Chapter - VII
CONCLUSIONS AND RECOMMENDATIONS

7.1. Conclusions:

The analysis of secondary as well as primary data have been carried out in chapters 3 to 6. After completing the analysis work, certain conclusions have been drawn which are presented here in brief.

The central government as well as state government are running different welfare schemes in the Melghat region including medical aids. Still, the children between the age group of 0-6 are either malnourished or dying due to malnutrition. Also, the improvement in the status of malnourished children of different grades are not seen due to government facilities. It has also been observed that the deaths are high and number of cases of malnourishment in different grades are not equal.

In the Melghat region, people of different caste live but majority of them are Korkus. Their educational status is very low, in both males and females, and generally the people are having functional knowledge to carry out their necessities. Marriages are being ceremonised at a very young age, even without completing the minimum age limit as per government rule. Their living conditions are not hygienic and their family sizes are big.

The people are economically weak. Their main occupation is farming and farm labouring which gives them little earnings. In a family, husband and wife both are working and in significant number of cases children are also earning along with their
parents. Their average earning is much less. The people also rear the domestic animals to complement their total earning. Since, their earning is less therefore they limit their expenditure too. Their main expenditure is on food only. Their living conditions are hard and considering their hard life and low earning, government is providing financial support to them.

Marriages of women are taking place at a very young age and they give birth to their first child after a very short duration. Due to the early marriages, women get a large span of child bearing age which results in more number of children in a family. Generally, after one year of marriage a woman gives birth to a child. The birth of the child is taking place mostly at home in the presence of a nurse or other senior ladies. Although, the hospital facility in their villages or mobile hospital facility are available to them but they visit these hospitals only when they feel necessary and frequent visits are rare. The awareness about family planning exists, but a moderate percent of people use it. The knowledge of using family planning methods is less and the people generally avoid to discuss such topics. The vaccination programme of children is quite popular and the people vaccinate the children for a very few diseases. The complete course of vaccination have been given by only one family to their children but triple + polio and BCG have been given by most of the people. These vaccinations are being done either at government mobile hospitals or primary health centres.

The people in Melghat region are generally able to get two full meals in a day and majority of them are eating mixed i.e. vegetarian and non-vegetarian meals. Mothers have the habit of giving breast feeding for more than 6 months of the age of child and after that they start giving some supplementary foods along with breast feeding. These supplementary foods are prepared using rice, iowar, bajra, etc.
The birth rate is high in this region as well as the death rate of children and infants are also high. These high rates along with illiteracy, poverty, malnourishment, big family size, etc. causes the high mortality of children.

7.2. Recommendations:

To solve the problem of high mortality of children in Melghat region, on the basis of our study the following strategies are recommended to be pursued:

i) Formulation of realistic, health development plans based on needs as felt by the people of this region.

ii) Need for promoting, nutritional and health education among working, lactating and pregnant women.

iii) Healthy nutrition should be encouraged through local product and local recipes. Nutritional needs should be solved by the people themselves through a better utilization of their locally available cheap but nutritious food.

iv) Development of poultry and fisheries are to be encouraged.

v) The nutritional and health status of pregnant women need to be improved by adequate intake of nutritious diet, including iron and minerals.

vi) The programme of immunization and vaccination should reach to each and everybody.

vii) The women in their advanced stage of pregnancy should be advised to take adequate rest and care, to avoid still-births.

viii) The educational facility should be provided so that they can improve their educational status. Special emphasis, in education, should be given on health, family planning, food habits, child care, etc.
ix) Better job opportunities should be generated to increase their earning and improve their living standards.

x) They should be motivated to restrict their family size and have small families.

xi) They should also be taught to maintain cleanliness and have hygienic living conditions in their houses.

xii) The delivery should be encouraged to be done in Government hospitals by doctors and trained nurses. The delivery at home, under unhygienic conditions and by untrained people should be discouraged.

xiii) There should be good hospitals in every village with all facilities so that the people can reach there within short time and avoid the adverse effects for not getting timely treatment.

xiv) By employing every possible method the high birth and death rates should be brought down significantly.