

CHAPTER IV
CONCLUSIONS AND SUGGESTIONS

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4.1 CONCLUSIONS

The major conclusions of the study could be listed as under:

4.1.1 PERSONAL CHARACTERISTICS OF THE BENEFICIARIES

- (i) A majority of the beneficiaries are in the age group of 17 to 36 years (92.80 per cent) and others, i.e., older beneficiaries are found to be only 7.20 per cent.
- (ii) A majority of the beneficiaries are males (59.20 per cent), and the next in that order are females, i.e., 40.80 per cent.
- (iii) The age group of 27 to 36 years is the dominant group. Some 24 per cent male beneficiaries are found in this group; whereas 12.80 per cent female beneficiaries are in the same age group.
- (iv) Some 51.20 per cent of the beneficiaries are involved in sundry occupations.
- (v) A majority (91.20 per cent) of the beneficiaries

belong to Hindu religion and a higher percentage (55.20) of them to the backward class.

- (vi) Some 64 per cent of the beneficiaries belong to the income group of Rs. 401 to 600.
- (vii) A majority (90.40 per cent) of the beneficiaries are married as it seems to be universal.
- (viii) A majority of the beneficiaries, i.e., 56.80 per cent are illiterate.

4.1.2 IMPLEMENTATION OF THE ICDS

- (i) The maximum beneficiaries of the selected sample are aware of the Anganwadis (80 per cent). The percentage of the beneficiaries who are aware of the other programmes is on the lesser side.
- (ii) The Anganwadi workers played an important role (60 per cent) to introduce the ICDS scheme to the beneficiaries. Other officials are also involved in the introduction and initiation of it.
- (iii) A majority of the beneficiaries are persuaded to get help under ICDS scheme by Anganwadi workers, i.e. 88 per cent.

- (iv) The maximum beneficiaries (40 per cent) each received Supplementary Nutrition and Immunization Services under ICDS.
- (v) A majority of the children beneficiaries (52 per cent) belong to the age group of 3 to 6 years as they are Anganwadi-goers.
- (vi) A majority of the children beneficiaries (40 per cent) each received Khichari and Vitaminized Bread as a Supplementary Nutrition. They are not provided with anything except the above food.
- (vii) A majority of the children beneficiaries receive Supplementary Nutrition for a period of 10 months (56 per cent) as all of them go to Anganwadi Centres.
- (viii) A majority of the children beneficiaries (80 per cent) receive Immunization Service from the Medical Officer of the ICDS scheme.
- (ix) A majority of the children beneficiaries, i.e., 32 per cent each are given B.C.G., D.P.T. and Polio vaccines.
- (x) Some 42.40 per cent of the respondents admit their patients in a Private Hospital. The rest

of the beneficiaries consult private doctors.

- (xi) A majority of the beneficiaries are referred to the Corporation Hospital by the Medical Officer of the ICDS scheme (90.40 per cent).
- (xii) A majority of the pregnant women beneficiaries (68.18 per cent) belong to the age group of 17 to 26 years. The same age group dominates the nursing women, i.e., 68.97 per cent .
- (xiii) A majority of the pregnant and nursing women (54.55 per cent and 82.76 per cent respectively) are involved in collecting sundries.
- (xiv) A majority of the pregnant and nursing women beneficiaries (86.36 per cent and 68.97 per cent respectively) are illiterate.
- (xv) A majority of the pregnant and nursing women beneficiaries (81.82 per cent and 82.76 per cent respectively) are immunized by the Medical Officer of ICDS.
- (xvi) A majority of the pregnant and nursing women beneficiaries (72.73 per cent and 62.07 per cent respectively) are provided Health and Medical Care by the Medical Officer of ICDS.

- (xvii) A majority of the pregnant and nursing women beneficiaries (68.18 per cent and 82.76 per cent respectively) receive only Vitaminized Bread as a Supplementary Nutrition.
- (xviii) A majority of the pregnant and nursing women beneficiaries (63.64 per cent and 89.66 per cent respectively) receive Supplementary Nutrition for a period of 4 months.
- (xix) A majority of the pregnant and nursing women beneficiaries (54.54 per cent and 62.07 per cent respectively) receive Health and Nutrition Education.
- (xx) A majority of the beneficiaries (32 per cent) receive Nutrition and Health Education through Anganwadi Workers by making home visits.
- (xxi) A majority of the beneficiaries (50.40 per cent) are provided Nutrition and Health Education from Anganwadi Workers.
- (xxii) A majority of the beneficiaries, i.e., 48 per cent, receive the information about the camps from Anganwadi Workers.
- (xxiii) The attendance of other women beneficiaries from the age group of 15.45 years at the camps

was totally negligible.

4.2 SUGGESTIONS

- (i) A majority of the respondents do not send their elder children to Anganwadi as they are kept at home to look after siblings. This is because of the fact that both the mother and the father are engaged in their daily operations. It is, therefore, suggested that, sincere attempts should be made to provide creches attached to Anganwadi Centres.
- (ii) The Anganwadi Workers are the backbone of the beneficiaries. The researcher thinks that they are the friends, philosophers and guides to the beneficiaries. At present, the Anganwadi teachers and helpers are paid Rs. 350 (D.Ed.)/250 (S.S.C.) and Rs. 185 p.m. respectively as told by all. It is, therefore, suggested that, they should be paid at least Rs. 500 and Rs. 300 respectively so that they take more interest in teaching the children and keeping their health properly.
- (iii) Although Anganwadi Workers are in contact with the beneficiaries, only a few respondents are aware of the ICDS scheme and its various services. It is, therefore, suggested that, lady Social Workers should be appointed to enable the beneficiaries to obtain all the benefits and facilities of the ICDS scheme.

- (iv) All the beneficiaries reported that, the medical facilities are inadequate. Many times, the treatments are discontinued. It is, therefore, suggested that the Medical Officer of the scheme should pay more attention to provide regular treatments to the beneficiaries.
- (v) As reported by the beneficiaries, they avoid to admit their patients to the hospitals of the Municipal Corporation. According to the beneficiaries, lack of proper co-operation, good treatment and proximity and more security are the reasons behind it. It is, therefore, suggested that, the ICDS Officials should encourage the beneficiaries and try to persuade them to get help from the scheme.
- (vi) Although a majority of the beneficiaries are aware of the first three services of the ICDS scheme, viz., Supplementary Nutrition, Immunization and Health check-up, they are not aware of the remaining three services, namely, Referral services, Non-formal pre-school education and Nutrition and health education. It is, therefore, suggested that, special importance should be given to these services also to enable the beneficiaries to overcome the

nutrition problems and to enhance the capability of the mother to look after the normal health and nutritive needs of the child.

- (vii) A majority of the beneficiaries get the supplementary nutrition by providing only Vitaminised Bread and Khichari. It is, therefore, suggested that, the beneficiaries should be provided other available nutrition such as cereals, pulses, nuts, oilseeds, vegetables, fruits, milk and milk products, fresh food, sugar and jaggery, fats and oils to improve the health and nutrition status of children.
- (viii) In all the cases, the beneficiaries get Nutrition and Health Education through home visits by Anganwadi Workers and organising supplementary nutrition feeding for children by the ICDS workers. It is, therefore, suggested that, more attention should be paid to other media, like Mass Media, Publicities, Special campaigns, Use of Audio-visual aids and Songs, etc.
- (ix) A majority of the other women beneficiaries from the age group of 15-45 years do not attend the camps of nutrition and health education. It is, therefore, suggested that, more attention

should be paid to involve the beneficiaries of this age group in the camps so that they will be able to tend their children in proper condition.

- (x) Most of the nursing women beneficiaries have not adopted Family Planning methods. It is, therefore, suggested that these beneficiaries should be persuaded to adopt the methods so that they would be capable to maintain not only their health status but their children also. It would help to prevent infant mortality and bring about protection of children from ill-health.