

Effectiveness of Training and Health/Nutrition Problems of DPIP (District Poverty Initiative Project) Project in Churu District, Rajasthan

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Abstract

Introduction: Poverty is curse in India. However there is series of various anti poverty programs in India as well as in Rajasthan. To control poverty is one of the efforts in district poverty initiative project (D.P.I.P) running from 2000 in Rajasthan.

The long term goal of DPIP is to reduce poverty in the selected districts of Rajasthan. Health is an important component for ensuring better quality of life. Large masses of the Indian poor continue to fight hopeless and constantly losing the battle for survival and health.

Objective

1. To study the opinion of respondents about effectiveness of training for health by the implementing agency.
2. To study the health/nutrition problems faced by respondent in smooth execution of activities of D.P.I.P

Methodology: Study was conducted in Ratangarh block (12 villages randomly) of Churu district (purposely) with 200 beneficiaries of DPIP. Interview schedule was used. Problems were analysed in three categories i.e. always, sometimes and never and opinion was judged in three categories i.e. agreed, undecided, disagreed. Frequency and percentage was used to analyze the data.

Result : Regarding effectiveness of training total four positive statements of opinion were asked 50-60 % of the respondents were agree about effective training in health and 30-50% of the respondents were disagreed.

Regarding health problem faced by them in smooth execution of activities total 5 problems coded, 50-80 % of the respondents reported 3 problems were always faced by them viz. anaemia among women, illness of children and high BP.

Conclusion: Although in DPIP training about health and nutrition was given effectively but poor health of rural people suppresses their energy and enthusiasm to work hard for earning their livelihood. In the absence of primary health care, it is difficult to initiate any development programme.

Keywords: Below Poverty Line, Common Interest Group, Community Facilitator, Non-Government Organization, Tuberculosis, District Management Program Unit.

Introduction

One of the chief objective of Indian policy is the removal of nationwide poverty. Variety of anti poverty programmes have been initiated since independence. One of such program is district poverty initiative project being operational since July 2000. The rupees of 643 corers covers seven selected districts (Baran, Churu, Dholpur, Jhalawar, Rajsamand, Tonk) in the state of Rajasthan and aim to lift 350,000 BPL families out of object poverty. The long term goal of DPIP is to reduce poverty in the selected district of Rajasthan, which are among us the poorest state under DPIP. Facilitators help the community to form village level common interest group (CIG) of 18-20 people. CIG members are free to choose any work but four basic activities include: basic infrastructure work, land based activities, income generation activities and social activities. Health is an important component for ensuring better quality of life. Large masses of Indian poor continue to fight hopeless and constantly losing the battle for

survival and health. Poverty and poor health worldwide are in inextricably linked. The causes of poor health for millions globally are rooted in political, social and economical injustice. Poverty is related to wellness.

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Review of Literature

A comprehensive review of literature is must in any research because it provides a sound theoretical framework for research. So some reviews are present here-

Sankari,v. and Murugan,c. (2009) conducted a study in Udangudi panchayat of Tamil Nadu to find out the opinion of 80 NREGS beneficiaries ,regarding economic benefit of the scheme.They reported that 35 percent of the respondents opined there is increase in living and economic conditions as well as have savings in the post office.

Gakkhar,A.(2003),has studied about opinion of functionaries towards ICDS and concluded that majority of the respondents are very much in favour of the ICDS programme and its utility.

Kaur,M. and Khurana, G.(2006) studied the opinion of 200 members of milk cooperation societies regarding the general factor affecting the performance of milk cooperative societies in Ludhiana(139) and Hoshiarpur(61) district of Punjab. It was concluded that in Ludhiyana,62.59 percent of respondents express that lack of vaccination services was sometimes a factor affecting the milk production.

Sharma,K. and Kalla,P.(2006) conducted a study on two training centres of Rajasthan to know the opinion of trainees and trainers about various elements of training programme, it was found that respondents indicated the need for paying more attention towards- Need oriented subject matter, physical facilities,timely information about training programme,boarding,lodging facility and so on.

Sawant.M. and Nikam,T. (2007) studied the constraints experienced by the veterinarian while communicating the information and reported that non availability of transport facilities was also a problem.

According toUNICEF survey (2004) in Uniyara block 200 people were surveyed to find out awareness of health facilities; with regard to awareness of health facilities and service provided, sub centres were known to only 40.8% of respondents.

Sachdev et.al (2001) concluded about ICDS programme, on the whole the programme has done very well. But 40% registered children don't attend the anganwadies and don't take supplementary food regularly are anaemic and malnourished.

Pandey et al. 2000 conducted a comparative analysis of social sector program on national social

assistance programme. (NSAP) on 30 beneficiaries and 30 non beneficiaries in UP (Saharanpur and Varanasi district). In Varanasi about 30% and a small number of beneficiaries in Saharanpur were facing uncertainty regarding their pension payment.

Mitra and Rajput (2000) studied the functioning of Health and Family Welfare Training Centres and Divisional Centres. The finding of this study revealed that most of these institutions were not being adequately utilized, some of these did not even conduct any training programme during the last two years.

NIPCCD (1992-93) concluded that MMR for India was high and maternal death constituted 1.1 % of the total reproductive death in 1990. Further it was estimated that 15 % of deaths in the reproductive age group (15 to 44 years) are maternal deaths.

According to NCERT (1997), girls in 13 to 16 years of age group consume less food than boys. However, in the intra-household distribution of labour, adolescent girls get the major shares of economic, pro creative and family responsibilities. Due to competing demands on their time and energy as well as their socialization, girls tend to neglect their health.

Ganguly and Mazumdar (2000), reported that out 243 girls nearly half of the subjects i.e. 45.7 % were anaemic. Iron deficiency is one of the major nutritional problem which affects adolescents.

Methodology

A survey was conducted in Churu district of Rajasthan where DPIIP is implementing since last eight years. A sample of 12 villages from 12 panchayat of Ratangrah block of Churu district was purposively selected in consultation with implementing agency i.e. district project management unit (DPMU) and an NGO named Khadi Mandir. Out of 12 villages, 8 villages with at least h 3 CIGs and 4 villages with at least 2 CIGs were selected.

Each CIG had an average of 10 members and sample of 200 beneficiaries was randomly selected. Problems were analysed in 3 categories i.e. always, sometime and never and opinion was judged in three categories i.e. agreed, undecided, disagreed. Frequency and percentage was used to analyse the data.

Results and Discussions

Opinion regarding effectiveness of training for health

Information presented in Table 1 reveals regarding opinion about effectiveness of training in health. About half and more than half (50-60%) were agreed that DPMU and NGO members create awareness at the villages about balanced diet in the meetings and NGO and village entry discuss financial resources available in the village for construction of toilet at home and publicity (writing of slogans and posters) was done for healthy food habits viz. hand washing etc. 32-50% of the respondents were disagree about statement like NGO/DPMU done help in finding the nutritional value of locally available foods viz. bajra.

Table1: Distribution of respondents about their opinion regarding effectiveness of training for health by implementing agency.

S.No	Opinion	Agree		Undecided		Disagreed	
		F	%	F	%	F	%
1	Organization of awareness meeting in the village by NGO/DPMU about balance diet	123	62	24	12	53	27
2	Writing of slogan and posters for publicity of healthy habits like washing hands	111	56	32	16	57	28
3	Help done by NGO/DPMU in finding the nutritional value of locally available foods like bajra	60	30	34	17	106	53
4.	NGO/village entry team discuss social and financial resources available in village for toilet formation	160	60	20	10	20	10

F stands for frequency

Health/nutritional problems faced by respondents in DPIP

Perusal of Table 2 reveals that majority of respondents (60-80%) always feels the problem of anaemia (weakness among women/tiredness). Children got ill due to marasmus. Children also got ill due to diarrhoea, TB. Therefore, the respondents could not have focused on their sub project activity of

Table2: Distribution of respondents according to health/nutrition problem faced by them in smooth execution of activities of D.P.I.P

S.No	Problem	Always		Sometimes		Never	
		F	%	F	%	F	%
1	Children ill due to						
	Marasmus	150	75	30	15	20	10
	Kwashiorkor	122	62	48	24	30	15
	Diarrhoea	100	50	48	24	52	26
	TB	100	50	48	24	52	26
	Vitamin A deficiency	90	45	100	50	10	05
2	Anaemia among women	161	80.5	22	11	28	14
3	High Blood Pressure	90	45	100	50	10	05
4.	Disease related to polluted water and unhygienic	38	19	152	76	10	5
5.	Problem of no toilet in the home	30	15	122	62	48	24

F stands for frequency

Health/nutrition problems faced by beneficiaries resulted due to orthodox attitude of the society especially in case of female beneficiaries, they were not allowed to eat food with all members of family.,Ladies always eat food last in the family,so they eat left over food,not sufficient food.they don't have balance diet.so most of the ladies are anemic.

The findings of the present study can be supported by study of Kumari et al.(1990) supports the data that

Women were aware about proper nutrition should be taken during pregnancy.the study indicates that out of 400 rural adolescent girls, all of the young future mothers appear to know about the need of balance diet for pregnant lady, but they could not take it due to orthodox attitude of family members and due to excessive workload.

Conclusion

Environment building is main component of any programme,so can be concluded that respondents were made aware about nutrition in the programme.Suppresses their energy and enthusiasm

DPIP. Half of the respondents (45%) were suffering from high blood pressure problem. Diseases related to unhygienic conditions and unsafe water viz. skin problems were also faced by few (32-38%) respondents. While 62-76% of the respondents sometime feel the problem of diseases related to polluted water, unhygienic and problem of no toilet in the home.

to work hard for earning their livelihood. In the absence of primary health care, it is difficult to initiate any development programme. Poverty, food insecurity, poor nutrition and health are among the most pernicious problems eroding quality of life and limiting economic productivity.

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