

CHAPTER - VI

Conclusion and Suggestions

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In conclusion, the data analysis supports literature that KAP impact child and maternal health practices in terms of disease, nutrition it also supports the fact that mothers or maternal education is an important factor in child health and their own health practices.

Under this research we draw basic finding are as follows-

- More than 50 percent of households heads are age 65 above and only 4.5 percent are less than age 45.
- 68 percent of household's heads are Hindu and 27 percent are Muslim.
- 42 percent of household's leads belong to other back ward classed, 20 percent to general and 38 percent to SC/ST classes.
- Seventy seven percent of households with joint family.
- 26 percent of households heads have completed primary level of schooling 11 percent are completed secondary level of schooling and 35 percent households are not attending school.
- Only 35 percent of households have toilet facility.
- 63 percent of households have electricity.
- Eighty percent of household use own hand pump for drinking water, 8 percent drinking water use form tube well.
- Sixty one percent of households live in houses that are semi pucca houses, 5% live in multi-story houses, 20 percent live in kachha house.
- Forty eight percent of households belong to APL and 38 percent of households belong to BPL.

- Among the household head more than fifty percent (54 percent) work in agriculture sector and approx sixteen percent of households head more than fifty percent (54 percent) work in agriculture sector and approx sixteen percent of households head are in service sector.
- More than one fourth (28 percent) respondents in the age group 20-24 years and followed by thirty two percent are highest in the age group 25-29 years.
- Age group 25-29 years 32 percent shows the increasing share of even married women in this age group.
- Education level influence the even married women age by the time 20-29 age group is highest fertility concentrated group.
- The educational levels of respondents have an important influence an demographic and health seeking behavior Almost ten percent of currently married women age 15-49 are illiterate 28.5 percent are achieved the graduate level complete education.
- Forty one percent of respondents married after completion of age 18.
- More than three fourth respondents have knowledge about the marriageable age is 18.
- Forty three percent of respondents already known about the marriageable age 18, it reflects the education plays important role in their behavioral practices.
- Marriageable age 18 is the right of a girl.
- Knowledge to plan pregnancy in block is moderate, but not in practicing in age 15-49 years.
- Only eight percent respondents plan her pregnancy with the knowledge received by Medical professionals/ANM/family members.

- Knowledge of contraceptive methods is not universal in villages, only seventy seven percent of female recognizing at least one method of contraception.
- During the data collection respondents are very hesitate to talking about the family planning methods.
- Female sterilization is most widely known method of contraception in rural area as same as the male sterilization.
- Among women who intended to use contraception, 91 percent to use Tubectomy/female sterilization and 9 percent couples intend to use condom in future.
- Unmet need for family planning is 33 percent.
- Only 18 percent currently married women using female sterilization, one percent male sterilization use by their husbands to prevent the pregnancy.
- Followed by 26 percent women using traditional methods for birth spacing.
- Approx 25 percent respondent's source of knowledge regarding planning method is ANM/AWW/ASHA.
- Reproductive and child health services may have a greater advantage in motivating the people to go for family welfare adoption.
- The message of having tow child family has to reached properly to the rural people hence the respondents are regulating their family size only after having three or more than three children.
- Practices of the family planning services are not so good in the rural area, because of less knowledge and family pressure.
- General education and maternal education both are different impact on the practice of health care services.

- Mothers received antenatal checkups mother had and abdominal examination in 83 percent of cases and had their blood pressure checked in 63 percent of cases
- Only 36 percent women of who received three or more ANC checkups.
- Only 13.5 percent respondents are received her first ANC in third trimester.
- More than three fourth respondents have knowledge about ANC checkup through health professional, family members, ANM, and newspapers.
- Twenty four percent of respondents received more than 100 IFA tablets and surprisingly thirty eight percent of who have not received IFA tablets.
- Eighty percent of respondents received two T.T. injections.
- Antenatal care are found more practicing women with twelve or more years schooling and compared to illiterate women or low level of schooling.
- 49.5 percent of births in rural block took place in government health facilities, 17 percent birth took place in the women's own place and 34 percent in private health facility centers.
- Only 13.5 percent deliveries of births were attended by doctors.
- More than fifty percent of babies immediately weight after birth and 37 percent of new born babies are not weighted after the birth.
- Sixty eight percent of new born babies immediately bathed after birth and 19.5 percent of babies fewer than six days. Apart from the weight and both 85 percent of babies have colostrum feeding and 15 percent

babies have honey, jaggery water, ghee, cow milk beside colostrum due to some rituals practicing in their families.

- Approx 45 percent of baby's breast feed after three days of life, and almost one fourth babies have breastfeed within one days.
- More than fifty percent of mothers have knowledge regarding colostrum feeding from doctors, family members, Anganwadi worker.
- 21 percent of children under age two suffered from diarrhea.
- Only seven percent of mother use ORS to prevent their children from diarrhea.
- Only seven percent of children under age are suffered from pneumonia at some time during the two week period before the data collection.
- Only 21 percent mother having knowledge and practicing the kangaroo care during pneumonia to keep warm.
- Approx 55 percent of children aged 0-23 months are immunized for age, 34 percent age partially immunized for age, and 11 percent of children not immunized for age.
- Practicing of immunization are found low because of lack of awareness, center not within reach, don't remember immunization days, are the factors affecting the immunization good practices.
- Eighty five percent children not immunized during the illness.

KAP analysis based on the finding:

KNOWLEDGE

- Literacy rate is not so satisfactory.
- General sexual education of women seems to be mostly ignored or less.
- Knowledge of family planning methods is unsatisfactory. There is unmet demand of family planning because of lack of knowledge.
- Knowledge of STI is equally poor.
- HIV is the most commonly known STI. A lot of misconceptions exist through regarding the ways of transmission and prevention.
- Health professionals and all primary level workers do play an important role in reproductive health education, often more than the women's own relatives.
- Knowledge of ORS packet during the diarrhea is satisfactory.
- Knowledge of exclusive breastfeeding unsatisfactory.
- Knowledge of kangaroo care is low.

ATTITUDE

- Before seeking health care women do need authorization from their husbands.
- Antenatal care services are commonly well accepted.
- Women would prefer to get married at more advanced age after 20 years.
- Traditional pattern is dominant in which the reproductive role of the women is the most essential one.

- Most women go government hospital and private hospital for institutional delivery and assisted by health professionals. A group of women assisted by family members for the delivery.
- Few women want to limit their reproductively. Generally women seem to consider the use of family planning at more advanced age and when no more child wish exists. Besides IUD, male sterilization, and injections, oral contraception, condom, female sterilization is quite well accepted as family planning methods.

PRACTICES

- The women do marry after Age 18, few women marry before Age18.
- They deliver their first child after Age 20.
- Female sterilization most likely in area.
- The use of family planning is low.
- Colostrum feeding practice is satisfactory, as well as exclusive breastfeeding, some of women feed jaggary, honey, cow milk beside colostrum.
- Practice of use ORS is low during diarrhea.
- Kangaroo care practice is very unsatisfactory.
- Immunization of child is not so satisfactory.

Maternal and child health practices related KAP is not so satisfying. Little is known about prevention and management of childhood illness. Knowledge about appropriate infant and child nutrition as well as antenatal care is insufficient. Most of the child morbidity and mortality is totally preventable through maternal educational programs. There is need to intervention is there necessary to implement local educational programs for women of child bearing age.

Suggestions:

This research suggests improving health of the rural women and child health care practices with changing attitude towards their health and children's health. These suggestions would be helpful to achieve the same important goals. The following suggestions are being made based on the result of this study and qualitative observations made throughout the course of data collection while in the field.

- This is a need to increase the rural infrastructure for health at all levels including districts/blocks/village/PHC/CHC to cope with the rural population.
- To ensure coordination, monitoring and review of all bodies at various level with the health department.
- Outreach services should be provided by the PHC.
- There needs to be integration of all vertical programmes with the primary health care system in rural area.
- Women's education should be emphasized. As educated women are better able to break away from traditions to utilize or practice modern means of safeguarding their own health and that of their children (Caldwell and Caldwell 1988; Celand 1990).
- Educated women are better able to utilize what is available in the community to their advantage and educated women may be able to make independent decisions regarding their own and their children's health leading to greater utilization of modern health facilities.
- Improve the primary school education.
- According to UNICEF educated girls for six years or more drastically and consistently improves their prenatal care, postnatal care and childbirth survival rates.

- Educated girls are more likely to spread good health and sanitation practices to their families and throughout their communities.
- Marriage of a girl should be age 18. Promoting the increase in age at marriage above 18 years through campaigns and movements would further improve situation.
- There is a need to appraise the women about the importance of reproductive and child health services in rural area health practices should be more improved by their families.
- ICT (Information, Communication and Technology) can play a powerful role in improving the efficiency of health services.
- IEC activities should be done very frequently to aware community for the mobilization.
- Majority of women and their family members are unaware of the importance of maternal health care and efforts should be made to create awareness.
- To improve reach and quality of health service there is a need to provide a motivational training to health providers to be more sensitive towards the disadvantaged and to coordinate effectively with village based community volunteers.
- To promote or increase the antenatal care offered by health centers and midwives by increasing outreach activities.
- Follow up care for missed vaccination needs to be done by the ANM/ASHA or health staff.
- Parents should be encouraged to bring their vaccination card for children so that catch up vaccines can be received for children previously missed.

- Vitamin A should be dispensed and recorded with each immunization visits.
- Education outreach program should be done by the health center staff.
- Education must focus on appropriate introduction of semisolids and solid foods for infants and give information about what comprises a balanced diet.
- To change the Behavior towards the practices. Behavior changing pattern should be shifting from message based to participatory communication.
- To promote adult health education for the school going or non -school going girls at the very early stage.
- Special health days will be held at least twice or thrice in year.
- To bridge the gap between health workers and communities by linking community health workers with health facilities to improve information exchange, referral linkages, coordination between facility and community based services and promote community involvement in the making of decisions regarding service delivery matter.

Limitations of Study

Every study has certain limitations and this study is not an exception. There are several limitations to the study. The study area was selected as an area of convenience, but this was corrected for as much as possible by randomly selecting. Data were collected during standard timing day time working hours for the community. One need to interview a set of women who may provide information about their experiences and to what extent the integration practice is followed. This will provide respondents perspective on Knowledge, Attitude, Practice and quality care measures.