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SPATIAL ANALYSIS OF THE NUTRITION LEVEL OF WOMEN DURING PREGNANCY AND LACTATION: A SPECIAL REFERENCE TO ANANTAPUR DISTRICT OF ANDHRAPRADESH

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Abstract

The first 1000 days of life, from conception until the age of two years, is a critical window of opportunity for improving a child's future nutritional status. A child's future nutritional wellbeing begins before conception and is greatly depend on the mother's nutritional status prior to and during pregnancy. Poor maternal pre-pregnancy nutritional status coupled with a suboptimal dietary intake and care during pregnancy and lactation, leads to decreased offspring birth weight and elevated risk of a child undernutrition, especially stunting. Stunted children, in turn, are at a higher risk of developing chronic diseases later in life, and deliver low birth weight babies, perpetuating or even deepening the intergenerational vicious cycle of under nutrition. This chapter describes the demographic and sociological characteristics of the mothers. It also provides data on maternal food intake, nutritional status, care and services sought during pregnancy and delivery.

Table:1

Revenue Division	Unit	Antenatal care received				Total
		None	1	2	3 and above	
Anantapuramu	Urban	0(0)	13.3(2)	26.6(4)	60(9)	15
	Rural	4.4(2)	6.6(3)	8.8(4)	80(36)	45
Dharmavaram	Urban	0(0)	13.3(2)	26.6(4)	60(9)	15
	Rural	6.6(3)	4.4(2)	11.1(5)	77.7(35)	45
Penukonda	Urban	13.3(2)	13.3(2)	20(3)	53.3(8)	15
	Rural	4.4(2)	6.6(3)	8.8(4)	80(36)	45
Kadiri	Urban	6.6(1)	13.3(2)	26.6(4)	53.3(8)	15
	Rural	4.4(2)	4.4(2)	11.1(5)	80(36)	45
Kalyandurg	Urban	13.3(2)	13.3(2)	13.3(2)	69(9)	15

	Rural	6.6(3)	6.6(3)	8.8(4)	77.7(35)	45
Total	Urban	6.64(5)	13.3(10)	22.62(17)	59.12(43)	75
	Rural	5.28(12)	5.72(13)	9.72(22)	79.08(178)	225
	Total	5.96(17)	9.51(23)	16.17(39)	61.41(221)	300

The above (table 1) shows the information of women's who received antenatal care for 1 time, twice, 3 times and above. Antenatal care is the care which is being given by the healthcare specialists for the women during their pregnancy. The highest dominant one is the women's received antenatal care is (3 and above). Where in that rural area consist of highest percentage than in the urban area (59 %). In the revenue division of Anantapuram rural area consist of highest value than and urban area, and not only Anantapuram and other divisions also consist of highest per cent in rural areas as compared with urban areas. And the second highest one is the care received twice (2) consist of 39% and in that 22% consist of urban areas. And the least one is the care received only 1 time. i.e, 5.96 % in that urban area consist of 6.64% and rural area consist of 5.28%. In the rural areas of Dharmavaram and kalyandurg are dominant one and least one is (0) in the urban areas of Ananthapuram and Dharmavaram.

Table:2

Revenue Division	Unit	Antenatal care by source			Total
		Doctor	ANM	Dai/Other	
Anantapuramu	Urban	80(12)	13.3(2)	6.6(1)	15
	Rural	88.8(40)	6.6(3)	4.4(2)	45
Dharmavaram	Urban	80(12)	13.3(2)	6.6(1)	15
	Rural	86.6(39)	8.8(4)	4.4(2)	45
Penukonda	Urban	80(12)	6.6(1)	13.3(2)	15
	Rural	84.4(38)	8.8(4)	6.6(3)	45
Kadiri	Urban	86.6(13)	6.6(1)	6.6(1)	15
	Rural	82.2(37)	11.1(5)	6.6(3)	45
Kalyandurg	Urban	80(12)	13.3(2)	6.6(1)	15
	Rural	84.4(38)	8.8(4)	6.6(3)	45
Total	Urban	81.2(61)	10.6(8)	7.94(6)	75
	Rural	85.2(192)	8.82(20)	5.72(13)	225
	Total	83.2(253)	9.71(28)	6.82(19)	300

The above (table 2) reveals that information of women's where antenatal care given above sources. As the technology is increasing the hospitability services are increasing more. Across the sample revenue divisions 83% of pregnant women received care by doctors only following by ANM and Dai. The rural areas percentage is higher than the urban areas. The Anantapuramu rural area division consist of highest percentage than the other divisions. And the all the division of urban areas consist of constant percentage. And the last and least one is where the care received by dhais/others. consist of 6.82% i.e., in the rural area consist of 7.94% and urban area consist of 6% where we can see decreasing trend. In earlier dhais/others were used to give the care for the pregnant women. now the graph is totally different hospitals are doing that so that the reason it consists of least percentage.

Table: 3

Revenue Division	Unit	Antenatal care					Total
		Weighed	Height measured	Blood pressure Measured	Ultra Sound done	Expected delivery date	
Anantapuramu	Urban	86.6(13)	86.6(13)	86.6(13)	80(12)	93.3(14)	15
	Rural	91.1(41)	88.8(40)	86.6(39)	86.6(39)	88.(40)	45
Dharmavaram	Urban	86.6(13)	80(12)	80(12)	73.3(11)	86.6(13)	15
	Rural	88.8(40)	91.1(41)	88.8(40)	84.4(38)	86.6(39)	45
Penukonda	Urban	80(12)	86.6(13)	80(12)	73.3(110)	80(12)	15
	Rural	91.1(41)	88.8(40)	28.8(13)	88.8(40)	86.6(39)	45
Kadiri	Urban	80(12)	80(12)	26.6 (40)	80(12)	86.6(13)	15
	Rural	91.1(41)	86.6(39)	26.6(12)	86.6(39)	88.8(40)	45
Kalyandurg	Urban	86.6(13)	86.6(13)	86.6(13)	73.3(11)	86.6(13)	15
	Rural	93.3(42)	91.1(41)	91.1(41)	84.4(38)	86.6(39)	45
Total	Urban	83.96	83.96	119.96	99.5	86.62	75
	Rural	91.08	89.28	64.38	86.16	87.48	225
	Total	87.52	86.62	92.17	92.83	87.05	300

The above (table 3) shows the information about the antenatal care by source consist of various factors considering it. The care is given by check-up like weighed, height, blood pressure measured, ultra sound done and expected delivery date for the women at the time of pregnancy period. In the division of Anathapuram the highest per cent consist of where the women taken mostly the expected delivery date were told (93.3%) under the urban area. And next the women taken they care by measuring other factors. And in the rural area of Ananathapuram mostly the women taken care by measuring the weighed (91.1%) than the other measuring factors. In the division of Dharmavaram urban area mostly the women taken the measuring of expected delivery date (86.6%) than the other factors measuring. In the rural area mostly care taken by the measuring of the height measured. In the division of the Penukonda urban area mostly women taken care by measuring the height measurement (86.6%). And in the last division of the Kalayandurg urban area the care given by taking all the factors measuring. And in the rural area mostly the care given by the measuring the weigh (93%) of the women than the other factors.

Table: 4

Received Iodized Salt from Anganwadi's					
Revenue Division	Unit	Regular	Sometimes	Never	Total
Anantapuramu	Urban	73.3(11)	13.3(2)	13.3(2)	15
	Rural	93.3(42)	4.4(2)	2.2(1)	45
Dharmavaram	Urban	80(12)	13.3(2)	6.6(1)	15
	Rural	88.8(40)	4.4(2)	6.6(3)	45
Penukonda	Urban	80(12)	6.6(1)	13.3(2)	15
	Rural	91.1(41)	4.4(2)	4.4(2)	45
Kadiri	Urban	86.6(13)	6.6(1)	6.6(1)	15
	Rural	95.5(43)	4.4(2)	0(0)	45
Kalyandurg	Urban	86.6(13)	6.6(1)	6.6(1)	15
	Rural	93.3(42)	4.4(2)	2.2(1)	45
Total	Urban	81.3(61)	9.28(7)	9.28(7)	75
	Rural	92.4(208)	4.4(10)	3.08(7)	225
	Total	86.85(269)	6.89(17)	6.18(14)	300

The above (table 4) shows the information of how often and how much of iodized salt received by pregnant women from anganwad centres. In the division of Ananthapuram urban area mostly women received on regular basis (73%) and the other 13% women received sometimes and the same per cent never get it. In the rural areas also high percentage of women received regularly 90% and above and only 4% received sometimes and other 2% never received. Overall comparison we can say highest percent receiving in rural area than urban.

Table:5

Revenue Division	Unit	Method of Family planning % of contraceptive use families					Total
		Female sterilization	Male sterilization	IUD/Copper - T	Pills	Condom/Nirodh	
Anantapuramu	Urban	53.3(8)	13.3(2)	6.6(1)	13.3(2)	13.3(2)	15
	Rural	75.5(34)	4.4(2)	4.4(2)	8.8(4)	6.6(3)	45
Dharmavaram	Urban	46.6(7)	13.3(2)	6.6(1)	20(3)	13.3(2)	15
	Rural	82.2(37)	2.2(1)	2.2(1)	8.8(4)	4.4(2)	45
Penukonda	Urban	53.3(8)	13.3(2)	6.6(1)	13.3(2)	13.3(2)	15
	Rural	73.3(33)	6.6(3)	4.4(2)	8.8(4)	6.6(3)	45
Kadiri	Urban	46.6(7)	6.6(1)	13.3(2)	20(3)	13.3(2)	15
	Rural	77.7(35)	4.4(2)	6.6(3)	6.6(3)	4.4(2)	45
Kalyandurg	Urban	23.3(5)	20(3)	6.6(1)	20(3)	20(3)	15
	Rural	82.2(37)	2.2(1)	2.2(1)	8.8(4)	4.4(2)	45
Total	Urban	86.62(35)	13.3(10)	7.94(6)	17.32(13)	14.64(11)	75
	Rural	78.18(176)	3.96(9)	3.96(9)	8.36(19)	5.38(12)	225
	Total	82.4(211)	8.63(19)	5.95(15)	12.84(32)	10.01(23)	300

The above (table 5) reveals the information about the method of family planning. In across all the divisions in the sample respondent's female sterilization method is the highest adoptable with 82.4% following pills and condoms. In the division of Ananthapuram and Dharmavaram urban areas 53% female sterilization was used which was highest in urban divisions. used for the family planning and 8.63% were used male sterilization and pills 12% and condoms 10%. And only 6% used the copper-T. in the rural areas 75% used female sterilization and 4% used male sterilization. And in the last division of the kalyandurg urban area 23% used 1st method and it consist of highest percentage than the other methods.in the rural areas 82% were used female sterilization and it is highest when compared to other methods. overall comparison female sterilization method is highest when compared to other methods.

Table:6

Revenue Division	Unit	What is your usual staple food				Total
		Rice	Wheat	Jowar	Ragi	
Anantapuramu	Urban	40(6)	33.3(5)	13.3(2)	13.3(2)	15
	Rural	53.3(24)	20(9)	13.3(6)	13.3(6)	45
Dharmavaram	Urban	33.3(5)	40(6)	6.6(1)	20(3)	15
	Rural	55.5(25)	20(9)	11.1(5)	13.3(6)	45
Penukonda	Urban	46.6(7)	26(4)	6.6(1)	20(3)	15
	Rural	51.1(23)	22.2(10)	11.1(5)	15.5(7)	45
Kadiri	Urban	33.3(5)	40(6)	13.3(2)	13.3(2)	15
	Rural	55.5(25)	17.7(8)	13.3(6)	13.3(6)	45
Kalyandurg	Urban	33.3(5)	40(6)	6.6(1)	20(3)	15
	Rural	51.1(23)	22.2(10)	11.1(5)	15.5(7)	45
Total	Urban	37.3(28)	35.86(27)	9.32(7)	17.32(13)	75
	Rural	53.3(120)	20.42(46)	11.98(27)	14.18(32)	225
	Total	45.3(148)	28.14(73)	10.65(34)	15.75(45)	300

The above (table 6) shows the information about the usual staple food of women. In the division of Ananthapuramu urban area respondent's food was rice 37% while rural was 53%. Wheat was the second most

staple food across all the revenue divisions both in urban and rural was 28.14%. Jowar was being used across the divisions considerably 10.65% and it has occupied fourth most staple food. The women still using Ragi as staple food was 15.75% in all urban and rural areas across all revenue divisions. And there was not much difference between urban and rural areas taking Ragi as staple food. Consumption of rice still has first place with overall revenue divisions 45.3%.

Table:7

Revenue Division	Unit	Type of food followed			Total
		Veg	Non-Veg	Eggetarian	
Anantapuramu	Urban	73.3(11)	13.3(2)	13.3(2)	15
	Rural	75.5(34)	15.5(7)	8.8(4)	45
Dharmavaram	Urban	66.6(10)	20(3)	13.3(2)	15
	Rural	77.7(35)	17.7(8)	4.4(2)	45
Penukonda	Urban	60(9)	20(3)	20(3)	15
	Rural	73.3(33)	17.7(8)	8.8(4)	45
Kadiri	Urban	66.6(10)	26.6(4)	6.6(1)	15
	Rural	71.1(32)	17.7(8)	11.1(5)	45
Kalyandurg	Urban	73.3(11)	13.3(2)	13.3(2)	15
	Rural	75.5(34)	13.3(6)	11.1(5)	45
Total	Urban	67.96	18.64	13.3	75
	Rural	74.62	16.38	8.84	225
	Total	71.29	17.51	11.07	300

The above (table 7) shows the information of types of food followed by the women at the time of pregnancy. Throughout the revenue divisions the vegetarians were the highest per cent in rural and urban areas. In the case of vegetarians was 71% followed by non- vegetarians was 17% and Eggetarians was only 11%. There was a huge difference between rural and urban per cent in the case of vegetarians rural was 74% and urban was 67%. Eggetarian followers were very little across all the divisions that to the difference from urban to rural was identified as rural were 8.84% and rural was 13.3%.

Table:8

Revenue Division	Unit	Faced food scarcity during pregnancy		Total
		Yes	No	
Anantapuramu	Urban	13.3(2)	86.6(13)	15
	Rural	20(9)	80(36)	45
Dharmavaram	Urban	20(3)	80(12)	15
	Rural	17.7(8)	82.2(37)	45
Penukonda	Urban	13.3(2)	86.6(13)	15
	Rural	17.7(8)	82.2(37)	45
Kadiri	Urban	20(3)	80(12)	15
	Rural	22.2(10)	77.7(35)	45
Kalyandurg	Urban	20(3)	80(12)	15
	Rural	24.4(11)	75.5(34)	45
Total	Urban	17.32	82.64	75
	Rural	20.28	79.52	225
	Total	18.8	81.08	300

The above (table 8) shows the information of food scarcity during pregnancy of the respondents. At least 18% of the respondents were experience to lack of sufficient food during their pregnancy period while rest of the respondents 81% have not experienced such scarcity of food. There was no much difference between rural and urban per centage either insufficient or sufficient respondents. Dharmavaram (20) kadiri(20) and kalyandurg (20)

urban respondent were highest in not taking sufficient amount of food. And the Anantapur urban area was highest 86% taking sufficient food while lowest was kadiri rural was 75.5%.

Table:9

The above (table 9) shows the information of food distribution among family members. Only 61% of respondent

Revenue Division	Unit	Food distribution among family members			Total
		Equally	Male given priority	Children given priority	
Anantapuramu	Urban	60(9)	13.3(2)	26.6(4)	15
	Rural	57.7(26)	15.5(7)	26.6(12)	45
Dharmavaram	Urban	66.6(10)	6.6(1)	26.6(4)	15
	Rural	55.5(25)	13.3(6)	31.1(14)	45
Penukonda	Urban	66.6(10)	20(3)	13.3(2)	15
	Rural	55.5(25)	15.5(7)	28.8(13)	45
Kadiri	Urban	73.3(11)	13.3(2)	13.3(2)	15
	Rural	60(27)	13.3(6)	26.6(12)	45
Kalyandurg	Urban	66.6(10)	13.3(2)	20(3)	15
	Rural	57.7(26)	11.1(5)	31.1(14)	45
Total	Urban	66.62	13.3	19.96	75
	Rural	57.28	13.74	28.84	225
	Total	61.95	13.52	24.4	300

families were experienced equal food distribution across the revenue divisions and rest of the per cent were faced inequality food distribution in their respective families. As a pregnant women respondents need to have nutritional and sufficient food in their pregnant period but only 61% of them have got it. At least 13% respondent families were given priority to male persons of their families while 24% of them given to child priority to have enough food instead of pregnant women in their household. There was a considerable difference in rural and urban per cent in equal sharing of food (urban 66% rural 57%). While similar disparity was found out in the case of child priority in rural and urban areas (rural 28% and urban 19%). Interestingly, there was no much difference in male given priority in rural and urban areas (urban 13.3% and rural 13.52%).

Table:10

Revenue Division	Unit	Have you eaten meal less than want you want to save others		Total
		Yes	No	
Anantapuramu	Urban	6.6(1)	93.3(14)	15
	Rural	8.8(4)	91.1(41)	45
Dharmavaram	Urban	6.6(1)	93.3(14)	15
	Rural	11.1(5)	88.8(40)	45
Penukonda	Urban	13.3(2)	86.6(13)	15
	Rural	13.3(6)	86.6(39)	45
Kadiri	Urban	6.6(1)	93.3(14)	15
	Rural	11.1(5)	88.8(40)	45
Kalyandurg	Urban	13.3(2)	86.6(13)	15
	Rural	13.3(6)	86.6(39)	45
Total	Urban	9.32	90.62	75
	Rural	11.52	88.38	225
	Total	10.42	89.5	300

The above (table 10) shows the information of eaten meal less than want to save others. Overall, the divisions at least 10 % of the sample respondents were suffered to have enough food. And about 89 % of respondents had their meal enough they did not make any attempt to save food for other persons in their respective households.

Penukonda (13.3) and Kalyandurg (13.3) divisions has suffered to save food for others. Anantapur and Dharmavaram urban divisions have highest per cent for not saving food for others.

Table:11

Revenue Division	Unit	Do you get enough amount of following food			Total
		Milk products	Non-Veg	Vegetables	
Anantapuramu	Urban	46.6(7)	26.2(4)	26.6(4)	15
	Rural	57.7(26)	26.6(12)	15.5(7)	45
Dharmavaram	Urban	40(6)	33.3(5)	26.6(4)	15
	Rural	55.5(25)	24.4(11)	20(9)	45
Penukonda	Urban	33.3(5)	33.3(5)	33.3(5)	15
	Rural	53.3(24)	22.2(10)	24.4(11)	45
Kadiri	Urban	46.6(7)	20(3)	33.3(5)	15
	Rural	55.5(25)	20(9)	24.4(11)	45
Kalyandurg	Urban	46.6(7)	26.6(4)	26.6(4)	15
	Rural	55.5(25)	24.4(11)	20(9)	45
Total	Urban	46.62	27.96	29.28	75
	Rural	55.5	23.52	20.86	225
	Total	51.06	25.74	25.07	300

The above (table 11) consist of information of having or getting enough amount of food like milk products, non veg, and vegetables. The respondents across the revenue divisions have 51% of milk products (Rural 55% and urban 46%). Dharmavaram urban was the lowest per cent of the milk consumption while height was 57% in Anantapur rural. In the case of non- veg takers were 25% across the divisions (Rural 23% and urban 27%) There was not much difference between rural and urban area regarding non-vegetarian per centage. And in the vegetarians per cent across the divisions were 25% within this category 29% were urban and only 20% were rural areas. Interestingly, the total Non-Veg and Vegetarian categories across the division are same 25%.

Table :12

Revenue Division	Unit	Hand washing practice			Total
		After cleaning child's stool	Before cooking	Before feeding child	
Anantapuramu	Urban	80(12)	13.3(2)	6.6(1)	15
	Rural	77.7(35)	8.8(4)	13.3(6)	45
Dharmavaram	Urban	73.3(11)	13.3(2)	13.3(2)	15
	Rural	75.5(34)	13.3(6)	11.1(5)	45
Penukonda	Urban	80(12)	13.3(2)	6.6(1)	15
	Rural	80(36)	6.6(3)	13.3(6)	45
Kadiri	Urban	73.3(11)	13.3(2)	13.3(2)	15
	Rural	77.7(35)	8.8(4)	13.3(6)	45
Kalyandurg	Urban	66.6(10)	20(3)	13.3(2)	15
	Rural	77.7(35)	11.1(5)	11.1(5)	45
Total	Urban	74.64	14.64	10.62	75
	Rural	77.72	9.72	12.42	225
	Total	76.18	12.18	11.52	300

The above (table 12) consist of information of hand wash practice in different situations. The respondents all over the revenue divisions practicing hand wash in different situations. At least 76% of the respondents washing their hands while cleaning child's stool within this 74% was urban and 77% was in rural areas. There was no huge difference from urban to rural percentage. There were respondents to wash hands while before cooking was 12%

within that 14% was urban and 9% was rural areas. Unfortunately, the percentage of respondent who wash hands before feeding child was only 11% within this 10% in urban and 12% in rural areas. There was no much difference from rural to urban areas regarding hand wash before feeding child.

Table:13

Revenue Division	Unit	If I ask you how is your health what would be your answer					Total
		Excellent	Good	O. K	Bad	V.Bad	
Anantapuramu	Urban	66.6(10)	13.3(2)	13.3(2)	6.6(1)	0(0)	15
	Rural	66.6(30)	15.5(7)	13.3(6)	2.2(1)	2.2(1)	45
Dharmavaram	Urban	73.3(11)	20(3)	6.6(1)	0(0)	0(0)	15
	Rural	60(27)	20(9)	13.3(6)	4.4(2)	2.2(1)	45
Penukonda	Urban	60(9)	13.3(2)	20(3)	0(0)	6.6(1)	15
	Rural	62.2(28)	15.5(7)	13.3(6)	4.4(2)	4.4(2)	45
Kadiri	Urban	53.3(8)	26.6(4)	20(3)	0(0)	0(0)	15
	Rural	66.6(30)	17.7(8)	13.3(6)	2.2(1)	0(0)	45
Kalyandurg	Urban	73.3(11)	20(3)	6.6(1)	0(0)	0(0)	15
	Rural	62.2(28)	15.5(7)	13.3(6)	4.4(2)	4.4(2)	45
Total	Urban	65.3	18.64	13.3	1.32	1.32	75
	Rural	63.52	16.84	13.3	3.52	2.64	225
	Total	64.41	17.74	13.3	2.42	1.98	300

The above (table 13) shows the information about the women responding regarding the questions of health. When the researcher asked to the respondents about their perception on health condition, they said different levels of their health status. About 64% of respondents said their health condition was excellent within this 65% was urban and 63% was rural. Almost 17% said good about their health while 13% were O.K. Bad and Very bad health status respondents were very less 2.4% and 1.94% respectively. Interestingly, the same per cent 13.3% of respondents said their health condition was O.K in urban and rural areas.

Findings of the study:

1. In the revenue division of Anantapuram rural area consist of highest value than and urban area, and not only Anantapuram and other divisions also consist of highest per cent in rural areas as compared with urban areas.
2. Across the sample revenue divisions 83% of pregnant women received care by doctors only following by ANM and Dai. The rural areas percentage is higher than the urban areas.
3. In earlier dhais/others were used to give the care for the pregnant women. now the graph is totally different hospitals are doing that so that the reason it consists of least percentage.
4. In the division of Anantapuram the highest per cent consist of where the women taken mostly the expected delivery date were told (93.3%) under the urban area. And next the women taken they care by measuring other factors.
5. And in the rural area of Anantapuram mostly the women taken care by measuring the weighed (91.1%) than the other measuring factors.
6. information of how often and how much of iodized salt received by pregnant women from anganwad centres. In the division of Anantapuram urban area mostly women received on regular basis (73%) and the other 13% women received sometimes and the same per cent never get it.
7. In across all the divisions in the sample respondent's female sterilization method is the highest adoptable with 82.4% following pills and condoms.
8. In the division of Anantapuram and Dharmavaram urban areas 53% female sterilization was used which was highest in urban divisions.

9. The women still using Ragi as staple food was 15.75% in all urban and rural areas across all revenue divisions. And there was not much difference between urban and rural areas taking Ragi as staple food. Consumption of rice still has first place with overall revenue divisions 45.3%.
10. Eggetarian followers were very little across all the divisions that to the difference from urban to rural was identified as rural were 8.84% and rural was 13.3%.
11. At least 18% of the respondents were experience to lack of sufficient food during their pregnancy period while rest of the respondents 81% have not experienced such scarcity of food.
12. Only 61% of respondent families were experienced equal food distribution across the revenue divisions and rest of the per cent were faced inequality food distribution in their respective families.
13. Overall, the divisions at least 10 % of the sample respondents were suffered to have enough food.
14. The respondents across the revenue divisions have 51% of milk products (Rural 55% and urban 46%). Dharmavaram urban was the lowest per cent of the milk consumption while height was 57% in Anantapur rural
15. At least 76% of the respondents washing their hands while cleaning child's stool within this 74% was urban and 77% was in rural areas.
16. About 64% of respondents said their health condition was excellent within this 65% was urban and 63% was rural. Almost 17% said good about their health while 13% were O.K.

