problems specific objective were decided. In the light of these objectives, techniques of investigation to be followed, extension tools to be used and major statistical plan of analysis to be followed were decided.

Further the presentation of the study was developed and given a definite shape in the form of an outline of the study. In order to understand the findings of the study in the wider context and to evaluate their relevance in the set objectives, an effort was made to make a through review of the relevant literature relating the previous research in this field.

The needed conceptual classification about the terms and items used within the frame work of the study was considered necessary for which the help of both literal and operational definitions was taken.

The findings of this study have been properly discussed in the light of the available research material on the subject and subsequently summarized throwing light on all major aspects covered within the scope of study. The conclusion and the action implication are made to satisfy the fruit bearing aspect of the research.

Uttar Pradesh is comprised of 75 districts. Out of this one district viz., district Kanpur Dehat was

purposively selected for this study. This helped in collecting the necessary information accurately and timely.

There are 10 blocks in district Kanpur Nagar. Out of these blocks, two blocks viz., Kalyanpur and Chaubepur was randomly selected for the study.

Selection of villages was based on availability of respondents. Six villages were randomly selected from the selected block.

A list of women, girls belonging to different villages was prepared separately from each selected village, 25 women and girls were selected randomly from each village. Thus, in all 150 respondents were selected for study purpose.

Result and Discussion

Rate of Effectiveness of Post Training Programmes In Their Life Style

Table 1: Distribution of Respondents According to The Effectiveness of Post Training Progammes on The Basis of Different Parameters

S. No.	Parameters	Sym-bol	Highly Effective	Somewhat effective	Somewhat ineffective	Don't known	Mean Score	Rank
1.	How would you rate the effectiveness of training or course in providing you with new knowledge/skills?	A	13.3	18.7	58.0	10.0	2.35	IV
2.	How would you rate the effectiveness of training programme in updating the knowledge/skills that you already had?	B	18.7	38.7	28.7	14.0	2.62	III
3.	How would you rate the effectiveness of training you with strategic approaches to address issued that you faced in work place?	C	23.3	35.3	37.4	4.0	2.78	II
4.	Any other	D	52.7	39.3	8.0	0.0	3.45	I

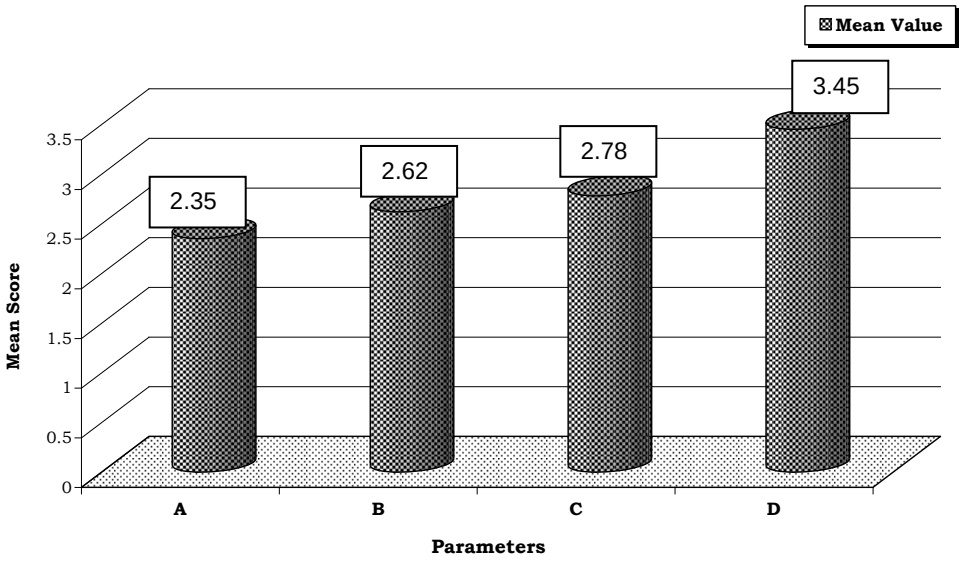

Figure - 1 : Distribution of respondents according to the effectiveness of post training progammes on the basis of different parameters.

Table 1 shows that distribution of respondents according to the rate of effectiveness of post training programmes on the basis of different parameters, maximum 52.7 per cent were highly effective from any other parameters as any organization of the programmes that provided knowledge and skills with mean score 3.45 and rank I, 37.3 percent respondents were somewhat appropriate with the rate of effectiveness of training with strategic approaches address issues that they faced in work place with mean score 2.78 and Rank II. While 38.7 percent respondents were somewhat effective with the rate of effectiveness of training programmes in updating the knowledge and skills that they already had with mean score 2.62 and Rank III and 58.0 percent respondents somewhat ineffective with the rate of effectiveness of training that provided with new

knowledge and skills with mean score 2.35 and Rank IV.

Hence, overall it depicts that rate of effectiveness of post training programmes were somewhat effective because respondents were less aware of government training programmes due to poor infrastructure and poor management of government regarding nutritional programmes and in some rural areas PHC are not available so, women cannot received benefit from health center which channelized by government and due to less awareness and participation in training programme women were get least benefit from government schemes due to many problems i.e. les time, unawareness, household problems and other socio-problems.

Impact of training programmes in their life style in work environment

Table 2 Distribution of Respondents According To Impact of Utility of Training Progammes in Their Life Style In Work Environment

Work Environment	KVK		Aganwari Centre		Primary Health Centre	
	Freqency	Percent	Freqency	Percent	Freqency	Percent
Very Good	98	65.3	65	43.3	43	28.7
Good	46	30.7	36	24.0	20	13.3
Poor	6	4.0	49	32.7	87	58.0

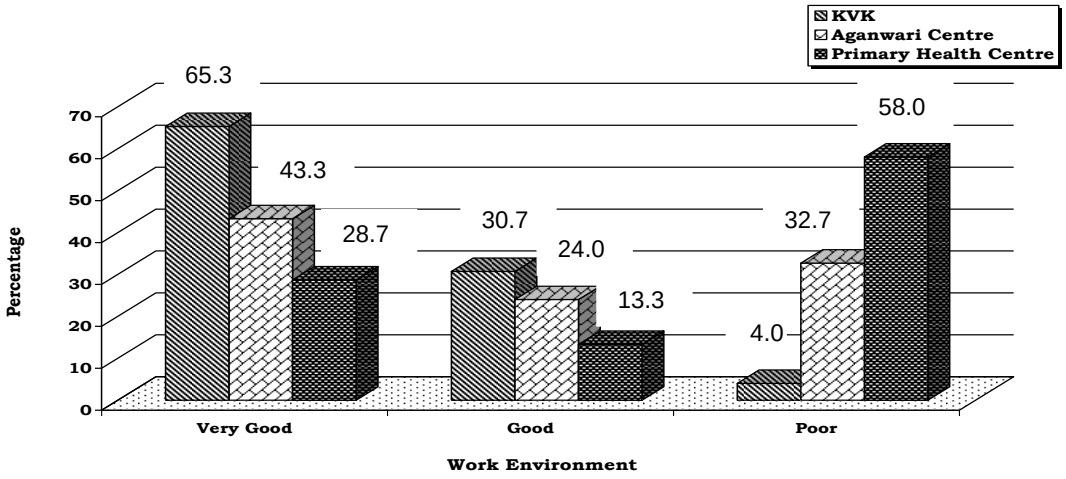

Figure 2 : Distribution of respondents according to impact of utility of training progammes in their life style in work environment.

Table 2 reveals that distribution of respondents according to impact of training programme utility in their life style in work environment through various training centre or organization, maximum 65.3 percent respondents were very good utilized training inputs in today life through KVK followed by 30.7 percent were good in utilization of training input in day today life and minimum 0.7 percent were good and minimum 4.0 percent respondents were rated poor as utilization of training programme in work environment. While, impact of training programme utilization in work environment with maximum 43.3 percent respondents were rated very good, followed by 32.7 percent respondents were poor in utilization of training inputs, through training their life style were steadily poor due to poor infrastructure and supplementary feeding management and minimum 24.0 percent respondents were good in utilized training inputs they received average benefit from aganwari centre in work life, some respondents including pregnant women and lactating women were aware through training regarding health care and nutrition requirement during pregnancy, precaution taken, during pregnancy. Training progamme run by government through primary health centre as result of utilization of benefits through training programme in PHC were found to be 58.0 percent respondents were poor regarding their health status and no improvement in their life style followed by 28.7 percent felt very good impact regarding nutritional training programme in their life style as they good benefits from PHC as supplementary feeing and nutrition education how to improved health status and 13.3 were felt good in utility of training in day today life.

Table 3 : Distribution of Respondents According To Need of Any Other Training Included in The Programme That Would have Helped Them In Day Today Life

N=150

Training in work environment	Frequency	Percent
Yes	70	46.7
No	80	53.3
Total	**150**	**100.0**

Table 3 shows that distribution of respondents according to felt of any other topic included in the programme would have helped them today life in work environment, maximum 53.3 percent respondents were felt no training included that would helped them in work environment, minimum 46.7 percent respondent were felt that some training were included in the programme.

Hence, it shows that maximum respondents were felt no any other training included in programme mainly due to lack of interest, unawareness and time suitable and lack of implementation to transfer this skill in work environment.

Summary and Conclusion

1. Maximum 52.0 percent were found good in overall productivity and effectiveness in the division of post training programme in life style with mean score 2.7 and rank I.
2. Maximum 50.0 percent respondents were found good in confidence in solving problems and making decision after training programmes with mean score 2.6 and rank II.
3. Maximum 42.0 percent respondents were fair, 28.0 percent were good, 21.3 percent were poor, 4.7 percent were very good and minimum 4.0 percent were outstanding in the level of knowledge and skills related to programme.
4. 52.7 percent were highly effective from any other parameters as any organization of the programmes that provided knowledge and skills with mean score 3.45 and rank I, 34.3 percent respondents were somewhat satisfied with the rate of effectiveness of training with strategic approaches address issues that they faced in work place with mean score 2.78 and rank II. While, 38.7 percent respondents were somewhat effective with the rate of effectiveness of training programmes in updating the knowledge and skills that they already had with mean score 2.62 and rank III.
5. Maximum 65.3 percent respondents were very good utilized training inputs in today life through KVK Training programme run by government through primary health center as result of utilization of benefit through training programme in PHC were found to be 58.0 percent respondents were poor regarding their health status and no improvement in their life style followed by 28.7 per cent felt very good impact regarding nutritional training programme in their life style and health status as they good benefits from PHC as supplementary feeding and nutrition education how to improved health status and 13.3 were felt good in utility of training in day today life.
6. Maximum 53.3 percent respondents were felt no training included that would helped them in work environment and remaining 46.7 per cent respondents were felt that some training were included in the programme. Hence, it shows that maximum respondents were felt no any other training included in programme mainly due to lack of interest, unawareness and time suitability and lack of implementation to transfer this skill in work environment.

The study shows that PHC were not available in some rural areas, so, they can not get benefit received from health center which channelized by government for rural women. In some areas MDM were not provided daily by the school. Under different national nutritional prophylaxis programme for children and women to promote good health, decline the extent of malnutrition were found to be lack feeding and baby supplement foods due to poor infrastructure and poor supplementary supply and management by the government in rural areas.

The average female life expectancy today in India is low compared to many countries but it has shows gradual improvement. Over the years in many families in rural areas girls and women face nutritional discrimation within their family. Hence, we an say knowledge, practices, skills and awareness about the government training programmes are not proper fulfill the needs of rural areas for women.

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