A Study on – "Knowledge and Practices of Pregnant women in Balsakhi and Non Balsakhi area"

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Rural Management

By

Vikram Sharma

Under the Supervision and Guidance of

MR. Laxman Swaroop Sharma

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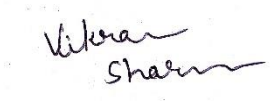
DECLARATION BY STUDENT

My dissertation is titled A Study on - **"Knowledge and Practices of Pregnant Women in Balsakhi and Non-Balsakhi Area"** and it represents my original research. I confirm that it is not being submitted for diploma or degree awards to any other university or institution. There has been acknowledgment of information derived from the work of others, whether published or unpublished.



Vikram Sharma

Date: -

CERTIFICATE

This is to certify that dissertation titled **A Study on – "Knowledge and Practices of Pregnant women in Balsakhi and Non Balsakhi area"** is a record of the research work undertake by Vikram Sharma in partial fulfilments of the requirements for the award of the degree of MBA (Rural Management) from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

Mr. Laxman Swaroop Sharma	Dr. Rahul Ghai
Faculty Guide	School Dean
IIHMR University, Jaipur	IIHMR University, Jaipur
Date: -	Date: -

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ACKNOWLEDGMENT

This project would not be possible without the many people who contribute to its success. The enthusiasm and inspiration of my mentor Mr. Laxman Swaroop Sharma, as well as his great efforts to explain everything clearly and simply, are many reasons for my gratitude. I received lots of encouragement, good advice, good teaching, good company, and an abundance of good ideas during my Report writing period.

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I am deeply grateful to **SEVA MANDIR**, Udaipur, for allowing me to do a study on "Balsakhi Programme" and I would special thanks to Mrs. Preeti Shaktawat (Manager Nutrition Seva Mandir, Udaipur) for their Guidance and facilitation during the research work.

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ABBREVIATIONS

ANC – Antenatal care

PNC – Postnatal Care

ASHA – Accredited Social Health

MOH – Ministry of Health

WHO – World Health Organization

JSY – Janani Suraksha Yojana

JSSK – Janani-Shishu Suraksha Yojana

CHAPTER 1

INTRODUCTION

Women's health throughout pregnancy, and childbirth is referred to as maternal health. Antenatal care (ANC), delivery care, and postnatal care (PNC) are all examples of maternal health care services. Women health of reproductive age have a vital interest in maternal health care, and it's a global priority. Despite efforts to improve maternal health care services, maternal mortality remains high in the majority of poor nations. Every day, around 810 **(WHO)** women die from preventable causes connected to pregnancy and delivery, with middle- and lower-income nations accounting for 94 per cent of all maternal deaths. The low level of mother healthcare-seeking behaviour has resulted in a high incidence of maternal mortality, particularly in underdeveloped nations. One of the key explanations for the high maternal death rate that has continued over the last decade may be the low proportion of women who receive maternity services, compounded by the extremely low number of qualified professionals attending deliveries. In most poor nations, including India, maternal health is a big issue. With 17.7% of the global population, India is the world's largest democratic nation. India was a substantial contributor to the global maternal mortality toll in 2018, with a maternal mortality ratio of 145/100,000 and 26407 maternal fatalities. In India, healthcare is the responsibility of the individual states, which vary in terms of socio-economic development, population size, epidemiological transition experience, and health system capacities, all of which influence the health status of the states' populations.

The provision of maternal health care has been one of the most important strategies for reducing maternal mortality. India's recent achievements in maternal mortality reduction can be regarded as a success story, as maternal death has decreased at a pace of 15.8 per cent per year, from 556 per 100,000 live births in 1990 to 145 in 2018. India has seen a remarkable reduction of 77 percent in maternal mortality since 2005, compared to the global average of 43 percent. Indeed, India's performance has not gone unnoticed, with the **WHO** praising India for its outstanding achievement in substantially lowering maternal mortality. India is coming out of this problem, behind this there is a big role of **JANANI SURAKSHA YOJANA** started in 2005 and **JANANI-SHISHU SURAKSHA KARYAKRAM** started in 2011. The **JSY** is a central government program that offers financial assistance for pre and postnatal care and **JSSK** has been started to reduce out-of-pocket burden during institutions delivery to promote institutions delivery.

In India, the percentage of women who had at least four Antenatal care visits grew from 51.2 per cent in NFHS-4 (2015-16) to 58.1 per cent in NFHS-5 (2019-21). Only 64% of women received postnatal care from a trained health professional within two days of birth, according to the National Family Health Survey 2019-21, showing a lack of postnatal care. Many socio-economic and demographic factors affect the utilization of maternal health care services. Mothers' education status; maternal age; occupation; their awareness of danger signs; their marital status; their autonomy; their birth order; their religious views; the sex of the household head; their household income; their size; their husbands' educational status; factors affecting access to maternal health care; and factors affecting the mothers' perceived quality of care.

Udaipur is home to the largest triable population in Rajasthan, with almost 50% of its population triable. Tribal people suffer from most health issues because they do not use the government-provided health facilities. People do not follow family planning and they do not properly use the maternal health care services during their pregnancy period, and most of the women eat twice a day during their pregnancy, which is seen as a very low value diet plan. To ensure the health of both mother and child, pregnant women should eat every two hours. According to my research, many pregnant women eat only two to three times a day. It is very bad for the health of the mother and child. Therefore, the mother and child are underweight and anemic. In this vulnerable area, the main issue is a low level of basic knowledge regarding Maternal Health Facilities and Diet Plans. In other words, this is the reason why ANC services and institutional delivery are so low. Therefore, keeping these factors in mind, **SEVA MANDIR**, Udaipur came up with **BALSAKHI PROGRAM,** which is run in the Jhadol tehsil, home to up to 76% Tribal population according to the 2011 census. Using the expertise of their health experts, Seva Mandir aims to improve the lives of Maternal and infants in this triable area. Through the **Balsakhi** initiative, Seva Mandir health experts provide pregnancy-related information to pregnant women. **Balsakhi** is a local woman who offers pregnancy and breastfeeding advice to women. Women and children have been accompanied by **Balsakhi** to government health facilities for years, often supplementing the care provided. Increased consciousness and increased familiarity with institutional services have led to women demanding better healthcare and using the facilities provided by the Seva Mandir.

IMPORTANCE OF THE STUDY

Maternal health and women's understanding of food plans and pregnancy-related information and basic knowledge are crucial aspects of every woman's pregnancy. India is the world's most populous country, with 61 million women living in the country. Many women faced a variety of difficulties during their pregnancies, which damaged both mother and child. To address all of these issues, maternal health treatments are offered from conception to delivery to ensure that they do not experience any health concerns. However, only a small percentage of women use these healthcare services and adhere to suitable nutrition regimens. Because many women are unaware of pregnancy-related complications, these are the most common problems that pregnant women confront.

This study will provide the status of the maternal health services and their diet plan. With this study we know about the women basic knowledge and practice. With the help of study, we can know how an initiative is aware of people or can bring change in practice.

CHAPTER 2

LITERATURE REVIEW

Ranjan Kumar, Jitendra Gauda (2015) A Study on the title of "Inequality in Utilization of Maternal Health Care Services in EAG States of India" The use of maternal healthcare services is poor in Odisha. Odisha's tribal belt is known for its long-term poverty and lower education rates among women. Uneven terrain, distance from maternal health centers, and poor transportation are Some other reasons why women do not seek medical care during delivery. Low use of maternal healthcare services was strongly associated with the poor economic conditions of women. According to the concentration curve, affluent women are more likely to receive maternal healthcare services. Illiterate women are more likely to use healthcare services because they are ignorant. A comparison of rural versus urban women's utilization of maternal healthcare services, adjusted for socioeconomic and demographic characteristics, shows that rural women are less likely to use them.

Awnish Kumare Singh (2015) "Evaluation of Dietary Choices, preferences, Knowledge and Related Practices Among Pregnant Women Living in An Indian Setting" In the study, more than a third of participants were unaware that balanced diets exist. The recall of dietary information was fair for more than half of participants. Wives and physicians played a significant role in food choices. Despite knowing that pregnant women need extra nutrition, the participants were unaware of the correct diet and food to eat during pregnancy. Many participants in this survey recognized the benefit of eating a variety of food items as opposed to eating the same type of food regularly. It is very healthy for pregnant women and their unborn child to eat different types of fruits and green vegetables during their pregnancy.

Abu Ansar Md. Rizwan, Iffat Are Begum, Md. Abdul Mazid Azad, Mohammad Shamsul Huda (2021) "Knowledge on nutrition during pregnancy among mothers attending antenatal care at secondary level hospital" As per the study, a lack of knowledge about healthy eating is the main cause of the problems associated with malnutrition. It has been proven that education plays a very important role regarding the knowledge regarding pregnancy nutrition. This is because educated mothers have a greater knowledge regarding a healthy diet during pregnancy. It is important to note that there are other factors other than education, such as age, the number of pregnancies, and the knowledge of the spouse, which are important factors that significantly influence the nutritional knowledge of antenatal mothers.

Sachi Dalal, Ruchit Nagar, Roshan Hegde, Surya Vaishnav (2022) "Referral care for high-risk pregnant women in rural Rajasthan, India: a qualitative analysis of barriers and facilitators" Prenatal health behaviour, institutional delivery, and health outcomes for pregnant women are affected by social support, particularly by the husband and ASHA. Due to poor education and healthcare awareness, lack of transportation, geographical isolation, and household/financial obligations, pregnant women in rural areas of Udaipur, Rajasthan face many barriers to seeking referral care. The strength of the facilitation mechanism for referral care is mutual support at the interpersonal and community levels-accompaniment to referral centers was identified as the greatest facilitator of referral care completion.

Amanpreet Kaur, Jagdeep Singh, Harpreet Kaur, Priyanka Devgan, Vikram K. Gupta (2018) "Knowledge and practices regarding antenatal care among mothers of infants in an urban area in Amritsar, Punjab" In terms of antenatal care knowledge and practices, considerable gaps were found. Women and their families are motivated to utilize ANC services by health care workers. Knowledge of ANC was related to the mother's age and education status. Training is needed to make sure that providers understand ANC services. We need to increase the community IEC activities to promote the free ANC services available 'n our community.

Pooja Singh, Kaushalendra Kumar Singh, Pragya Singh (2021) "Maternal health care services utilization among young married women in India" In India, the utilization of full ANC increased from 27 to 46% among young mothers, according to the study. Findings from multivariate analysis indicate that maternal age, residence, education, and wealth are significantly related to use of selected maternal health services. Furthermore, Muslim women, women in scheduled castes and scheduled tribes, as well as women without access There was a lower likelihood that women exposed to mass media would use both maternal health services.

Shilpa Pankaj Kshirsagar, Deepti Pushparaj Karmarkar, Hemant Shrikrishna Damle (2016) "Revisiting essential obstetric care from stakeholders view: knowledge and awareness about safe motherhood practices among stakeholders in tertiary care centre" Knowledge gap found behind less use of maternal health and related health care services. The traditional component like diet is still heavily emphasized by many women, even though they know about traditional obstetric care. Even though many people are still unaware about many other components, like immunization and intake of iron and calcium tablets, or the importance of investigations or the condition of delivery by trained health care personnel.

Kavita Yadav, MR Narayana Murthy, Manohar Prasad, Praveen Kulkarni (2021) "Patterns of utilization of maternal and child health care among tribals of HD Kote Taluk Mysore" In this study, Prenatal registration was completed in the first trimester by most mothers (74.5%). A little more than 36.4% of mothers visited 3 antenatal check-ups, 26.7% visited 3–5 times, and 32.7% visited 5 times during pregnancy. Approximately 95.2% of mothers received two Tetanus toxoid injections, 3% received one injection, and 1.8% did not receive anything. About 42.4% of mothers reported consuming at least 100 iron and folic acid tablets (IFA), 27.3% consumed 75–100 tablets, 13.3% consumed 50–75 tablets, and 14.5% consumed 50 tablets, while 2.4% ignored the tablets altogether.

UNICEF (2019) "World not delivering quality maternal health care to poorest mothers" The report claims that the average rich woman receives four or more visits to the antenatal clinic than do women from poorer families. There is a gap of more than double between the poorest and richest women giving birth in a facility. According to the report, The leading cause of death among girls aged 15-19 is pregnancy-related complications. If adolescent girls become pregnant, they are at a high risk for complications, because they are still growing themselves.

Neetu Chandra Sharma (2021) "Less than half of pregnant women in rural India eat nutritious food and majority are deprived of quality healthcare" A majority of pregnant women in rural India lack access to quality healthcare and eat nutritious food. Only 22% of nursing women said they ate more than normal throughout their pregnancy, and only 31% said they ate more nutritious food than usual, according to the survey. Many pregnant women are unable to eat more because they are ill or have lost their appetite. In the overall sample, less than half of nursing women reported eating nutritious food (e.g., eggs, fish, milk) "frequently" during pregnancy, compared to only 12% in UP.

CHAPTER 3

RESEARCH METHDOLOGY

- **RESEARCH DESIGEN: -** This research project made use of major sources which are primary data. The primary sources used for this study are oral interviews conducted within the area covered by the research.

- **DATA COLLECTION PROCEDURE:** - Pregnant women and their families are interviewed face-to-face at the study location to collect primary data. Primary data are collected through a questionnaire. There were both quantitative and qualitative data collected for this study.

- **STATISTICAL TOOLS OF ANALYSIS: -** We collected the primary data using Microsoft Excel. In this case, the analysis is done using Microsoft Excel. The analysis of the data is carried out using various tools, such as cross-tabulation, percentages, graphs, etc. The results of the analysis are presented in tabular and graphical form to make it easier for you to understand them.

- **RESEARCH LOCATION: -** A study has been conducted in 14 villages within the Jhadol tehsil of the district of Udaipur.

- **RESEARCH POPULATION: -** As part of this study, I have conducted face-to-face interviews with 100 women using a questionnaire, to make the study unique. There are 50 samples collected in the Seva Mandir Project area and 50 samples in the non-project area.

- **DURATION OF THE STUDY: -** Study duration was of 3 months which started from March 21 and ended on June 18, 2022.

RESEARCH QUESTION

- What is the difference in pregnant women knowledge and practices between Balsakhi area and Non Balsakhi area?

RESEARCH OBJECTIVES

- Comparing the knowledge and practice of pregnant women between Balsakhi and non-Balsakhi areas.
- Analyzing the diet plan of the pregnant woman.

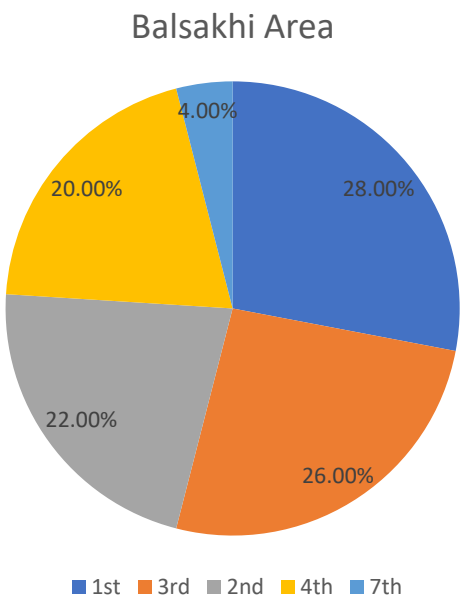
CHAPTER 4

RESULT

4.1 NO. OF PREGNANCY BALSAKHI AND NON BALSAKHI AREA

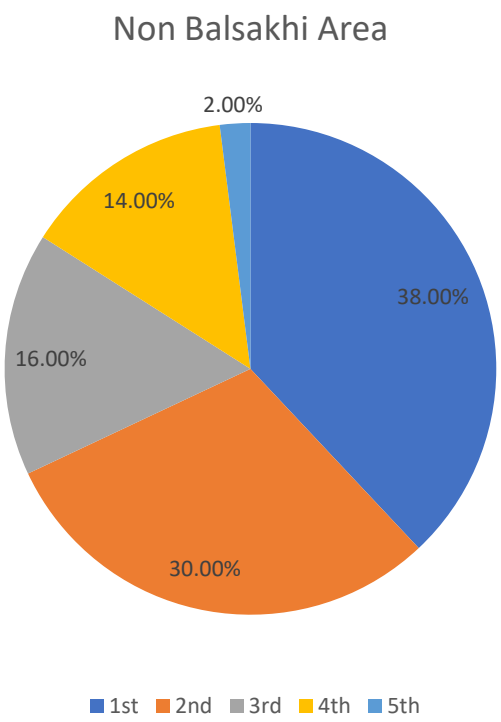
The survey collected 100 data in Balsakhi and non-Balsakhi areas. There were 50 samples collected in the balsakhi area and 50 in the non-balsakhi area of the Jhadol Block.

BALSAKHI AREA



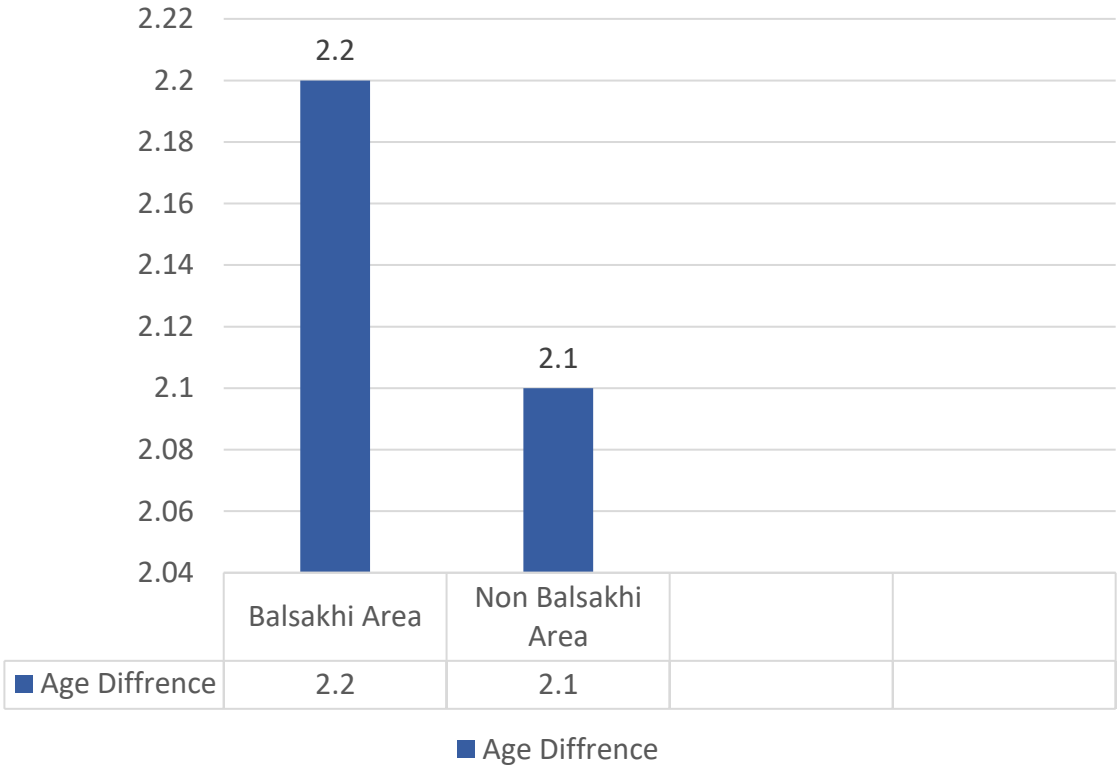
The chart shows the number of pregnancies in the Balsakhi area of Jhadol. Of the total 50 samples, 28% (14) women are pregnant for the first time, while 26% (13) women are pregnant for the third time. Among the women, 22% (11) are pregnant for the second time and 20% (10) for the fourth time. It is evident that people don't follow family planning as this is the 7th pregnancy for 4% (2) of women.

NON BALSAKHI AREA



The above chart shows the number of pregnancies in the non-balsakhi area of the Jhadol block. Of the total 50 samples, 38% (19) of the women had been pregnant for the first time, 30% (15) of the women have been pregnant for the second time, and 16% (8) of the women are pregnant for the third time, 14% (7) of the women are pregnant for the fourth time, and 2% (1) of the women are pregnant for the fifth time. This shows that people aren't following family planning.

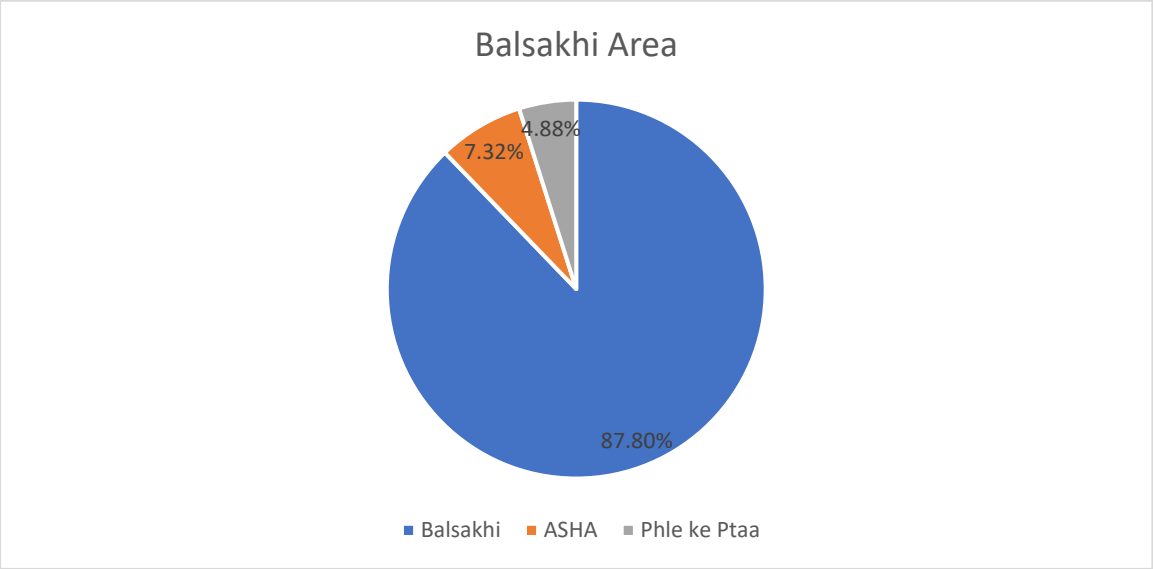
4.2 AVERAGE OF AGE DIFFERENCE LAST 2 CHILDREN BALSAKHI AND NON BALSAKHI AREA



In the above graph, we can see the average age difference between the last two children in Balsakhi area and outside of Balsakhi area. The average age difference between the previous two children born in Balsakhi is about 2.2 years old. This shows that many people in the Balsakhi area are aware of the age difference between the two children born. And the same if we can talk about non-Balsakhi area, then that average of age differences is 2.1 years, which shows the good knowledge of the people of the area.

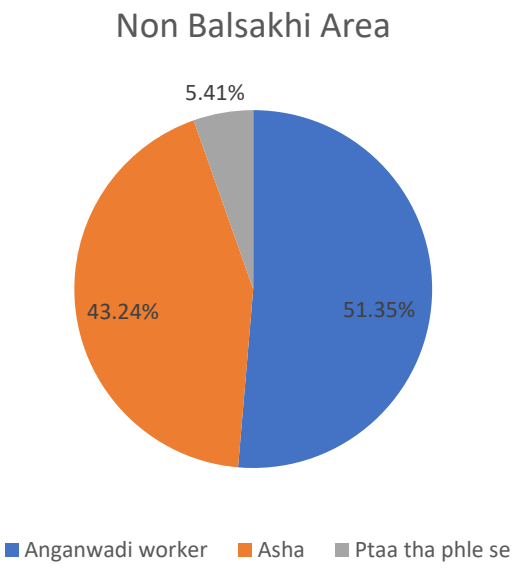
4.3 WHO INFORM ABOUT ANC TREATMENT?

BALSAKHI AREA



It was found that out of the total 50 women, 42 women went for ANC check-ups. When asked who told them about ANC, it was found that 87.80% (36) of the women were told by Balsakhi, while 7.32% (4) were told by ASHA and 4.88% (2) already knew about the ANC check-ups. Those are the highlights of a successful Balsakhi program in this area.

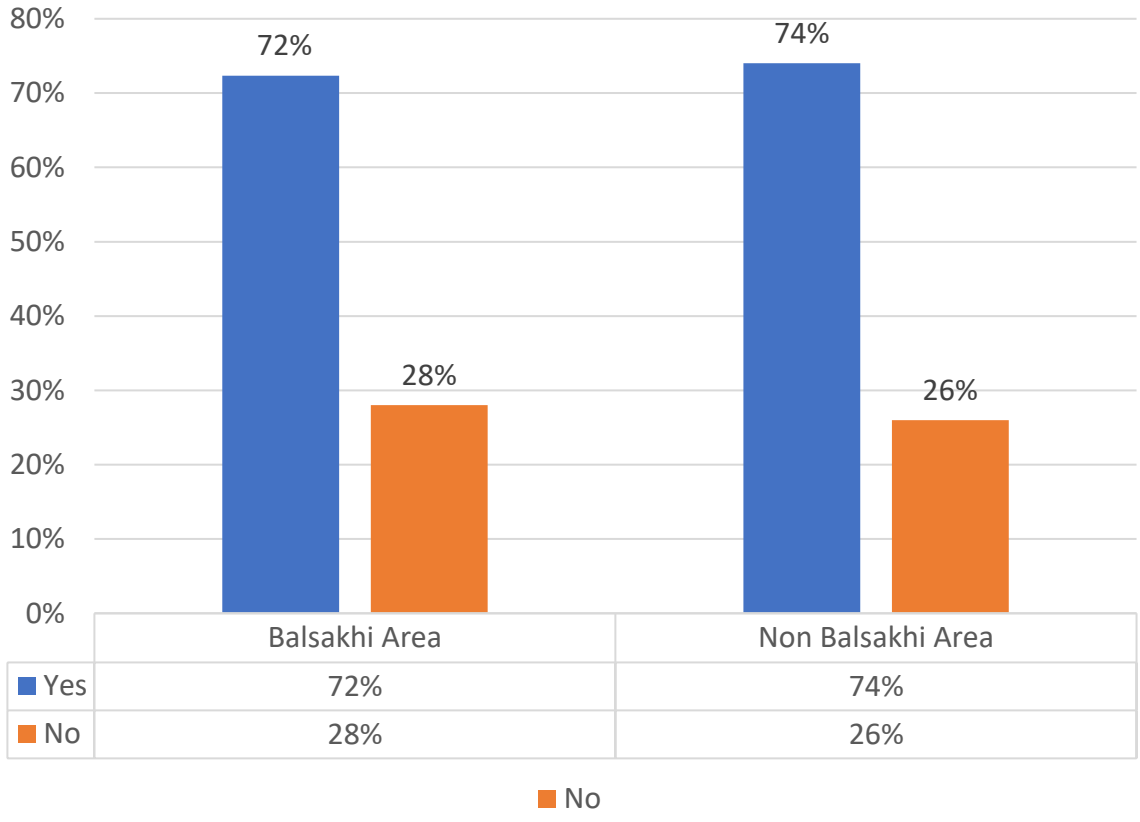
NON BALSAKHI AREA



There are a total of 50 women who are pregnant, and 37 of them have gone for prenatal care. It was found that 51.35% (19) of the women were told about ANC check-ups by an Anganwadi worker because Balsakhi does not operate in this area. The ASHA worker told 43.24 (16) percent of the women about Antenatal care, and 5.41 (2) percent already knew about it. This shows many of the pregnant women were unaware of Antenatal care, they were told about it by someone.

4.4 ANC REGISTRATION (Above 3 Month Pregnant)

We are showing ANC registration of pregnant women in this graph. ANC registration has to be done within 3 months, so we are not showing the data for those who have been registered before 3 months. Instead, we show the data for pregnant women who are 3 months or more into their pregnancy.

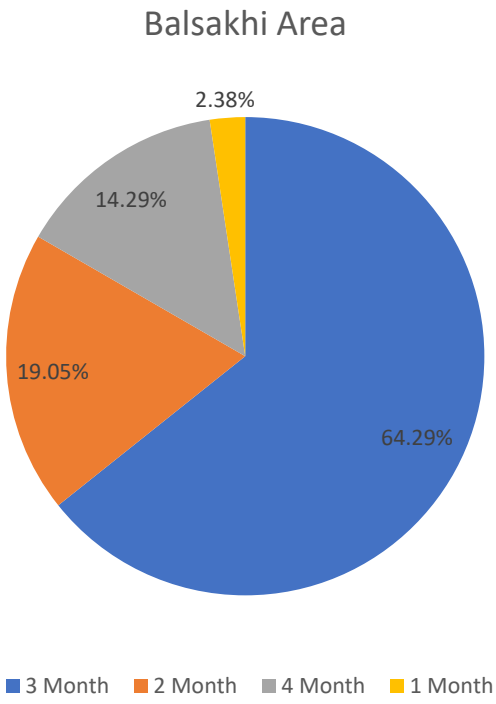


The following chart shows the ANC registration in both Balsakhi and Non Balsakhi areas. Currently, there are 47 women in Balsakhi who 3 months are over pregnant. Among the 47 women, 34 (72%) have registered for ANC and 13 (28%) have not. This shows the low number of ANC registrations. On the other side of the chart, we show the non-balsakhi area data. There

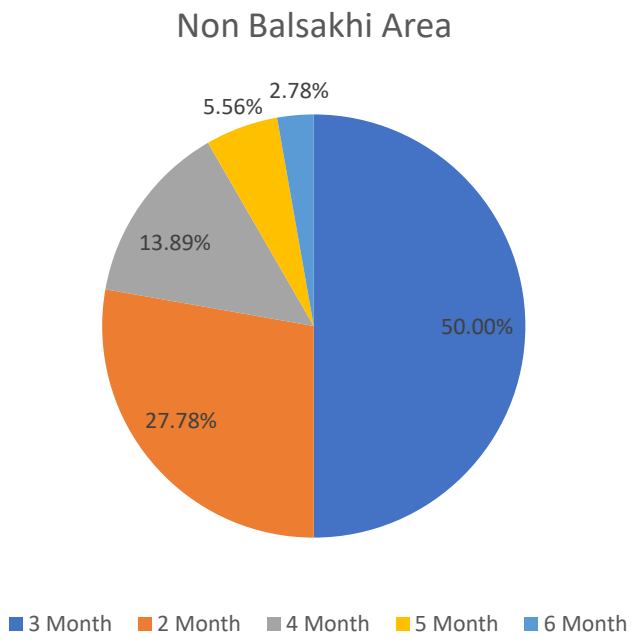
are 46 pregnant women over 3 months in the Non Balsakhi Area. 74%, or 34 of 46, have registered for the ANC, whereas 26% (12) of the pregnant women did not register. It shows a better rate than Balsakhi area.

4.5 ANC REGISTRATION MONTHS

ANC registration is done within 3 months, but many people do not follow this schedule. Several people completed their registration for Antenatal Care within 2 months, and some completed their registration in 5 months. Therefore, we will see both the Balsakhi and non Balsakhi charts of when people completed their registration.

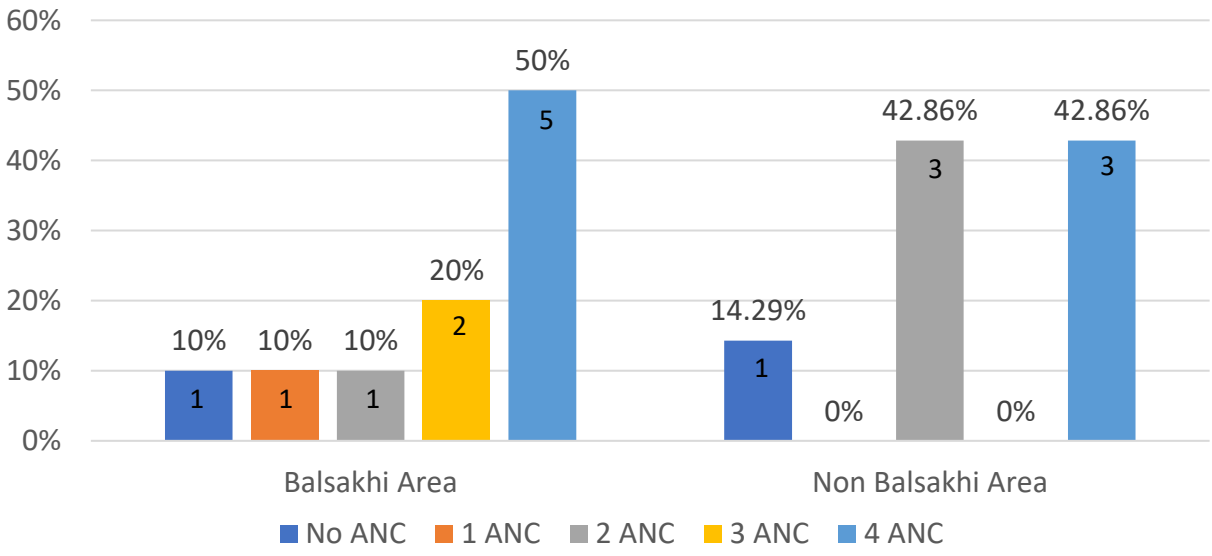


The following chart shows the ANC registration months means when pregnant done their registration for Maternal care services. We can see in this chart 64.29% (27) pregnant done their registration under the timeline. 19.05% (8) pregnant done their registration under 2 months and 2.38% (1) women done ANC registration under 1 month so this is showing people are aware about registration months. But 14.29% (6) pregnant done their registration after 3 months.



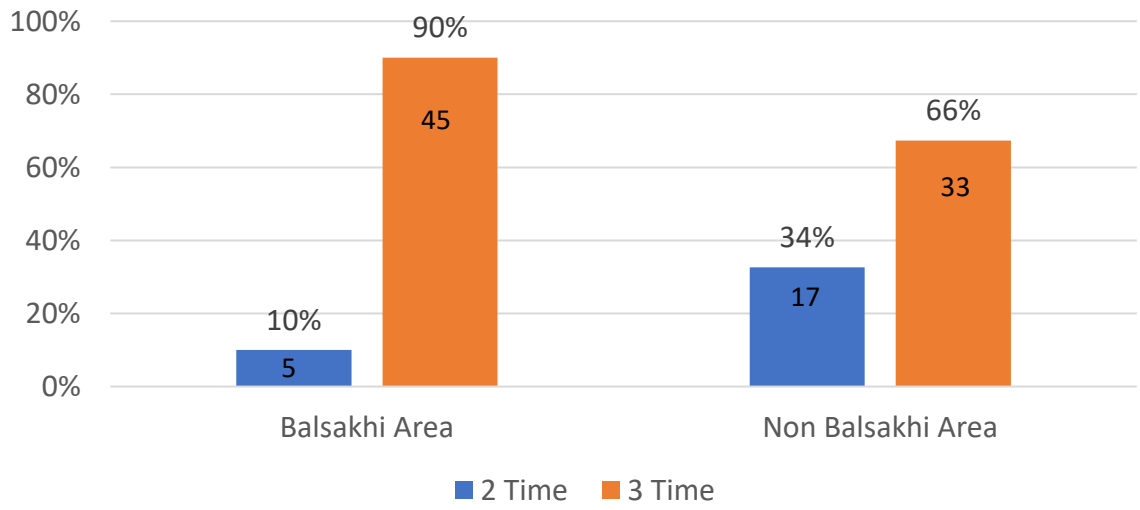
Registrants for Maternal Care services in non-Balsakhi regions are shown in the following chart. According to this chart, 50% (18) of pregnant women registered within 3 months, compared to 27% (10) within 2 months. 13.99% (5) of the population completed ANC registration within 4 months, and 5.56% (2) within 5 months. There were 2,78% (1) of pregnant women who completed registration in 6 months, which shows that people think ANC is a formality.

4.6 9 MONTHS ANC VISITS



On the above graph, we can see the registration of women who are 9 months pregnant. You can see how many ANCs were done by pregnant women when they were 9 months pregnant in this chart. Only 50% (5) of women in Balsakhi area received full ANC, and only 42.86% (3) of women in non-Balsakhi area. In Balsakhi area, 20% (2) women went for their third ANC and 10% (1) did only two. In non-Balsakhi areas, 42.86% (3) of pregnant women had only two ANC services. 10% (1) Pregnant received only 1 ANC in Balsakhi area and only 10 % (1) pregnant did not went for the Antenatal care services. So, we can talk about non Balsakhi area there are 14.29% (1) pregnant women who have not gone for a single ANC yet.

4.7 FOOD TIMING IN A DAY



The following graph shows how many times pregnant women eat in a day both in Balsakhi and non Balsakhi areas. We see 90% (45) of pregnant women eat 3 times a day in Balsakhi areas, whereas only 66% (33) of pregnant women eat 3 times in non-Balsakhi regions. Balsakhi area has 10% (5) of pregnant women eating twice a day, while non Balsakhi area has 34% (17) eating twice a day. According to government guidelines, pregnant women should eat every 2 hours during pregnancy, so eating only 2 or 3 times a day shows low levels of nutrition.

4.8 DIET PLAN (24)

Different type of food items should include in diet plan. Pregnant should eat these items in a daily for healthy pregnancy.

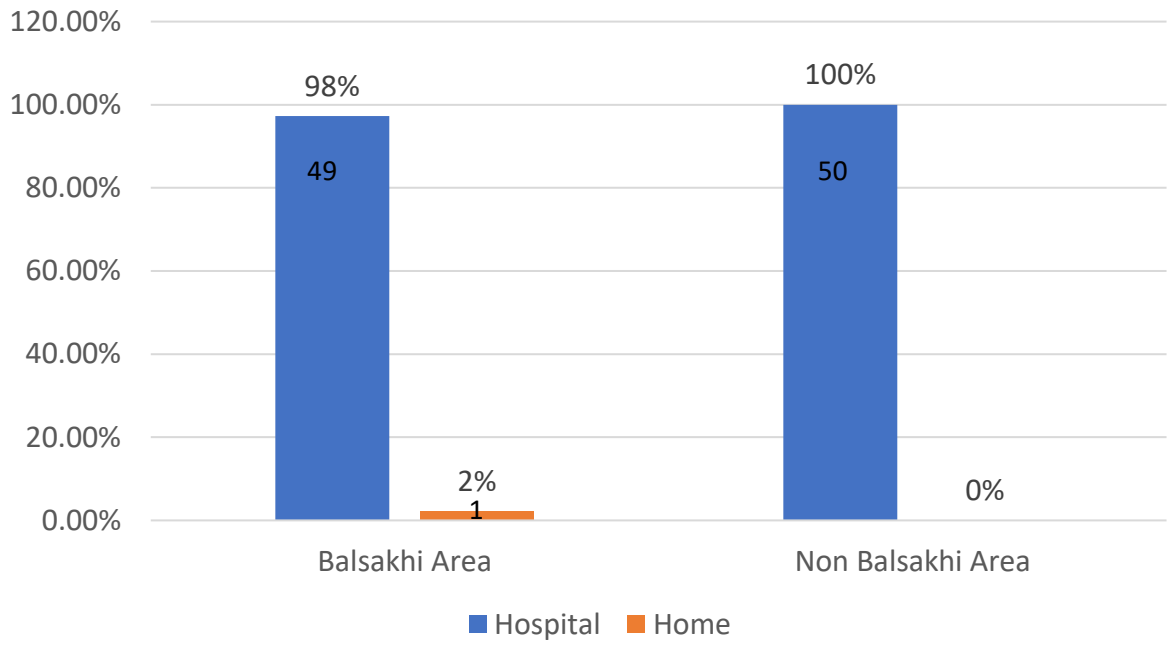
Food Groups	BALSAKHI AREA		NON BALSAKHI AREA	
	Use	Not Use	Use	Not Use
Pulses	54%	46%	56%	44%
Milk & Milk Products	50%	50%	42%	58%
Roots and Tubers	18%	82%	14%	86%
Leafy green	0%	0%	0%	0%
Other vegetable	84%	16%	80%	20%
Fruits	4%	96%	8%	92%
Oil/Fat	100%	100%	100%	100%
Sugar	50%	50%	44%	56%

The following table illustrates the types of food consumed by pregnant women in Balsakhi and non-Balsakhi areas. Among pregnant women who consume pulses, only 54% eat them in Balsakhi area, whereas 56% eat them in non-Balsakhi area. Only 50% of pregnant women in Balsakhi use milk and milk products, and 42% in non-Balsakhi areas. Roots and tubers are consumed by only 18% of pregnant women in Balsakhi area and 14% in non-Balsakhi area. However, leafy greens are not used as part of the diet for pregnant women in both areas. In Balsakhi area, 84% of pregnant women consume other vegetables, but in non-Balsakhi area, 80% eat other vegetables every day. In both areas, the percentage of fruits consumed is low. According to our research, 50% of pregnant women in Balsakhi area include sugar in their diet plan, while in non-Balsakhi areas, only 44% of pregnant women include sugar in their diet. When we look at the items in the tables, we see that all those foods should be consumed daily by every pregnant woman for a healthy pregnancy.

KNOWLEDGE

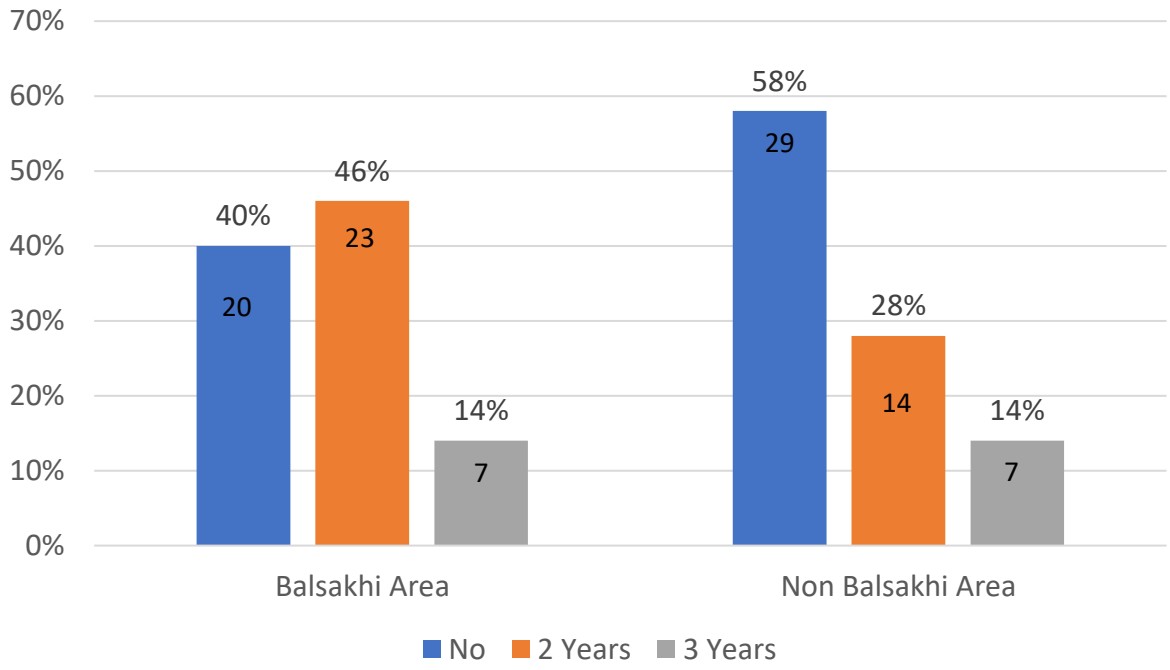
In this part we would see the basic knowledge of the pregnant in both Balsakhi and non Balsakhi area.

4.9 DELIVERY OF THE CHILD



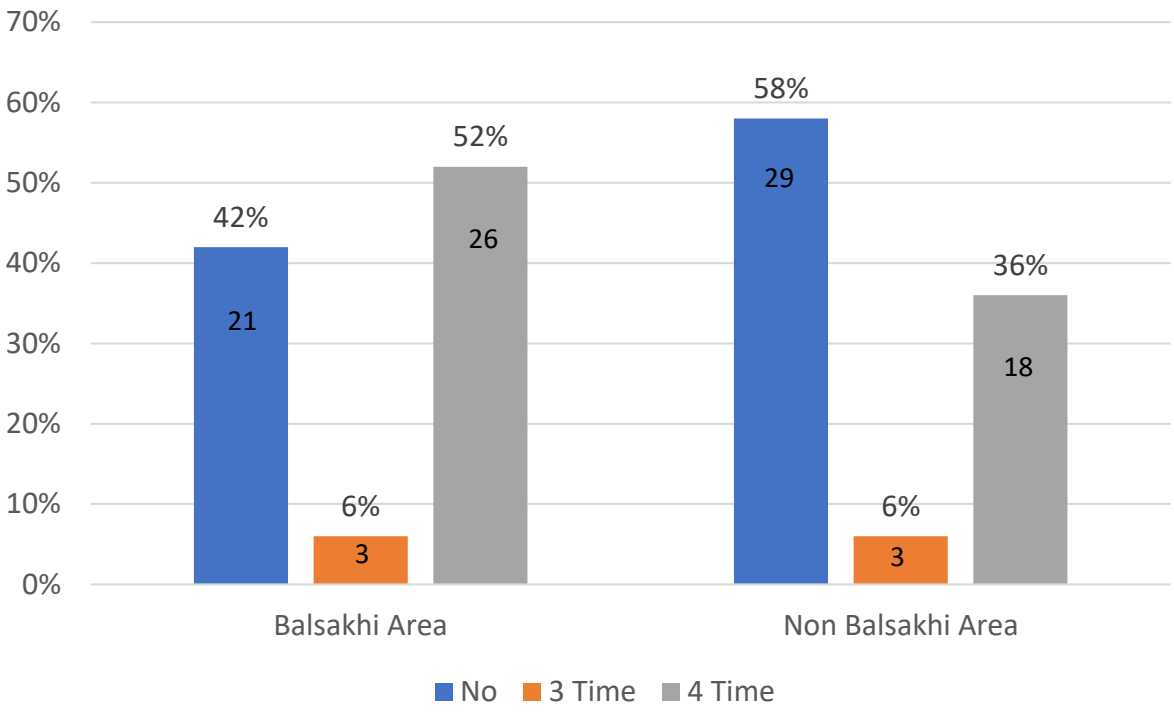
The following chart shows the institutional delivery based on the question “where will the child be delivered?” There are 98% (49) of pregnant women in the Balsakhi area who spoke about giving birth in a hospital. In non-Balsakhi areas, all pregnant women spoke about giving birth in a hospital. The home delivery of the child was reported by 2% (1) of pregnant women. The reasoning behind this is that the pregnant woman's house is far from the road since it is located on a hill that is beyond the reach of any vehicle.

4.10 KNOWLEDGE ABOUT CHILDREN BIRTH YEAR DIFFRENCE



The following chart shows women's knowledge about the childbirth year difference. Within the Balsakhi area, 40% (20) of the pregnant women are unaware of the birth differences of their children, while in non-Balsakhi areas, 58% (29) of pregnant women are unaware of the birth differences. There is a 46% (23) difference believed by pregnant women in Balsakhi areas and a 28% (14) difference in non-Balsakhi areas. Among pregnant women in Balsakhi and non-Balsakhi areas, 14% (7) believe that there should be a difference of 3 years.

4.11 KNOWLEDGE ABOUT THE ANC VISITS



The following chart shows pregnant women's knowledge about ANC visits. It includes the knowledge of both areas. Specifically, we look at the Balsakhi area, where 52% (26) of pregnant women are aware of the four ANC visits, while in the non Balsakhi area, only 36% (18) of pregnant women are aware of the ANC visits. In both areas, 6% (3) of the pregnant women reported three ANC visits. 42% (21) of pregnant women in the Balsakhi area are not aware of the ANC visits, while 58% (29) of pregnant women in non-Balsakhi areas are unaware of the ANC visits, demonstrating the poor knowledge of the maternal health services in both areas.

CHAPTER 5

DISCUSSIONS

We can notice some distinctions between the Balsakhi and non-Balsakhi locations in the results chapter, although they are minor. Because many people in both areas are tribal, they are uninformed of pregnancy-related difficulties and lack fundamental knowledge, and they do not follow any guidelines, so how can we talk about good mother and child health? I noticed that many pregnant ladies are underweight in both areas. The primary causes for this are: a smaller age gap between children, a lesser use of maternal health care services, a lower use of pills during pregnancy, a poor food plan, and so on. In the tribal communities, Seva Mandir developed a programme to enhance mother and child health. That effort lasted only three years, which is not enough time to influence people's minds. However, the initiative's impact is noticeable, because Seva Mandir had picked just those locations in the programme that were in extremely poor condition. In my research, I discovered that 41% of people had three or more children. In the future, this will be a big problem. Two pregnant ladies in the Balsakhi area are on their seventh pregnancy, i discovered. "Hum 2 Humaare 9," I believe these individuals are coming up with a new tagline. In the Balsakhi area, we may address antenatal care because many people have completed their registration for maternal health care services. Some of these persons fail to show up for their registration appointments. We might conclude from this that more awareness is required in the Balsakhi area right now. Healthy food made the mother healthy, thus a healthy diet plan is crucial during pregnancy. If the mother is in good health, the child will be as well. Furthermore, a healthy food plan decreases several pregnancy-related issues such as anaemia, weakness, and so on. Doctors advise pregnant women to eat every two hours during their pregnancy, however many people do not follow this recommendation. This scenario exists not only in the tribal region but also in other locations, but it is considerably worse in the tribal area. In terms of diet, I've observed in Jhadol that the food they consume on normal days is the same food women eat during pregnancy, and they only eat 2 or 3 times per day. It's reasonable to suppose that low poverty and a lack of maternal health awareness will have an influence. When it comes to fruits, the consumption of fruits is extremely low in this area. After finishing my research, I discovered that several conditions in the Balsakhi area are better than in non-Balsakhi areas. As a result, this demonstrates that with some intervention, we may affect changes in knowledge and practise.

CHAPTER 6

LIMITATIONS

- **Transportation: -** My primary mode of transportation for going to the field was using public transport, so I faced many difficulties due to the poor condition of the public transportation system in Jhadol. Most of the villages are between 15 and 25 kilometres from the Jhadol where I went for my fieldwork. There is no way to travel within these villages other than a motorbike or auto-rickshaw.

- **Language:** - One of the biggest things I encountered during my studies was the language barrier, because where I went for field work most of the people only spoke the Rajasthani language, which is called Mewari, so I was unable to understand what they were saying. I went to the field with an employee of Seva Mandir so they could translate their language and tell me what they wanted to say.

- **Weather:** - The problem of heat during the fieldwork in summertime arises because the temperatures range between 45 and 50 degrees Celsius in those days. As a result, it was very difficult for me to conduct field work in this heat, and I found it very difficult to go from one house to another in this heat because the houses were at a distance from each other in a hilly area.

- **Irregularity in the members present for evaluation:** - Before I go field, I receive the name of every pregnant woman living within the village. Although only half of the people on the list could talk because some of the pregnant women went to the hospital for treatment or delivery, and some of the pregnant women went to their maternal home for delivery.

- **Mamta Card:** - Some women did not have Mamta cards, so we could not get any information. And some of the women who had Mamta cards were missing some information.

CHAPTER 7

CONCLUSION

It was the purpose of the research to examine whether there are differences between the knowledge and practice of pregnant women in the Balsakhi and non-Balsakhi areas. According to the findings, the program was launched in poor performing tribal areas and, in this area, there is a change in the compression of the other area. It has been concluded that after completing the research and analysing the data, there is a visible effect of the project in the Balsakhi district. The knowledge and practice of people have changed over the years, but it cannot be called a revolutionary change. There is also a need for awareness in non-Balsakhi areas as well. Through interventions and governance, we might assume that we can change the knowledge and practices of the people in a community, but it takes some time to achieve that.

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QUESTIONNAIRE

GENERAL OUTLINE

1. Name

2. Age

3. Education

4. Business

5. Husband's education status

6. Profession of Husband

7. Total members in the household

8. Number of children

9. Current Month

10. Children's age

1	2	3	4

MAMTA CARD DETAILS

	LMP		Due Date	
	1	2	3	4
Registration				
ANC Date				
Blood				
Weight				

1. Who told you about antenatal care?

a. Seva mandir worker

b. ASHA

c. Seva Mandir Bal Sakhi

d. Seva Mandir Balwadi Sanchlika

e. Government assistant

f. Government nurse

g. Anganwadi worker

h. Family member

i. Other

2. With whom do you go for regular check-ups?

a. Seva mandir worker

b. ASHA

c. Seva Mandir Bal Sakhi

d. Seva Mandir Balwadi Sanchlika

e. Government assistant

f. Government nurse

g. Anganwadi worker

h. family member

i. Lonely

3. Have you had any problems with your pregnancy?

a. Yes

b. No

4. Did you attend the event on the 9th of the month?

a. Yes

b. No

GENERAL INFORMATION

1. What should be the gap between the birth of two children?

a. 1 year

b. 2 years

c. 3-year

d. Don't know

2. How often does antenatal care take place?

a. 1 time

b. 2 times

c. 3 times

d. 4 times

e. 5 times

f. Don't know

3. Where do you think it is safe for a child to be born?

4. What do you mean by risk in pregnancy?

a. Swollen feet

b. Fever

c. Infection

d. Depression and Anxiety

e. Pregnancy loss

f. Anemia

5. How much IFA pill is given during pregnancy?

a. 10

b. 30

c. 60

d. 100

e. 150

f. Don't know

6. What are the things pregnancy should not do?

a. Chikni Chig

b. Milk, Curd

c. 1-hour rest

d. Farm work

e. Lifting weights

DIET AND DAILY ROUTINE

1. How many times do you eat food in 24 hours?

a. 2 times

b. 3 times

c. 4 times

d. More than 4 times

2. What have you eaten in the last 24 hours?

a. What did you eat for the first time?

b. What did you eat the second time?

c. What did you eat for the third time?

3. How many times a day do you rest?

a. 2 hours

b. 3 hours

c. More than 3 hours

d. doesn't get rest

4. Tell us about your daily routine.

OTHER STAKEHOLDERS

1. Where are you planning to have the delivery?

2. Which food do you think is beneficial for a woman during pregnancy?

3. What preparations have you made for delivery?