



Constraints Faced by the Beneficiaries and Government Officials in Running of National Nutrition Mission (NNM) in Samastipur District of Bihar

Richa Kumari^{1} and Binita Kumari²*

¹*Ph.D. Research Scholar, Department of Home Science,
Lalit Narayan Mithila University, Darbhanga, 846008 (Bihar), India.*

²*Assistant Professor, Department of Home Science, Nagendra Jha Mahila College,
Lalit Narayan Mithila University, Darbhanga, 846008 (Bihar), India.*

(Corresponding author: Richa Kumari)*

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ABSTRACT: The health and nutrition of women throughout their lives in developing countries are affected by the interactions and relationships between health, social, cultural and health related factors. Instead of focusing solely on the moment of birth, we address the conditions that occur before and after pregnancy and explain lifelong ways to improve maternal nutrition by going beyond traditional nutrition services during pregnancy. Malnutrition is a complex, multifactorial problem that requires in prevention by specific nutrition and health sensitive programmes used by many programs. Maternal malnutrition during pregnancy and postpartum continues to be a major public health problem. It affects the health of mothers and their offspring and has long term effects on the survival, growth and development of children in the first 1000 days of life and beyond malnutrition among pregnant women and lactating mothers continues to be a public health problem in developing countries. There are many initiatives taken by the Indian Government but the participants are facing risks due to lack of impact to solve this problem. In this study, many problems faced by the respondents and government officials during getting benefits and services of the National Nutrition Mission have been clarified.

Keywords: beneficiaries, constraints, government officials, National Nutrition Mission.

INTRODUCTION

Adequate maternal nutrition is essential for the health and vitality of women and the health, survival and development of children. Maternal health services play an important role in increasing fertility. The use of health services is affected by the availability, quality and cost of services, as well as social norms, health beliefs and the identity of the people using them. More than half a million women die each year from complications of pregnancy or childbirth. Most maternal deaths occur during childbirth, and trained doctors can reduce this number (UNICEF, 2008). Every minute at least one woman dies from pregnancy or childbirth, or 529,000 women die each year. In addition, for every woman who dies during childbirth each year approximately 20 people are injured, infected or become infected, affecting approximately 10 million women. Studies show that in developing countries, the cause of maternal death is inadequate care for parents, due to poor conditions and lack of care in antenatal hospitals and maternity wards (Igbokwe, 2012).

Pregnancy care should include fetal and infant care as well as maternal development. This can be done through early appointments and pre-natal check-ups (WHO, 2007). For improvement of nutrition status of children up to 6 years, adolescent girls, pregnant women, lactating mothers honourable Prime Minister Narendra Modi

was launched the National Nutrition Initiative, renamed as Prime Minister's Comprehensive Initiative on Holistic Nutrition (POSHAN) on March 8, 2018 in Jhunjhunu Rajasthan. The Prime Minister addressed the issue of malnutrition in India at the Jhunjhunu conference in Rajasthan to reduce malnutrition in India by 2022. The Ministry of Women & Child Development (MWCD) has neglected the National Nutrition Mission and the NITI Aayog monitor and evaluates the mission. NNM aims to improve the nutritional status of target groups in India, such as children aged 0-6, adolescent girls, pregnant and lactating women, within 3 years of its launch, with a focus on the poorer groups. Under the National Nutrition Mission or Poshan Abhiyan, other programmes or projects in India's food programmes

will be brought together to promote ways to eliminate malnutrition. Keeping these points in mind, the present investigation was assumed with the objectives to identify the major constraints faced by respondents and government officials during receiving and providing the National Nutrition Mission services. Accomplishment constraints, which are general to wellbeing programs, include restricted service-release capability and little apply of existing services, deprived program managing, restricted focuses on behavioral vary and issues, and insufficient training of health workers (Jose *et al.*, 2000). Several challenges have been identified that hindered expectant women and lactating mothers from utilizing the integrated nutrition intervention, including poverty, financial limits, lack of support and time from husband, and lack of knowledge and unenthusiastic attitude about the nutrition intervention (Hebtu *et al.*, 2023).

MATERIAL AND METHODS

There are 38 district in Bihar in which Samastipur district was selected for study. Out of 21 blocks of Samastipur district 2 blocks Pusa and Kalyanpur were selected randomly. Out of these two blocks 30-30 respondents from Rampur and Gopalpur villages and from Pusa block 30-30 respondents Harpur and Bhuskaul villages and 15-15 concerned officials from both block were taken for the study. Hence, all together 150 respondents were the total number of sample size and concerned officials were also interviewed for knowing the constraints faced by them during providing the services of National Nutrition Mission. The analysis of the collected data was done by using. Further, data was analyzed through frequency, percentage and ranking methods and it has been earlier applied by (Kumari *et al.*, 2020; Lal *et al.*, 2022; Bandhavy *et al.*, 2022; Saini *et al.*, 2023; Lal *et al.*, 2023). It must be worth mentioning that impact and constraints analysis is common in social science (Lal *et al.*, 2016; Arya *et al.*, 2023; Saha *et al.*, 2023; Mallick *et al.*, 2023; Arya *et al.*, 2024).

RESULTS AND DISCUSSIONS

Problems faced by the respondent in availing benefits and services of NNM. Table 1 reveals that in both block 100 percent respondents said that in every month on 7th Godbharai diwas is organized at all AWCs for better health of pregnant women and her child, and on 19th Annaprashan diwas is organized at all AWCs to initiate supplementary foods to children after 6 months. Samastipur district of Pusa block, 96.6 percent respondents said that they faced problem due to lack of economic support ranked I, 86.6 percent respondents not receive any awareness program on health issues

ranked II, 83.3 percent respondents had the opinion that their family does not support them to go to hospital for treatment ranked III, 80 percent respondents said that AWW not provide proper amount of supplementary foods ranked IV, 66.6 percent respondents said that mental and physical support of their family elder was very low that ranked V, 81.6 percent respondents said that AWWs not provide suggestion for safe motherhood and delivery of children during godbharai ranked VI, 58.3 percent Government Ambulance service is not reaches in their village ranked VII, 48.3 percent respondents told that AWWs not provide suggestion for safe motherhood and delivery of children during godbharai ranked VIII, 41.6 percent respondents said that ASHA worker not available in case of emergency that ranked IX, 25 percent Anganwadi worker not provide awareness on various health issues during home visit ranked X, 16.6 percent AWW not take height and weight of pregnant women and infant at AWCs as well as during home visit & supplementary nutrition quality is not good that respondents received ranked XI, 13.3 percent for receiving supplementary nutrition AWW/AWH not approaches them giving rank XII, 8.3 percent AWWs & AWHs behavior is not good during providing supplementary nutrition to them ranked XIII.

Whereas, in Kalyanpur block 91.6 percent respondents said that they faced problem due to lack of economic support ranked I, 88.3 percent family is not supported them for going to the hospital for treatment ranked II, 83.3 percent respondents said that AWW not provide proper amount of supplementary foods ranked III, 80 percent respondents not receive any awareness program on health issues ranked IV, 70 percent Government Ambulance service is not reaches in their village ranked V, 66.6 percent AWWs & AWHs behavior is not good during providing supplementary nutrition to them ranked VI, 58.3 percent respondents said that mental and physical support of their family elder was very low that ranked VII, 78.3 percent respondents said that AWWs not provide suggestion for safe motherhood and delivery of children during godbharai ranked VIII, 40 percent AWWs not provide suggestion for safe motherhood and delivery of children during godbharai ranked IX, 36.6 percent respondents said that ASHA worker not available in case of emergency that ranked X, 35 percent Anganwadi worker not provide awareness on various health issues during home visit ranked XI, 21.6 percent supplementary nutrition quality is not good that they received ranked XII, 11.6 percent AWW not take height and weight of pregnant women and infant at AWCs as well as during home visit ranked XIII, 8.3 percent for receiving supplementary nutrition AWW/AWH not approaches them ranked XIV.

Table 1: Rank wise distribution of problems faced by the rural women in availing benefits and services of National Nutrition Mission.

Sr. No.	Statement	Total Respondent(120)			
		Pusa		Kalyanpur	
		F	Rank	F	Rank
1.	ASHA worker not available in case of emergency	25 41.6%	IX	22 36.6%	X
2.	Lack of emotional and physical support of family elder	40 66.6%	V	35 58.3%	VII
3.	Lack of economic support	58 96.6%	I	55 91.6%	I
4.	AWW does not provide proper amount of supplementary foods.	48 80%	IV	50 83.3%	III
5.	For receiving supplementary nutrition AWW/AWH Does not approach you.	8 13.3%	XII	5 8.3%	XIV
6.	AWWs & AWHs behavior is not good during providing supplementary nutrition to you?	5 8.3%	XIII	40 66.6%	VI
7.	Supplementary nutrition quality is not good that you received?	10 16.6%	XI	13 21.6%	XII
8.	Not information about different program.	52 86.6%	II	48 80%	IV
9.	Family does not support for going to the hospital for treatment.	50 83.3%	III	53 88.3%	II
10.	AWW not take height and weight of pregnant women and infant at AWCs as well as during home visit.	10 16.6%	XI	7 11.6%	XIII
11.	Anganwadi worker not provide awareness on various health issues during home visit.	15 25%	X	21 35%	XI
12.	Government Ambulance service does not reach in your village.	35 58.3%	VII	42 70%	V
13.	Every month on 7 th Godbharai diwas is not organized at AWCs.	-		-	
14.	AWWs not provide suggestion for safe motherhood and delivery of children during godbharai.	37 81.6%	VI	32 78.3%	VIII
15.	Every month on 19 th Annaprashan diwas is not organized at AWCs for initiate supplementary foods to children after 6 months.	-		-	
16.	AWWs not provide message to respondents about type and importance of supplementary foods during annaprashan.	29 48.3%	VIII	24 40%	IX

Problems faced by the health functionaries in delivering the services among rural women. Table 2 under problems related to society 91.6 respondents faced problems to overcome religious taboos or beliefs was reported as Ist rank in problem analysis because of fallacy and inappropriate health practices in community, 68.3 percent health functionaries stated that lack of training for updating the knowledge ranked IInd, 63.3 percent respondents facing problem due to low educational level of the beneficiaries that ranked IIIrd and 58.3 percent respondents were facing problem due to low educational level of the beneficiaries that ranked IVth. Whereas, in Kalyanpur block 83.3 respondents faced problems to overcome religious taboos or beliefs was reported as Ist rank in problem analysis, 68.3 percent respondents faced problem due to lack of

proper information about new technology ranked IInd, 66.6 percent health functionaries stated that lack of training for updating the knowledge ranked IIIrd, & 61.6 percent respondents facing problem due to low educational level of the beneficiaries that ranked IVth respectively.

In case of problems related to medical service in Pusa Block 80 percent respondents faced problems due to incomplete medical kit ranked Ist, 73.3 respondents were said that due to delay in supply of material and medicines they faced problem ranked IInd, 66.6 percent respondents facing problem due to inadequate and deteriorated condition of ambulance facilities ranked IIIrd. Whereas, In Kalyanpur block 78.3 respondents were said that due to delay in supply of material and medicines they faced problem ranked Ist, 71.6 percent

respondents faced problems due to incomplete medical kit ranked IInd & 61.6 percent respondents facing problem due to inadequate and deteriorated condition of ambulance facilities ranked IIIrd respectively. In case of problems related to employees in both blocks majority of respondents faced problem due to heavy workload ranked Ist, in Pusa block 68.3 respondents said that they were faced problems due to lack of cooperation from the hospital ranked IInd & 63.3 percent respondents said that due to lack of Growth monitoring devices & smart phones they were faced problems ranked IIIrd, Whereas, in Kalyanpur block 66.6 percent respondents said that due to lack of Growth monitoring devices & smart phones they were faced problems ranked IInd, 58.3 respondents said that they were faced

problems due to lack of cooperation from the hospital ranked IIIrd. In case of problems related to employees incentives in both blocks majority of respondents faced problem due to low remuneration compared to workload ranked Ist. In Pusa block 83.3 percents respondents said that they were faced problems due to lack of fund for mobile recharge ranked IInd, 78.3 percents respondents said that they were faced problems due to late payment ranked IIIrd. Whereas, in case of Kalyanpur block 86.6 percents respondents said that they were faced problems due to late payment ranked IInd & 75 percents respondents said that they were faced problems due to lack of fund for mobile recharge ranked IIIrd.

Table 2: Rank wise distribution of problems faced by the health functionaries in delivering the services among rural women.

Sr. No.	Statement	Total Respondent(30)			
		Pusa		Kalyanpur	
		F	Rank	F	Rank
A	Problems related to society				
1	Lack of training to update the knowledge of Anganwadi workers	45 68.3%	II	40 66.6%	III
2	Problems to overcome religious taboos/belief	55 91.6%	I	50 83.3%	I
3	Low educational level of the beneficiaries	35 58.3%	IV	37 61.6%	IV
4	Lack of proper information about new technology	38 63.3%	III	41 68.3%	II
B	Problems related to medical service				
1	Inadequate and deteriorated condition of ambulance	40 66.6%	III	37 61.6%	III
2	Delay in supply of material and medicines	44 73.3%	II	47 78.3%	I
3	Incomplete medicine kit	48 80%	I	43 71.6%	II
C	Problems related to employees				
1	Lack of cooperation from the hospital	41 68.3%	II	35 58.3%	III
2	Heavy work load	54 90%	I	57 95%	I
3	Lack of Growth monitoring devices & smartphones.	38 63.3%	III	38 63.3%	II
D	Problems related to incentives				
1	Low remuneration compared to workload	57 95%	I	55 91.6%	I
2	Late payment	47 78.3%	III	45 75%	III
3	Lack of fund for mobile recharge.	50 83.3%	II	52 86.6%	II

CONCLUSIONS

Women's nutrition is still a global issue with common problems and limitations that can be resolved if women's health and nutrition are integrated into elements of the life cycle rather than isolated. This approach includes addressing the social and cultural aspects of women's lives at every stage of the life cycle. Maximum respondents of both blocks faced constraints due to lack of economic support and not proper information about different government programmes and most of the government officials faced constraints of both block due to heavy workload, low remuneration compared to workload and problems to overcome religious taboos/belief.

FUTURE SCOPE

Further study can be accomplished by combining a bigger number of villages and respondents and future studies can also more susceptible to social limitation. This study will provide a holistic figure of women's nutrition services in India.

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Conflict of Interest. None.

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