SUMMARY AND CONCLUSIONS

Independent India promised the best to its children through its constitution which came into force in 1950. In 1972, eight inter-ministerial study teams were constituted by the planning commission, on the basis of whose studies, a proposal for Integrated child care services was made for pre-school children covering supplementary nutrition feeding, immunization, health care and referral services, nutrition education to mother and provisions of safe drinking water. The recommendations were accepted and the scheme of integration child Development Services was included in the plan in the social welfare sector to give a definite focus to the development of services for early childhood. In 1974, the government of India came out with the National policy for children and also the international atmosphere of concern was created in favour of children. It is now, however, realized that any deferment of action will be detrimental to the development of the country human resources which is a key factor in development.

If in early childhood the foundations of physical, psychological and social development are laid properly, particularly to the weaker and vulnerable sections of the society; wastage arising from infant
mortality, malnutrition, poor mental development can be considerably minimized. The organization and the utility of early childhood services should, therefore, be regarded as an investment in the future economic and social progress of the country. The provision of child development and mother care services is not an end in itself but it is equally important to make follow-up of these programmes consistently so as to locate the deficiencies and weaknesses and work out future strategies.

Statement of the Problems:

A review of the chuckled development programmes indicate that a variety of programmes were launched since independence to promote health, education and nutritional status of children but these programmes were not eventually distributed. There may be many factors responsible for it. The immediate consequence, however, 2 as that only a limited coverage of child population coming from weaker section of the society could be achieved.

In view of this, it is permanent importance to see as to what extent the child development and mother care services available in Kashmir province of a backward

state like Jammu and Kashmir are utilized by the weaker sections of the society. Therefore, the researchers planned to investigate and assess the utilization of available child development and mother care services by under-privileged groups in Kashmir.

**Delimitations of the Problems:**

Since the child development and mother care services are available through ICDS programme, the present study was limited in the line with these programmes, however, following specifications were made:-

i. All the six districts of Kashmir.

ii. The children belonging to age-groups 0-1 year, 1-3 years and 3-6 years; and

iii. The expectant and nursing mothers were involved in the study.

**Objectives:**

The following objectives have been framed for the present study:-

1. To evaluate supplementary nutrition programme of pre-school children.

2. To evaluate the supplementary nutrition programme of mothers
3. To assess the immunization programme of children.

4. To assess the immunization programme of mothers.

5. To evaluate the health check-up facilities (pre-natal/post natal) available for mothers.

6. To study whether there is any linkage between Anganwadi pre-school children and their entrance to schools.

Methodology and Procedure:

Sampling:

Two stage sampling has been applied, at random basis, for the study. Three Anganwadi Centres (AWC) were selected from each block at random, Thus framed the first stage sample units. From each of the AWC, at least two pregnant ladies, two nursing mothers and four children of 0-6 years of age group were selected and whose mothers were also interviewed and thus formed the second stage unit of sample. In all, 180 pregnant ladies, 180 nursing mothers 180 general mothers having 360 children in the age group of 0-6 years. 50 medical Officers of concerned health centres and 90 Anganwadi centres of 30 blocks of six districts of ICDS were selected for the study. The total population of the children in the age group of 0-6 years in 90 AWC was 6,000, comprising 3242 male and 2758 female children and out of whom 202 male and 158 female children were taken.
randomly. Similarly, out of 605 pregnant ladies and 635 nursing mothers registered in these 90 AWC 180 pregnant ladies and 180 nursing mothers were also selected randomly which constitutes the formal sample of the study.

Description of Tools:

Since, there were no standardized tools available in the market, the investigator had to develop the data collection tools on her own with the help of background literature of UNICEF and expert guidance of experts. Thus, the tools used for data collection are briefly discussed as under:-

1. Interview Schedule on supplementary nutrition (SN)

Thus interview schedule aimed at seeking information on SN form various groups. This was, therefore, prepared into three different forms given as under:-

From A: Interview schedule on SN general mother reasons.

From B: Interview schedule on SN — Anganwadi workers (AWW) response.

From C: Interview schedule on SN — Pregnant ladies and nursing mothers response.

From D: Interview schedule on SN — Anganwadi helpers response.
2. Interview schedule on immunization:

This interview schedule aimed at seeking information on immunization from various groups, therefore, it was broken into three different forms as given under:-

Form A: Interview schedule on immunization - General mothers response.

Form B: Interview schedule on immunization - Anganwadi workers response.

Form C: Interview schedule on immunization - Concerned doctors response.

Form D: Interview schedule on immunization mothers care-Pregnant ladies and nursing mothers response.

Immunization response provided by the above categories of respondents was authenticated by personally checking health cards wherever possible and also B.C.G. scare identification.

Statistical Treatment:

Since the present study was an evaluative and did not call for any rigorous statistical methods. Thus, in view of the nature of the study, percentage statistics was used to determine the utilization of various components of the child development and mother care services by various under privileged groups on the one hand and comparison were made between them on the other.
Conclusions:

The main focus of the present study was to ascertain the impact of supplementary nutrition (SN) programme, immunization and health checkup facilities on the children (0-6 years) pregnant ladies and nursing mothers in Anhganwadi centres. The study was conducted on the under privileged groups of six districts of kashmir Valley. major information on supplementary nutrition immunization and mother and child (MCH) services were gathered from the 90 AWC from the entire population of 6000 children and 605 pregnant ladies and 635 nursing mothers using survey method. However, data on supplementary nutrition, immunization and MCH services were gathered from sub sample of 360 children, 180 nursing mothers and 180 pregnant mothers for the purpose of intensively studying these variables.

The main conclusions of the study have been presented under the following headings:

1. Supplementary nutrition (SN)

2. Immunization

3. Maternal and child health (MCH)

4. Children's continuation of education beyond the age of 6+
1. Supplementary nutrition:

a. less than the half of the target population utilized supplementary nutrition, the details of which go like this:

i. Only 36 percent of children upto the age of 6 years, 41 percent ladies and 39 percent nursing mothers are attending Anganwadi centres of supplementary nutrition in all the six district of Kashmir Province as per mothers response. But as per Anganwadi workers response out of 6000 children only 35 percent were found receiving supplementary nutrition, out of 605 pregnant ladies 42% and out of 635 nursing mothers only 38 percent were receiving supplementary nutrition.

ii. The utilization of supplementary nutrition among various underprivileged groups is so much disparate that only 17 percent of the pregnant ladies, nursing mothers and children of Gojjar and Bakarwalls have received supplementary nutrition. similarly, 10 percent of pregnant ladies 20 percent of nursing mothers and 20 percent of children from Markabans receive supplementary nutrition. These two groups, thus fall at the lowest range of utilization of supplementary nutrition.
b. Supplementary nutrition & other related items are hardy available to one third target population, the details of which go like this:

1. 72 percent Anganwadi workers have reported non-availability of supplementary nutrition items, 79% non-availability of storage, 66 percent report non-availability of utensils and 100 percent report non-availability of kerosene oil.

ii. 100 percent also report irregular supply of nutrition items in the Anganwadi centres and no fixed date and time has been kept for supply.

c. Educated mothers encourage their children for receiving supplementary nutrition in these centres as compared to illiterate mothers.

1. Date show a low percentage of education. In Kupwara and Baramulla, no pregnant lady was found more than primary standard.

2. Immunization:

a. Hardly one forth of the target population utilize immunization facilities, the break up of which is given as under:-
i. Out of 360 children 26 percent have been found fully immunized in all the six districts. In case of pregnant ladies 26 percent were found fully immunized and rest of the percentage is either partly immunized or not immunized all.

ii. Group variation in regard to the utilization of immunization in highly conspicuous as 59 percent of pregnant ladies of Gojjar and bakerwalls have not been totally immunized.

Similarly, in the case of children 56 percent of sweepers children have not been immunized all followed by Dooms and Moochis, where 46 percent regarding booth have not been immunized.

(b) Immunization enhance resistance to diseases as has observed that the subjects who had been fully immunized were able (except a few cases) to avoid certain diseases such as D.P.T., Polio-myilites, Tuber-culosis, Measles etc.

i. Data reveal that out of 360 children, 36 percent have gone for BCG, Measles, 3 doses of poliomyelites and D.P.T. in the first year of their age, while only 26 percent have gone or polio Booster, DPT Booster and 1st and 2nd dose in 1 - 3 3 - 6 years of age respectively.
11. 7 percent mothers are aware that there would be possibility of thin death by not immunizing, 21 percent are aware that non-immunization can create prolong illness in their children and 35 percent report that non-immunization can create disability in their children. But still 37 percent are not aware of these possible effects of non-immunization.

c) Mass media plays significant role and proves most dependable source of information in immunization as 29 percent mothers.

3. Maternal and Child Health:

Less than half of the population of underprivileged groups utilized maternal and child health care. The breakup of which is given as under:

1. 63 percent of the pregnant ladies have not been totally checked up by any agency and rest of the percentage have been checked up by either in health centres dispensaries or by private doctors.

11. Data also show that most of the pregnant ladies do to avail health checkup facilities which is quite alarming especially in case of Budgam and Kupwara Districts, where 67 percentage of socially
disadvantageous groups report to have no health checkup facilities during pregnancy.

111. 19.5 percent doctors report that there is lack of motivation and health education for utilizing maternal and child health care.

4. **Role of Anganwadies in education:**

1. Anganwadies have been found one of the important agency in inducing motivation among children to enter formal schooling system.

2. Anganwadies prepare preschool children to face the challenges of formal schooling at the age of 6+ (years).

3. All Anganwadi children do not enter the formal school, there are many reasons responsible for it and out of which poverty of their parents ranks first. The result how that 187 children constituting 34 percent have not been referred to schools due to poverty, 15 percent due to child labour, 12 percent due to parents illiteracy, 11 percent due to far away schools and 8 percent due to non-availability of teachers but still then 20 percent could enter the formal schools.
Implications:

There is no denying of the fact that various programmes have been launched by government and voluntary organizations for the welfare of mothers (pre-natal and post natal care) and children. But so far as the social organizations of our society is concerned, it is observed that disadvantageous groups hardly find such type of welfare services available for them and utilized by them.

The results of the present study reveal that utilization of supplementary nutrition by target groups, i.e. mothers and children leads to their improvement in health status. Likely utilization of immunization also improves their resistance to various diseases. There may be many factors for utilization viz-a-viz non-utilization of supplementary nutrition and immunization by target groups, however, the following need to be considered in view of their far reaching implications.

Children's health is closely linked in the poorer communication (under-privileged groups) to their mothers level of education. Even within the same socio-economic groups children with more mothers education have significantly better prospect for health and
survival. Education helps to determine mothers' exposure to new information and makes her both willing and more able to take advantage of new thinking and innovation.

In most of the underprivileged groups there is resistance to the idea of female education due to many factors but the most probable seem to be the cost of education which hinder women's access to it and the fear that the schooling deprives families of the domestic labour that girls traditionally perform. To fulfill the nutritional needs of children and mothers, avoidance of higher incidence of high birth rates and infant mortality becomes necessary to strengthen the basis of ICDS (Integrated Child Development Service) by providing adequate training to the grass root level workers and take the help of print media to induce motivation among mothers so that they take advantage of immunization and supplementary nutrition in regard to their children and themselves. This is possible only when the ICDS scheme is properly monitored in the sense that the output exceeds the flow of input. This process will help in introducing mid course, modifications and corrections wherever necessary by the field situation. Monitoring needs to be done not aiming far the quantitative appraisal of the target achievements, instead it should emphasize on the qualitative assessment as whether the
objectives of the programme are being achieved. This may help in taking other new decisions for the furtherance of the programme planning and implications.

Finally, the important step should consist of making evaluation of child development and mothers care services so as to obtain the information regarding the existing situation, the flow of inputs viz-a-viz the output and the assessment of the implications of these services and their impact on the quality of the lives of the target groups.

Suggestions:

After completing this piece of research, the researcher feels an obligation to put humbly a few suggestions based on her observation that are given as under:-

A Immunization:

(1) Before the commencement of immunization programme, mothers in the community should be educated about the importance of immunization. They should be made aware of the fact that there are enough of chances for a person to become the victim of disease or at least become infirm if he is not immunized.
(2) Community needs to be made aware about the location of immunization programmes.

(3) The mothers need to be educated about the necessity of full doses of immunization. They also need to be made aware that unless the child has received all the required needs, he/she is still vulnerable to all the eventualities of non-immunization.

(4) The knowledge of Anganwadi workers and health worker must be updated and they should be well informed about the details of the immunization schedule, symptoms and causes of preventable diseases.

(5) Orientation programmes should be arranged for skilled and committed workers for motivating mothers towards immunizing their children through interpersonal communication.

(6) Posters and charts should be pasted in prominent places for community people to decide whether or not the child is to be immunized.

(7) Inconveniences and problems faced by mothers in immunizing their children should be corrected by follow-up visits and medical care.
(8) Training of all community level workers be given a
serious thought.

(9) The Project Management should take the necessary
steps to popularize this programme, otherwise,
there is every apprehension that the disability in
infants will increase and the total society can
come under this grip.

(10) Joint cooperation of Anganwadi workers and
concerned health workers can help in removing the
irregular sessions of vaccination.

(11) There is a need strengthening the supervisory
staff for active participation.

(12) Means of transport is very rare which definitely
hinders the mothers from achieving such benefits,
therefore, efforts should be made to improve it.

B. Supplementary Nutrition:

(1) Supply of supplements to Anganwadi centres should
be made regular.

(2) There must be stock supply of food supplements,
especially during winter season.
(3) Food supplements should be if local taste.

(4) Storage place for supplementary nutrition item should be provided.

(5) Project management should strengthen and make regular supervision of utility, distribution and preparation of supplementary nutrition in the centres.

(C) Mother and Child health:

1. The focus on maternal health needs to be recognized in programmes, policies and resource allocations.

2. The health for all paradigm must be taken into account but not only high risk groups. Attention should be given sharply on the under privileged segments of the society.

3. The structural frame work for the delivery of the health programmes must undergo a meaningful reorientation in a way that the under-privileged themselves became the subject of the process and not merely its objects.
4. Funding allocation for services on women's health should be prioritized over family planning and population programmes. Family planning programmes need to be reoriented through dialogues and discussion.

5. More resources need to be mobilized to reduce the high incidence of maternal mortality by improving access to emergency obstetrics services, safe abortion and better prevention of anemia.

6. There is a great need that more stress must be given on health checkup facilities so that previous bad history during pregnancy is minimized.

7. The abnormalities in deliveries can be minimized by providing immunization during pregnancy and post natal care be taken.

8. National Policy on Women's health needs to be developed in consultation with women NGOs to express women's health issues.

9. A specific component of women's health should be taught as an integral component of all medical and health education.
10. Government should allocate more resources to rural health services including safe drinking water and sanitation.

11. More research need to be initiated on women’s health particularly on women experience with health care services.

D. Children—From Anganwadi to schools:

1. The Anganwadi workers need to be given adequate training about their role in Education of pre-school children. They should be knowledgeable to motivate children towards education.

2. The Anganwadi workers must undertake it as the duty to prepare children for formal schooling. They should be able to devise suitable techniques and methods and also educational kit so that they can give education to children and enable them, to face the challenges to formal schooling system.

3. Government should consider for providing adequate resources in terms of both human and non-human to Anganwadis to perform their job efficiently.

4. Government should also consider reviewing the impediment coming in the way of children in entering the formal school system when they have
Anganwadi such as accessibility to school providing monetary assistance to children in the form of uniform books, midday meals and other facilities. It is assumed that if such facilities are given which strengthens the economic base of parents, they are likely to send their children to schools.

Suggestions for further research:

1. Research studies need to be initiated on Women's health particularly on:
   a. Women's mental health related problem
   b. Women's experience with health care services.
   c. Total health including reproductive health.

2. Sexual violence and maltreatment in situations of unrest and armed conflict.

3. Domestic violence and women's health.

4. Studies need to be undertaken on destitute and orphan children, their needs and the role of voluntary agencies.

5. Studies on child labour and juvenile delinquents need to be undertaken.
6. Comparative studies of different studies/regions in regard to various child development and mother care services need to be undertaken.

7. Forward looking longitudinal studies using case history method need to be initiated.

8. Impact studies on supplementary nutrition and immunization using experimental methods need to be undertaken so as to assess the influence of these on the health status of children, pregnant ladies and general mothers.

9. Measurement techniques need to be developed for assessing scientifically the child development and mother development.