

AN ECONOMIC STUDY OF CHILD CARE FOR RURAL DEVELOPMENT WITH SPECIAL REFERENCE IN MEELANEELITHA NALLUR BLOCK.

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INTRODUCTION

“Your genes are the building blocks, your nutrition is the mother & your environment is the architect that shape your destiny”-KE Elizabeth

In spite of the constitutional provision of a right for optimum survival, many children are not getting the benefit of services like primary health care, adequate nutrition, proper environment, stimulation, education, recreation and tender loving parental care. Even though the precise mechanism is not clear, it has been established that growth, development and intelligence of such children are at risk. Structural and biochemical changes have been demonstrated in the growing brain due to malnutrition. Growth faltering; development retardation, intellectual impairments, reduced nerve conduction velocity and electrophysiological changes have been demonstrated in malnourished children. Such screening tests are of value only if they result in appropriate interventions strategies.

However, the existing child welfare programmes are not sufficient to meet all the needs and demands. It is known that the first two years of life include a period of rapid brain growth and development. *During the first 2 years, baby growth becomes 20% of that of the adult growth becomes 80 percent and myelination becomes almost complete.* Hence any programme aimed at total development should start before the age of two years. Single point interventions like primary health care and nutritional supplementation have failed to deliver the

desired outcome. There are some report that stimulation along with nutritional supplementation may be a better choice. A composite stimulation package including nutritional input, development and quality of survival.

CHILD CARE RURAL DEVELOPMENT

Growth and development are sometimes used interchangeably. But *growth implies increase in size of organs and body and development implies differentiation and malnutrition of function*. The former indicates quantitative growth and the latter indicates qualitative growth. Development is influenced by the physical, emotional and social environment. In early childhood, cognitive growth and development are difficult to differentiate from neurologic and behavioral maturation. In later childhood, it can be measured by communicative skills and cognitive abilities.

The development of each child is unique and the better of development any be profoundly different for each child within the broad limits of 'normality'.

Factors Affecting Child Development:

Various factors determining the development of the child are detailed below.

- ❖ **Genetic factors:** Even though genetic factors are thought to be final limits of biologic potential, they are intimately interwoven with the environment.
- ❖ **Physical factors:** Prenatal as well as postnatal physical insults affect growth and development.
- ❖ **Nutritional factors:** Nutritional factors influence growth and development chronic malnutrition causes stunting of physical growth. Prenatal and early postnatal malnutrition affects development and reduces the ability of the individual to adapt to the environment.
- ❖ **Emotional factors:** Emotional factors like position of the child in the family the child rearing practices in the family and community etc., affect growth and development.
- ❖ **Social cultural factors:** Socio cultural factors either limit or expand the range of behavior of children. The schedule for acquisition of skills, such as sitting, walking etc., which were earlier thought to be the result to malnutrition alone are now found to be influenced by the conventional expectations. Socio economic factors are also reflected in the nutritional status of the child.

In the developing countries, height and weight are good indicators of children's health and nutritional status. Maternal education has been accepted as one of the most important influences on child health. the 2000 demographic and health survey of Peru, however, I find that the effect of maternal education varies as a function of region. In the most prosperous urban region, maternal education is less important for child health than in poor rural areas, and a higher level of education has a greater effect in rural areas. Multilevel analysis shows that a signification part of the observed correlation between maternal education and child health is moderated by regional differences and community characteristics. The finding suggests that Peruvian public policy should

emphasize resource redistribution as well as women's education, and that investment in maternal education should be considered within regional contexts to enhance child health in rural areas.

STATEMENT OF THE PROBLEM:

Health is an important aspect for the survival of human. The concepts, knowledge, skills and infrastructure for healthcare have been evolved through the evolution of human civilization in various societies. However, due to gender bias the health priorities for men and women have been different in different traditions and different societies. Health is wealth" is an adage. More importance is given to health even from the time immemorial and so people have been taking all efforts to attain and it pervades all areas of knowledge. To economists health is an important factor for economic development and to sociologist it is vital for social development. It is very important to medical people to control both communicable and non-communicable diseases.

OBJECTIVES OF THE STUDY:

- To identify the health problem of children in Meelaneelithanallur block due to malnutrition
- To suggest a few recommendations to improve the health status of the children in Meelaneelithanallur block.

REVIEW OF LITERATURE:

In India, there were distance sages of rise and fall in the status of children. A large volume of literature has been developed on malnutrition of children. Some of the literature relevant for this study is reviewed in this section.

DIPA SINHA (2015) Says that the data from the rapid survey on children conducted in 201-14 released after an inexplicable delay and still in a summary fashion, show some but patchy progress between 2005-06 and 201-14 in maternal and child health indicators. While economic growth rates accelerated after 2005-06, this period also saw a number of interventions by the central government in relation to health and nutrition, including the introduction of the national rural health mission (NRHM), janani suraksha yojana (JSY) and the expansion of the integrated child development services (ICDS). That the increase in the coverage of antenatal care (ANS) services has not been as much as that in delivery services, the percentage of women making ANC visits three or more time (as recommended) has gone up from 52% to only 63% and a similar percentage of women has reported having an ANC in the first trimester according to the RSOC data, of the mother who were aware of the JSY and janani shishu suraksha karyakram (JSSK) schemes, 47% availed of the JSY but only 14% availed of any benefits of the JSSK.. While the JSY provides for a cash incentive for institutional delivery, the JSSK provides for cashless treatment for all services related to maternal and neonatal health.

Husain (2011) mention that the national rural health mission was introduced as a flagship scheme of the united progressive alliance government in 2005-06 to address the needs of the rural population through an architectural correction of the health system in India, however, health has traditionally received low priority in the central and state budgets. The resultant increase in the incidence of both communicable and non-communicable diseases, coupled with poor health facilities in rural areas resulted in high infant, child and maternal mortality rates. (NRHM) national rural health mission main objective of this scheme was to “carry out necessary architectural correction in the basic health care delivery system. To improve the availability of and access to quality health care by People, especially for those residing in rural areas, the poor women and children.” The main beneficiaries of indoor services at each level were invariably women followed by children and men respectively. This is perhaps the most important factors limiting the success of the National Rural Health Mission.(NRHM).

METHODOLOGY

The study is based on both Primary data and secondary data. Primary data is collected from the sample respondents through well structured interview schedule and Questionnaire. Secondary data is collected from text books, journals, magazines, News papers, Government Gazettes, internet etc. Sample- Nurse, Doctors, Anganwadi teachers, Anganwadi aayas midwife form PHC, were collected through personal visit to the home. For collection of primary data, interview schedule was used. A Preliminary interview schedule was constructed and administered to 300 households. The interview schedule was prepared keeping in view the objectives of the study. House wives’ were also interviewed for more information. In addition to this, informal discussion was also held with heads of the families or other members of the families so as to cross check the information. I am used the frequency test for verifying the primary data with the use of Diets sheet. The present study had been undertaken about health expenditure in Meelaneelithanallur block in Tirunelveli District. From the total population of 95104, the researcher has selected 300 respondents, as sample by using simple random sampling method. Sample- Nurse - 100, Anganwadi teachers - 100, Midwife from PHC-- 100,

‘DIETS SHEET ‘PER DAY’

Diet requires to be modified by dietitians to suit the needs of individual patients in difference parts of the world. Nutrition professionals like to toss around terms like “diet” “Nutrition “ “ low-fat” and the like when people say they “on a diet”. It sounds like they are restricting something or eliminating certain ingredients. In reality, a diet is the normal patter of eating. One could be on the pizza and beer diet, or on the eating lots of fruit and vegetable diet. A diet is what one typically eats. Nutrients are lost by either being discarded or chemically

changed. Nutrients differ in their susceptibility to loss, depending on their chemical and their location within a food. Using food preparation methods maximizing nutrient retention is most important when the diet contains few good sources of nutrients. Occasional use of methods that cause considerable nutrient loss is not a cause for alarm. However, if few nutritious foods are eaten, conserving the value of food is important. Fortunately, methods that help retain the nutritive value of foods are methods that result in tasty, attractive food—food that entices the eater to enjoy a nutritious meal. The following suggested methods reduce loss of flavor and color, as well as loss of nutrients. They are also economical. Many of them save time. The following table illustrates the position of the respondents in terms of diet sheet per day.

TABLE:1.1

DIET SHEET PER DAY	Frequency	Percent
Vegetables	207	8.9
Eggs	378	16.3
Fruits	184	7.9
Dosa	205	8.9
Cereals	114	4.9
Milk	340	14.7
wheat product	263	11.4
Idli	268	11.6
Rice	355	15.3
Total	2314	100

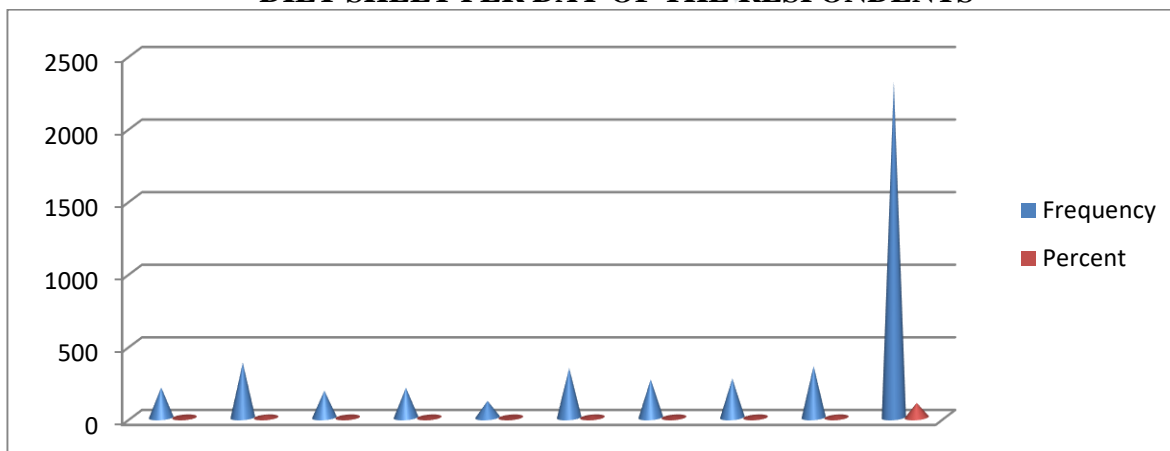
Source: computed from primary data

It is observed from table 4.4 that out of the 400 respondents, 207 took vegetables daily and it comes to 8.9%. 378 consume Eggs daily and it is 16.3%. 184 ate Fruits daily and it comes to 7.9%. 205 consume Dosa daily and it is 7.9%. 114 took cereals daily and it comes to 4.9%. 340 took Milk daily and it is 14.7%. 263 ate wheat product daily and it comes to 11.4%. 268 took Idli daily and it comes to 11.6%. 355 ate Rice per day and it is 15.3%.

Diet sheet per day is expressed in the following figure

Fig: 1.1

DIET SHEET PER DAY OF THE RESPONDENTS



FINDINGS:

Researcher has made some observations and derived some conclusions while carrying out the research work. These observations are summarized below in the form of findings:

- The study also makes it clear that out of 2314 respondents 16.35% are Diets sheet with Egg to consume daily. Where as the remaining minimum 4.9%are Diets sheet per day cereals. Thus, it enlightens the truth that a majority of the respondents consume Egg per day.

SUGGESTIONS:

Following suggestions are given to improve the health of children,

- The government is awareness camps to the parents regarding child health, mentality, and various mind related issues should be regularly conducted through anganwadi. This is better opportunity for the child and her mother.
- Government should increase number of doctors and nurses in the primary health centers, and the government should make necessary arrangement to open HSCS within Meelaneelithanallur Block. Besides government should earmark more funds for the procurement of drugs and medicines, which may be supplied free of cost for the needy.

CONCLUSION:

Good nutrition and healthy food choices are an important component of child health and development. The nutrition choices that young children learn to make affect them throughout their lifetimes. The optimal time to teach nutrition is in the preschool years before unhealthy habits are established and while children are eager to learn. It is importance to realize that parents play a huge role in children's self-perceptions of themselves. Understanding the leptin and ghrelin mediated signals and the leptin ghrelin hypothalamic axis will throw more insight into eating disorders in children.

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