SUMMARY OF THE THESIS

BACKGROUND OF THE STUDY

Children are valuable assets of a nation and it is their welfare that strengthens its social and economic development. They need to be protected and well looked after if the country is to thrive and prosper in different spheres of human activity. Their health is not only an indicator to the socio-economic status and standard of living of the country but also reflects the values and beliefs of society. “A healthy good child is happiness to the parent, eternal joy to the mother, apple of eye of the family, leader of the community, thrill of the society and hope of the nation”.

In the developing countries, particularly in rural areas, the lives of children of aged 1-4 years are extremely precarious because of wide range of factors, ranging from low socio-economic status, culture, inadequate health measures, poor environmental sanitation, inappropriate nutritional practices and unbalanced diet. The pre-school period is very important for the growth and development of the child. The foundation for good health and sound mind are laid during this period. Nutrition of the pre-school child is of paramount importance, since the foundation for lifetime health, strength and intellectual vitality is laid during this period. Thus nutrition is one of the most important factors responsible for proper growth in infancy and childhood, (Sunita Mishra and Braja Kishori Mishra, 2002).

Health and nutritional practices are developed by people’s tendency to settle into fixed habits. The practices of any community are influenced by socio-economic and political factors. These factors have also had considerable influence not only on the development of medical technology but also in determining the access of different social strata of a community to such technology.

The growth and development of a pre-school child is entirely dependent on their diet. Infections and infestations attack immediately when the diet is poor in quality. Thus, most of the children are malnourished and this problem has become a chronic one. Moreover such problem is prevalent among the poorest sections of the society due to restriction of diet imposed upon them not only by poverty but some other associated factors like birth order and family size, disparity in intra familial distribution of food,
sex bias in family allocation of food, wrong weaning practices, food taboos etc., are responsible for causing poor mental and physical development of the preschool children. Although studies have been made to investigate the nutritional practices of pre-school children, a little attention has been paid towards the children of scheduled caste families in general. Considering all the above said aspects the present study is made in order to elicit information on the health and nutritional practices of scheduled caste mothers towards their pre-school children in Thiruverambur Block of Tiruchirappalli District.

OBJECTIVES OF THE STUDY

The main objectives of the study was to find out the personal profile of the selected SC Adults (women) in the study area, to find out the health and nutritional practices of SC Adults (women) towards their pre-school children in the study area, to explore the availability of health facilities in the study area, to find out the hygienic habits and occurrence of child mortality and their relationship with health and nutritional practices among the selected respondents in the study area.

HYPOTHESES OF THE STUDY

The major hypotheses of the study was that there is no significant association between personal profile (level of education, religion, type of family, size of family and occupation) and child health habits among the people in the study area, there is no significant association between religion and nutritional practices (supplementary feeding, nutrient diet, nutritional deficiency diseases and immunization) of the people in the study area, there is no significant association between mortality of children and availability of health facilities, basic amenities and child health habits of the people in the study area and there is no significant correlation between hygienic habits and health and nutritional practices (breast feeding, supplementary food, nutrient food, nutritional deficiency diseases and immunization) of the people in the study area.

METHODOLOGY

The present study was undergone in Tiruchirappalli District of Tamilnadu. In Tiruchirappalli District, Thiruverambur Block is adopted as the study area in consideration of majority of scheduled caste female population. As far as Thiruverambur Block is concerned there are 24 village panchayats with a scheduled
caste female population of about 5597. Out of 24 villages, 4 villages which are having highest female population, are selected purposely for the present study (i.e.) Gundoor, Keela Kuruchi, Kuvalakudi and Valavandankottai villages respectively.

The methodology used is descriptive in nature and survey method is adopted as the research design for the present study. Both independent and dependent variables were adopted for the present study by using the materials collected through secondary data related to the study of research and based on it the research tool is finalized. Interview Schedule is used as the research tool to collect the primary data of the present study. The main data for the study was collected from 256 respondents (SC Adult Women) having children under 5 years of age from Thiruverambur Block of Tiruchirappalli District by adopting Purposive Random Sampling Technique. The raw data collected were systematically coded, scored and tabulated by using statistical techniques of SPSS package of 10th version. The reliability of the present study was determined by using Alpha scale, Split scale and through ANOVA and chi-square and it was found to be significant at .0000 level. The data were analyzed using percentage analysis, Chi-square test, Correlation, Karl Pearson's Correlation, Kendall’s Tau_b Correlation, Kendall’s Coefficient of Rank Correlation, Kruskal-Wallis test, etc., and the interpretations is done through tables in order to give a meaningful results of the present study.

GENERAL FINDINGS OF THE STUDY

The findings of the present study states that majority of the respondents (51.6%) are in the age group of 26-30 years, 53.9% of the respondents age at marriage was between 15-20 years, only 12.9% of the respondents’ ages at first delivery were 26 years and above and 85.9% of the respondent belongs to Hindu religion.

It was found that 77.0% of the respondents are Literates and they are studied upto Primary, Secondary, Higher secondary level, 68.4% of the respondents are having below 2 children in their family, 40.6% of the respondents’ children are in the infancy stage and only 13.7% of the respondents are engaged in agricultural operations. It was found that majority of the respondents (93.4%) seek allopathy type of treatment during common diseases, 80.9% do not have the availability of health facilities in their area, 84.8% of the respondents’ doesn’t receive any nutritional education or information
from the health workers, 75.8% of the respondents' child doesn't suffered from any nutritional problems (not overweight). It was also found that majority of the respondents' child (98.8%) are immunized at the correct time period, 23.8% of the respondents' child doesn’t drink milk twice a day.

HYPOTHESES RELATED FINDINGS OF THE STUDY

It was found through the hypotheses related findings that there is no significant association between personal profile (level of education, religion, type of family, size of family and occupation) and child health habits among the people in the study area. There is a significant association between religion and nutritional practices (supplementary feeding, nutrient diet) of the people in the study area. It was found that there is no significant correlation between monthly income and monthly expenditure of the selected respondents in the study area. There is no significant association between mortality of children and availability of health facilities, basic amenities and child health habits of the people in the study area. There is a significant correlation between hygienic habits and nutritional practices (nutrient food, nutritional deficiency diseases and immunization) of the people in the study area. There is a significant correlation between health facilities and nutritional practices (supplementary food, nutrient practices and immunization) of the people in the study area. There is a significant variation towards nutritional practices (breast feeding, supplementary food, nutrient practices, nutrient deficiency diseases and immunization) of the people in the study area.

DISCUSSION AND CONCLUSION

The present study reveals that the mothers have low level of knowledge on the practices of health and nutrition towards their children. Most of the respondents suggested the need of health facilities and proper awareness of nutritional practices in the study area. They also raise their voice on the need of primary health centre and also recommended to have proper visit of the health workers in their village, so that they can improve their knowledge on child nutrition and get aware of the nutritional problems and proper treatment for it, lead to proper growth and development of the child, which ultimately leads to put an end for under-nutrition of the child.
Thus, nutrition and health are inextricable. Without good health, good nutritional status cannot be achieved and when nutritional status is poor, good health will remain elusive. Most policies that impact on health will directly or indirectly impact on nutrition. However, in many developing countries, nutrition issues are often not prioritized in health institutions. Furthermore, nutrition units are usually given a lower status in the policy-making hierarchy of these institutions. In order for health programmes to benefit target groups maximally, nutrition considerations ought to be integrated in the planning, monitoring and evaluation of these programmes.

The study recommended the designing of Special Health Education programmes for promoting awareness among rural people regarding food habits, health practices, sanitation, and immunization. The present stream of the unqualified doctors who dominate the rural health services should be effectively utilized by giving them proper periodic training and imposing restrictions on the extent of their medical practices. Government should make use of the vast network of private doctors and voluntary organizations which may be willing to supplement the Government health programme to the rural masses.