Introduction:

Mother's milk is the nature's gift to the baby. Breast milk is the ideal food for all infants and provides sufficient nutrients required for the development of a new born child. According to Singh et al. (1992) traditionally it has been believed that breast-feeding ensures optimum growth, enhances intellectual and emotional development and improves child survival by providing protection against infection, diseases and malnutrition for infant.

According to the experts infant should be put to breast for the first feed between 4 to 8 hours of the birth. A newly born child comes to an entirely new environment and thus requires some time for adjustment. Early first feed is advised because at the time of delivery the breast of the mother start secreting a vital yellow colour, thick pre-milk known as “colostrums” which is the first immunization of the child. The experts of the field recommended that up to the age of 6 months of a child, 5 to 6 feed must be given keeping the interval between 2 feeds from 2 to 3 hours and the time interval between the feeds should be increased with increase in the age of a child. Breast-feeding must be continued at least 9 months and if possible may be continued up to 1 year. A healthy mother can produce enough (400-800ml/day) milk to meet the caloric requirement of child till the age of 6 months hence WHO recommended exclusive breast-feeding till this age. Breast-feeding should be stopped due to age of a child, pregnancy of mother or lack of sufficient lactation.

Awasthi et al. (1983) found that colostrums was utilized as first fed in only 9.1% of the cases, diluted milk was given in 31.1% cases. 79.5 % of the illiterate mothers and 74.4% of under primary educated mothers continued breast feeding beyond 1 year of age compared to 33.8 % mothers educated up to intermediate standard.

Nyaga (2012) concluded that weaning and breast-feeding practices differed in the rural and urban areas mainly due to different knowledge and poverty levels.

Bhanderi et al. (2011) suggested that feeding and weaning practices in the under-five children were strongly influenced by factors like mother's education, provision of antenatal care, place of delivery but not by socio-economic status.

Gunagi et al. (2012) observed and concluded that out of the 38 (63.3%) mothers who administered pre-lacteal feeds, 27 (45%) gave sugar water, 10 (16.6%) gave both sugar water and honey and only one baby was given cow milk. 50% of babies did not receive colostrums and initial of breast-feeding within one hour was 31.67%.

Many pioneering works on breast-feeding practices have been undertaken by various medical and social scientist (Bhel 1979, Bhan, et al. 2004, Das and Choudhari 2005, Das and Ghosh 1985). Many of these studies have been undertaken on breast-feeding in various tribal population of the world.

Statement of Problem:

The only problem of the present research was whether
there existed any difference between tribal and non-tribal farm-women in respect of breast-feeding practices.

It was expected that tribal and non-tribal farm-women would differ in regard to the practice of breast-feeding.

**Methodology**:

**Sample**: The final sample was comprised of incidentally selected 150 tribal and 150 non-tribal farm-women having child up to age of 9 years.

**Tools**: The Child Rearing Practices Questionnaire (CRPQ) developed and standardized by Verma et al. (2012) was used for the purpose.

**Procedure**: Initially two districts i.e., Bastar (Tribal) and Raipur (Non-tribal) were selected randomly from Chhattisgarh state. Secondly, two blocks i.e., Bastanar and Bakaband from tribal area and two blocks i. e., Arang and Dharisiwa from non-tribal were selected on random basis. Thirdly, five villages were selected randomly from each block and a total of 15 women per village were selected incidentally. In this way 150 tribal and 150 non-tribal women were selected and administered CRPQ.

**Results and Discussion**:

A perusal of Table 1 clarifies that 66.67 % non-tribal farm women and 58.66 % tribal farm-women could be categories into good breast-feeding practice on the basis of median (Md=11). Further it is also clear that more tribal farm-women (41.34%) were classified into poor breast-feeding practice group than non-tribal farm-women (33.33%). The obtained X2 (X2=2.05) was not significant at any acceptable level of significance for 1 degree of freedom. This insignificant statistic provided empirical ground to conclude that there did not exist any genuine difference between tribal and non-tribal farm-women in regard to breast-feeding practices.

The Indian culture insists heavily on breast-feeding for better health of a child. There may be differences due to habitat area (tribal and non-tribal) in regard to patterns of breast-feeding. Looking at the responses of the respondent it was clear that more non-tribal farm women used proper interval of breast-feeding while tribal farm-women tended to feed the child only when he/she cried. Similarly, it was also clear that most of tribal farm-women continued breast-feeding even after 3 years of age of the child while most of non-tribal farm-women did it upto 2 years only. However, in general these differences are not found genuine.

**References**:


<table>
<thead>
<tr>
<th>Group</th>
<th>Non- Tribal</th>
<th>Tribal</th>
<th>Total</th>
<th>X²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>100</td>
<td>66.67%</td>
<td>88</td>
<td>58.66%</td>
</tr>
<tr>
<td>Poor</td>
<td>50</td>
<td>33.33%</td>
<td>62</td>
<td>41.34%</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
<td>100%</td>
<td>150</td>
<td>100%</td>
</tr>
</tbody>
</table>
Effect of Nutrition Education on Knowledge of Diarrhea among Mothers of Pre-School Children in Bahraich District

The purpose of the present study was to study the effect of nutrition education on knowledge of mothers of diarrhea affected children up to the age of 5 years. The population of the study was mothers of diarrhea affected children of Bahraich district. A sample of 70 mothers was taken by this population through purposive sampling technique. A self made questionnaire was administered and data was collected. Mean S.D and t-values were calculated. It was found that knowledge of diarrhea was improved by nutrition counseling given to mothers. It is suggested that intensive nutrition education to prevent diarrhea and malnutrition should be given to through different agencies.

DR. (MRS.) RICHA SINGH

Introduction:
Poverty is one of the main problems on Indo Nepal border of Bahraich district. Fire wood collection from border forest is the main occupation among low income people. Most of the mothers are busy in this business. In this way, children up to the age of 5 years suffer from malnutrition, as the mothers of such children remain away and they do not carry their children with them by the fear of wild animals in the forest. This poor nutrition leads to ill health and this again cause further deterioration of nutrition status. In this district malnutrition is widely prevalent. In a study made by UNICEF (2009), it is revealed that 43% of under five children in India are malnourished. This malnutrition may worsen diarrhea and other infections due to weakened immune system (Nel, 2010). Chaudhary (1990) & Chen et. al. (1981) has suggested that poor nutrition status is a risk factor of diarrhea. Diarrhea is one of the cause of morbidity and mortality among children under 5 years in developing countries, there was a median of 3.2 episode of diarrhea per child year (Margaret et.al.; 2003).

Attempts also have been made to impart education to mothers. Food safety education imparted to mothers bring down the prevalence of diarrhea in small children residing in urban slums along with improvements in knowledge attitudes and practice of feeding (Sheth and Obrah, ;2004). After imparting food safety education for a period of about one month consisting of 5 sessions, there was a 33% reduction in diarrhea is children below 2 years of age (Sheth and Mehotra;2001).

Singh R. (2012) found that the knowledge regarding iron deficiency anemia of school going adolescent girls improved after nutrition counseling. Bala (2014) in one study observed increased level of knowledge among mothers after the self instructional modulate at Chennai. Bhan, et. al. (1996) emphasized that mothers must receive nutrition counseling from the health care centers. Keeping these findings in mind, the present investigator was much impressed to know the effect of nutrition education on the knowledge of diarrhea among mothers of pre-school children of Bahraich district.

Objectives:
The study was based on the following objectives:
1. To know knowledge of diarrhea among mothers before nutrition counseling.
2. To know knowledge of diarrhea among mothers after nutrition counseling.
3. To compare knowledge of diarrhea among mothers before and after nutrition counseling.

Methodology:
A sample of 70 educated and willing mothers to take nutrition counseling was taken from the population of Bahraich district through purposive sampling technique. A self-made questionnaire was administered over the sample. First time, this questionnaire was administered before nutrition counseling. The researcher herself gave nutrition counseling as they know proper knowledge of breast feeding, ORS use, fruit and vegetable juice, amount of each meal to be fed and other preventive measures of diarrhea. After one month gap of nutrition counseling given, the questionnaire was administered again. The score of nutrition knowledge before and after counseling were calculated and frequency distributions were prepared, separately. Mean, S.D and t-values were calculated to get the effect of nutrition counseling.
Results and Discussion:
Mean, SD and t-value for both the distributions are given in the following table.

<table>
<thead>
<tr>
<th>Nutrition knowledge</th>
<th>Knowledge Score</th>
<th>t-Value</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Mean</td>
<td>S.D.</td>
<td></td>
</tr>
<tr>
<td>Before counseling</td>
<td>70</td>
<td>9.544</td>
<td>3.68</td>
</tr>
<tr>
<td>After counseling</td>
<td>70</td>
<td>11.462</td>
<td>3.93</td>
</tr>
</tbody>
</table>

Table: Mean, S. D and t-value & knowledge of Diarrhea Before and After Nutrition Counseling

In the observed from the above table that the mean & S. D of knowledge of nutrition during diarrhea before nutrition counseling were 9.544 and 3.68, while after counseling these were 11.462 and 3.93, respectively. Mean of knowledge after counseling was higher counseling as compared to before counseling. The mean value of knowledge was increased by 1.918, after giving counseling to mothers. T-value was also calculated and it was 3.5626, which is higher than the table value. So, it was found significant at .01 levels of significance. In other words, it may be said that knowledge of nutrition during diarrhea was significantly improved among the mothers of diarrhea affected pre-school children. A significant effect of nutrition counseling was found on anemic girls by Singh R. (2012). Bala (2014) also revealed average improvement knowledge on diarrhea among mothers in experimental group. Food safety education resulted reduction in the prevalence of diarrhea (Sheth and Obrah; 2004 & Sheth and Malhotra; 2001). The results of these studies revealed the importance of nutrition education/counseling. Hence, mothers should receive nutrition counseling either from the health care centers or any other agencies including clear instruction on the frequency of breast feeding, meals, the amount to be fed in each meal and solutions to the problems of individual child and family (Bhan, et. al., 1996). The results of these studies are in support of the results in hand.

Conclusion:
It has been concluded in this study that the level of knowledge of diarrhea was improved by nutrition counseling given to mothers of diarrhea affected pre-school children. Proper knowledge and attitude of practices of mothers in relation to certain nutritional concepts are strongly associated with nutritional status of the child. Therefore, intensive nutrition education should be given to them. The community programs how to alter its existing practice to reduce diarrheal episode must be planned and undertaken by and with the community.

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खेतीहर महिलाओं की स्वास्थ्य संबंधी समस्याएँ - कारण एवं निदान
(होशंगाबाद जिले के डॉगरवाडा गाँव के बिशेष संदर्भ में)

प्रस्तुत शोधध्ययन खेतीहर महिलाओं की स्वास्थ्य संबंधी समस्याएं, कारण एवं निदान विषय
पर तैयार किया गया है। अध्ययन हेतु होशंगाबाद जिले के डॉगरवाडा गाँव की 25 ग्रामीण खेतीहर
महिलाओं का चयन न्यायरूप के रूप में देख निर्देशन प्राप्त था। अध्ययन के माध्यम से सूचनाओं एवं तब्दियों को संकलित कर उनका विश्लेषण कर प्रतिष्ठित विधि का प्रयोग कर
निष्पादन प्राप्त किए गए। प्रारंभिक अध्ययन के आधार पर ग्रामीण खेतीहर महिलाओं में संक्रमण रोगों से
संबंधित, पोषण संबंधी एवं परवर्तन की अस्वस्थता से उत्पन्न होने से समस्याएं जिसके लिए सामने आई है।

डॉ.संध्या राय* एवं श्रीमती राजीम सोनी**

भाषात्मक प्रामाण्य परिवेश में महिलाओं से खेती का कार्य करती आ रही हैं। वर्तमान समय में कृषि कामों में अनेक
उपकरणों का प्रयोग विविध कार्यों हेतु किया जाता है, साथ ही प्रयोग
के अन्यत्त, अध्ययनों के लिए और अध्ययनों के लिए, ये जानकारी मुख्यतः
सेवन शास्त्र के निदान के लिए अहकृत है कि प्रयोग के साथ तब्दि
संघष्ठ, महाकालों के साथ ज्ञानकारी हो। इसलिए खेतीहर महिलाओं
के साथ अभ्यास में आया जाता है और इस आया अभ्यास का 60-70
प्रतिशत महिलाओं ग्रामीण क्षेत्र में निभाया जा रहा है। अतः राष्ट्र के
स्वास्थ्य शास्त्र के लिए निभाया जा रहा है।

उद्देश्य :
(1) खेतीहर महिलाओं की विभिन्न स्वास्थ्य संबंधी समस्याओं
का अध्ययन करना।
(2) खेतीहर महिलाओं की विभिन्न स्वास्थ्य संबंधी समस्याओं
के कारण ज्ञात करना।
(3) खेतीहर महिलाओं की ज्ञात समस्याओं के निदान हेतु
उपयुक्त सफल प्रस्तुत करना।

उपकरणामा :
(1) प्रारम्भिक खेतीहर महिलाओं विभिन्न प्रकार की स्वास्थ्य
संबंधी समस्याएं, जैसे-संक्रमण रोगों से संबंधित समस्याएं, पोषण
संबंधी समस्याएं, परवर्तन की अस्वस्थता से उत्पन्न संबंधित समस्याएं
आदि से प्राप्त है।
(2) खेतीहर महिलाओं की विभिन्न समस्याओं के मुख्य
कारण उनकी अशिक्षा, अज्ञानता एवं निर्देशित स्थिति है।

अध्ययन पद्धति :
अध्ययन हेतु अध्ययन को रूप में होशंगाबाद
जिले के डॉगरवाडा गाँव का चयन किया गया है, जो जिला
गृहयोजन से 10 किमी की दूरी पर स्थित है। अध्ययन इकाई के
रूप में खेतीहर महिलाओं का चयन देख निर्देशन
विधि द्वारा किया गया एवं साक्षात्कार एवं अनुरूपता के माध्यम
से संचारित कर, तब्दि को संकलित किया गया एवं विश्लेषण
कर प्रतिष्ठित विधि का प्रयोग कर
रेपोर्ट प्राप्त किए गए।

निष्पादन :
साक्षात्कार के दौरान संविधित महिलाओं से ज्ञानकारी प्राप्त
करने पर जो तथ्य सामने आए, उनके अनुसार खेतीहर महिलाओं
से समान मानुषीय समस्याएं देखी गईं।
(1) संक्रमण रोगों से संबंधित समस्याएं :
अज्ञात खेतीहर महिलाओं में संक्रमण रोगों का प्रयोग एक
महत्वपूर्ण समस्या बनी हुई है। मुख्य रूप से मलरिया, अल्टिसार,
पैंलिस, चिंता के संक्रमण दूर रखने हेतु। खेतीहर महिलाओं में संक्रमण
स्वास्थ्य संबंधी समस्याओं के लिए सामान्य
विश्लेषण उद्देश्यों में काम करने वाली 55 प्रतिष्ठित महिलाओं को कमी-कमी
सांस लेने में कठिनाइयाँ होती हैं। 25 प्रतिष्ठित महिलाओं को आंख,
नाक व गलें में जलन महसूस होती है जबकि 25 प्रतिष्ठित महिलाओं
को सिरदर्द की शिकायत बनी रहती है।

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(2) पोषण संबंधी समस्याएँ:

अध्ययन से ज्ञात हुआ कि लगभग 70 प्रतिशत खेतीहर महिलाओं की कमी के कारण कुपोषण का निष्कार है एवं लगभग 30 प्रतिशत महिलाओं में रक्तस्राव के लक्षण जैसे- लक्षण का रुखापन एवं पीलापन, असमन बालों का सफेद होना, ऑगें धंसी हुई इत्यादि पाये गए।

(3) पर्यावरण की अस्वस्थता से उत्पन्न समस्याएँ:

प्रस्तुत अध्ययन में पर्यावरण की स्वस्थता से संबंधित दो समस्याएँ मुख्य रूप से दिखाई दी। प्रथम शुद्ध जल की व्यवस्था का अभाव एवं द्वितीय अधिकांश घरों में मल निपासन एवं निपासन पुराने तरीके से किया जाना। साथ ही कुद्रो व मल के निकास का प्रकोक अब भी अस्तंबजनक है, जबकि शासन द्वारा इस संबंध में कई योजनाएँ संचालित हैं।

कारण:

प्रस्तुत अध्ययन में खेतीहर महिलाओं की जो समस्याएँ सामने आई, उनके निम्न कारण परिलिखित होते हैं:

1. अशिक्षा व अज्ञानता।
2. कीटनाशकों के प्रभाव के प्रति जानकारी का अभाव।
3. अस्वस्थता के दुःखभारों के बारे में जानकारी न होना।
4. स्वास्थ्य का स्तर व आर्थिक रिश्ते।
5. स्वास्थ्य व स्वास्थ्य से संबंधित शासन द्वारा संचालित योजनाओं की जानकारी का अभाव उ उनके प्रति उदासीनता।

युक्ताव:

1. व्यवस्था जागृत करते हेतु प्रयास:

इसमें महिलाओं को स्वास्थ्य एवं स्वस्थता से संबंध में जागरूक किया जाए एवं सरकार द्वारा भी पर्यावरणीय स्वस्थता हेतु दूसर कदम उठाए जाए, व्यतीति जब तक स्वस्थता से संबंधित हूड़ कदम नौट उठाये जाते, तब तक महिलाओं के स्वास्थ्य स्तर में सुधार के साथ-साथ को साकार नहीं किया जा सकता।

2. शुद्ध पानी के प्रभाव संबंधी जानकारी।
3. मल का संशोधन के निकास।
4. संक्रामक रोगों के नियंत्रण संबंधित कामों जो अब भी ग्रामीण क्षेत्र में विविधमान है, जब तक उनमें अमूर्त परिवेश के नहीं लाए जाते तब तक महिलाओं के स्वास्थ्य स्तर को सुधारना संभव नहीं।

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