CHAPTER V

FINDINGS, STRATEGIC MANAGEMENT PLANNING & CONCLUSION
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5.1. Introduction

The findings obtained from the statistical test performed on the hypotheses, The Structural Equation Model ‘MEDIATING EFFECTS ON INFANT MORTALITY RATE IN INDIA’ Mediated Model and Regression Model are given. Based on the findings the policy frameworks for the pregnant women households are to enhance the high infant mortality rate in the study area. The present research work will be useful for the pregnant women households to adopt a new strategy for reducing infant mortality rate in India. The ‘MEDIATING EFFECTS ON INFANT MORTALITY RATE IN TAMILNADU’ will help to reducing infant mortality rate in India. The study is meant evaluate the dimensions associated with infant death in Tamilnadu. In the following, we summarise the findings of the analysis and recommendations for this Chapter.

5.2. Findings and Conclusion for the Study

This chapter seeks to sum up the main findings of the study by way of the assessment of the infant mortality rate. It is intended to examine the result and impact of the infant mortality rate reduced under different plans to provide services of the rural people living below the poverty line in the state of Tamilnadu.
5.2.1. Findings from the Trend Analysis

5.2.1.1. Trend analysis of Caesarean section delivery

The Caesarean section delivery data shows a general upward trend, though with an evident cyclic factor. The trend model appears to fit well to the overall trend. The above chart shows the women of Caesarean section delivery from (2010-2011) to (2016-2017).

5.2.1.2. Trend analysis of Dr. Muthulakshmi Maternity Scheme of Amount Disbursed

The Dr. Muthulakshmi Maternity Scheme of Amount Disbursed data shows a general upward trend, though with an evident cyclic factor. The trend model appears to fit well to the overall trend. The above chart shows the women benefit of Dr. Muthulakshmi Maternity Scheme of Amount Disbursed from (2010-2011) to (2016-2017).

5.2.1.3. Trend analysis of Infant Death in Tamilnadu.

In the State Infant Mortality Rate is sharply a decline over the period. It provides State health department is playing a vital role in improving the health status of the people in the State.

5.2.1.4. Trend analysis of Infant Death in India.

In the India Infant Mortality Rate is general downward trend over the period. It provides India government and health department is Performing a essential role in improving the health status of the people in the country.
5.2.2. Findings for Socio-Economic Dimensions of the Respondents

**The Classification of Age of the Respondents:** In the present study we observed that the majority of the respondents were in the age groups between 22 years to 31 years. Very young mothers may experience difficult pregnancies and deliveries because of their physical immaturity. They are also likely to have limited knowledge and confidence in caring for infants and young children. Women over 30 years may also have age-related problems during pregnancy and delivery.

**Educational Qualification of the Respondents:** We observed that the majority of the respondents were School Drops out and Secondary education. Literate mothers usually give birth to healthier babies because they themselves tend to be healthier than mothers who are illiterate. In addition, literate mothers are more likely to provide their children with healthy environment and nutritious food than illiterate mothers.

**Occupation of the Respondents:** We observed that most of the pregnant women were unemployed which may be stimulated for psychological problem and other family problems.

**The Classification of Religion of the Respondents:** We observed that the majority of the respondents were belongs to Hindu religion. Religion and membership in a scheduled caste or scheduled tribe is known to affect many aspects of life in India and is likely to affect levels of infant and child
mortality as well. Some of the effect of religion and caste/tribe membership on mortality may be due to differences in life-style based on traditions and beliefs. Such differences may include customary practices related to childbirth, infant feeding, and healthcare. These practices inferences the infant and child mortality rate.

We observed that the majority of the respondents’ family annual income is below Rs.50000/ lived in joint families with own concrete houses. The majority respondents belong to marginalised group (Dalits & Tribes). The majority of respondents were made use of PHCs and Chief Minister insurance Schemes.

5.2.3. Findings for Mediating Effects on Infant Mortality Rate in the Study Area.

The social and behavioural studies need for investigating the infant mortality rate India. The State Planning Commission and Indian council of social science research encourages investigating the effects on infant mortality rate in Tamilnadu, india. However, the project findings base on econometric models. The SEM models provide a degree of covariance and invariance’s of sub-dimensions in determining the infant death in the study area. Public health services (Medical services, Outpatients and Inpatients) is not crucial factor in determining both infant death and child health in the study area. These dimensions do not determine the high infant mortality and child health. However, it is notable that psychological dimension is a
significant determinant dimensions of infant mortality in the study area. Social Problems, Infrastructure facilities and economic problems dimensions are very low in determining the infant death in the study area. Due to state government provides a lot of schemes for pregnant women during maternity period and child health. Social Problems, Infrastructure facilities and economic problems dimensions created psychological problems during maternity period. Within the last decade, considerable interest has developed in the possible roles of stress and other psychosocial factors as mediators of pregnancy outcomes. Interest in this area also has been stimulated by evidence that psychological factors influence immune function (Ader 1981, Cohen 1991, Jemmott and Locke 1984) and by the recognition that psychosocial factors may play a role, yet undefined, in premature birth. Recent reports indicate that neuroendocrine, biochemical, and psychosocial factors interact to influence the immune system (Geiser 1989) and many stressful life events have been reported in association with decreases in measures of human immune status. Social support has been reported by Geiser (1989) to mediate the impact of stress on the immune response. Others suggest a relationship between stress and low birth weight (Newton and Hunt 1984). The role of the catecholamine, adrenaline and nor adrenaline, and cortical as indicators of stress induced by human external and internal environmental demands, and their increased excretion during
pregnancy, has been firmly established. SEM empirically provides that psychological dimension is mediated factor infant death in the study area.

5.2.4. Findings from Conceptual Model

The conceptual research model empirically proved (figure 5.1). Thus, the present study has focused on High of Infant Mortality Rate which is considered as an important indicator for the study area. This research identify that the Psychological Discomfort is the mediating effects on Infant Mortality Rate in Tamilnadu, India.

Figure 5.1: Empirically Proved Conceptual Mediated Model

5.3. Strategic Management Planning for Reducing Infant Mortality Rate

The figure 5.2 explains that the Strategic Management Planning for Reducing Infant Mortality Rate in Tamilnadu. Where is reduce Infant Mortality Rate
in rural & urban India. Through Health Services, pregnant women household provides service will implement with effective and efficiency without any malpractices. The Infant Mortality Rate is very important factor for the future generation of India.

Figure 5.2: Strategic Management Planning for Reducing Infant Mortality Rate
5.4. The Scientific Contributions

The research study found out that India is facing the Infant Mortality, due to Psychological Discomfort. Hence the Government would come forward to create awareness programme in for the Pregnancy women.

5.5. Directions for Future Research

Addressing the whole issue of the infant mortality rate in low income place is far beyond the scope of this research study. Nevertheless, a number of research questions, which may be addressed in future research and arose. There is a need for a better understanding of the causal structures between infant mortality rate, impaired growth and increased morbidity of their offspring. Although stress related physiological processes in pregnant women are rather well described, the influences of violence on maternal care giving behaviour need to be much better understood. Intervventional approaches aimed at reducing infant mortality rate urgently needed at public health and health care services level. Infant mortality rate is problem for the health sector, identifying women living with violence for health care providers. Research promoting disclosure and dealing with the effects of disclosure are needed in both low-income and high income settings. The mother’s well being is a key issue for effective of child health promotion programmes focusing on infant feeding, sanitation, immunisation and health
education seeking behaviour. Therefore, the mother’s well beings need to be included and evaluated in these programmes.

5.6. Limitations

The Empirical research is restricted to Tamilnadu state and deals with Behavioural study only medical perceptive. The research conducted only in the places of four region in Tamilnadu. Since there is no much influence of demographic variable on high Infant Mortality Rate, the demographic variable was partially omitted. The first limitation relates to the dimensions contained within the hypothesized model. Although the model and the key constructs contain the dimensions that are central to the purpose of study, there may be a number of other possible dimensions that could affect infant mortality rate. Also as the focus of the study was high level of infant mortality rate.

5.7. Policy Recommendations

The present study has been made to eradicate the infant mortality completely. There are many studies discussed about the Infant Mortality Rate exclusively. This is the only study has been made to find out the mediating effects on high infant mortality. It is found from the previous studies that the Infant Mortality Rate has increasing due to various factors such as child sex, mothers’ literacy, caste, birth order and mothers’ age etc...

In this study, we have scientifically proved that psychological discomfort is the mediating effects on high infant mortality. Hence social scientist, policy
makers and government should concentrate on psychological discomfort to eradicate Infant Mortality permanently.

Medical practitioners’ services such as doctor services, nursing services, pharmacy services and medical equipment services development will not make any changes in Infant Mortality.

Improvement in hospital services, promoting emergency services, diagnostic services, cleanliness services, lab services and housekeeping services have not helped to reduce Infant Mortality.

Social factors such as child marriage, gender discrimination, caste, religion, inter caste marriage and cultural shift are important factors but the same have not been directly influenced on the mediating effects on Infant Mortality.

Infrastructure facilities include ambulance services, sanitation services and transportation services will not support to reduce Infant Mortality.

Finance is the backbone of everything. Without finance nothing can be done. Economic factor includes financial crises of the poor, lack of procurement of nutrition, migration due to low income and industrialization. The results from our study stated that economic problem is not a mediating effect on Infant mortality. Hence the policy maker need not give much importance to the economic problem factor.
The present study scientifically proves that psychological discomfort factor is a mediating effects on infant mortality in Tamilnadu. It means if there is any change in psychological discomfort factor then it will reflects immediately in Infant Mortality.

Psychological Discomfort management alone the one and only solution for eradicating the infant mortality completely and the same has been scientifically proved with the help of structural equation model.

Psychological Discomfort factor includes emotions of pregnant mothers, behaviour of husband, mother-in-law, friends and other relatives, lack of parents and friends support, sexual harassment in working place, varsity health hazards in informal sector, continuous sex inducement during the pregnancy time due to continuous drinking habit of the spouse and not proper interval between two babies.

Psychological Discomfort is the mediating effects on Infant mortality is not only applicable at Tamilnadu but also applicable in India. Hence, it is clear that there is a tiny change the above said factor which will cause immediate impact in Infant Mortality.

The policy makers, social science scientist, consultants and the Government should carefully make use of the said factor to eradicate the infant mortality in Tamilnadu. We should take necessary steps to concentrate on
Psychological Discomfort factor instead of concentrating on other factors such as medical practitioner’s services, transportation services, economic issues of the poor and hospital services.

Hence we conclude from the study that Psychological Discomfort is a mediating effect on Infant mortality is not only applicable in Tamilnadu, but also applicable in India.

There is a need to create a committee to make ‘Effective Management of Psychological Discomfort’ factor to eradicate infant mortality completely.

5.8. Conclusion

The Study shows that the mediating effects on infant mortality rate in Tamilnadu. Several socioeconomic characteristics have a substantial effect on infant and child mortality even after adjusting for the effects of other variables. These are mother’s literacy, household access to a flush or pit toilet, household head’s religion and caste tribe membership, and household economic status as indicated by ownership of consumer goods.

Although it is not feasible to raise the socioeconomic status of every household in India in a short period of time, the family health programme can use information on the effects of socioeconomic characteristics to improve infant and child survival by targeting families at high risk. The results reported here indicate that health intervention programmes should
focus on illiterate mothers and on households that are poor, that are headed by members of scheduled castes or scheduled tribes, and that lack access to a flush or pit toilet. Such programmes should make sure to reach both male and female children. One of the most interesting findings in this report concerns the relationship between birth orders, mother’s age at childbirth, and mortality of infants and young children. After adjusting for other variables, neonatal mortality goes down with increasing birth order, while post neonatal and child mortality go up. Among children born to mothers at various ages, those born to mothers in their late 20s have the lowest adjusted mortality rates. Mortality is particularly high for children born to mothers under age 20.

For reducing infant death, the state would be developed a suitable programme for educating mental health programme in rural women. Many pregnant women would be affected by psychological discomfort during the maternal period; it may be lead to infant death (not eating and thinking about whole day about problem). For one coming this provides there is a counselling centre in PHC or Anganwadi (ICDS).

The state Government should come forward to arrange the mobile ambulance service during the maternity check up from PHC to near home. There should be needed stop child marriage by way of checking the date of birth certificate while health department is releasing the scheme to pregnant
women. There should be needed counselling for husbands about alcoholic drinking, Tobacco chewing and smoking habits during the maternity period and to be educated in mental health programmes. The hill areas pregnant women are suffering lot during the nights for animals. (Elephants and others) Government should provide some safety measure for the reducing infant mortality rate in hill areas. There should be awareness programme for reproductive education (for example marriage to very close relative with in a village). There should be provided toilet and safety drinking water during maternity period in rural areas.

Finally, the state health department would develop a maternity or reproductive education counselling centre in PHCs or Aganwadi. It will be reduced infant death in rural areas. In a hilly areas, there could be create awareness programme about reproductive education and human ethics. As state department policy note 2016-17, Tamil Nadu government was committed to reducing the Infant Mortality Rate (IMR) to below 13 by 2017 and reaching up to the standards of developed nations by 2023 (The Hindu Aug 19 2017). Government of Tamilnadu has committed itself to reducing the IMR below 13 (number of infant deaths per year for every 1000 live births) by the end of the 12th Five Year Plan. It could be achieved though establishing counselling in PHCs and Aganwadi for pregnant women during maternity periods.