

Volume 10, Issue 1, (Special Issue)  
March, 2018

ISSN No.:2348-4667

# Anthropological Bulletin

*a peer reviewed international journal*

*Special Issue:  
Women and Children's Perspectives*

Guest Editor:  
Daud Salim Faruque

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*Department of Anthropology  
University of Lucknow, Lucknow, India*

## Awareness of Gram Panchayat Pradhan about Basic Child Care: A study of Lucknow and Bahraich districts of Uttar Pradesh

Md. Shahadat Hussain<sup>1</sup>, Zuber Meenai<sup>2</sup>, Neelima Chopra<sup>3</sup>, Ashvini Kumar Singh<sup>4</sup>

### ABSTRACT

**Background:** Children constitute 40% of the population in India and the majority of them live in rural areas. The panchayats need to understand issues related to their care, protection, development and take necessary steps in their best interest.

**Objective:** To study the Gram Panchayat Pradhan's (GPPs) awareness of basic child care.

**Methodology:** Primary data was collected from the GPPs using an interview schedule. Multivariate analysis has been done to present the data. The researcher used the Chi-Square test of association to test the association between the GPPs district and gender with the GPPs awareness of basic child care.

**Findings:** In general there is low awareness of basic child care among the four groups. Female GPPs were more unaware of basic child care. More unawareness was found among the Bahraich district GPPs compared to the Lucknow GPPs. Further, in Bahraich female GPPs displayed more unawareness compared to their Bahraich male counterparts. Tailor-made training is needed for all the four groups of the GPPs to increase their awareness of basic child care. But the Bahraich GPPs especially the female GPPs should be accorded special attention.

**Key Words:** Gram Panchayat, Pradhan, Child Care

### 1. Background

Following the Alma-Ata Declaration and the International Conference on Population and Development 1994, the decentralisation of public health systems was introduced in India as part of broader reforms to improve the health sector performance through community participation (Ray, 2014). Following the 73<sup>rd</sup> amendment of the Indian constitution, Panchayati Raj has transferred powers in 29 subjects given in the 11<sup>th</sup> schedule (Article 243G) including Maternal and Child Health listed from item no. 23 to 25.

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<sup>1</sup> Research Scholar, Centre for Early Childhood Development and Research (CECDR), Jamia Millia Islamia, India. Email: shahadat.dsh@gmail.com

<sup>2</sup> Hon. Director, CECDR

<sup>3</sup> Assistant Professor, CECDR

<sup>4</sup> Associate Professor, Deptt. of Social Work Jamia Millia Islamia, India.

The decentralisation of health systems provided opportunities for community participation in health planning with a view that unless the people are involved in the planning process, it is impossible to evolve a meaningful, rational and cost-effective healthcare system, which can provide appropriate healthcare to the people (WHO/UNICEF, 1978; MacCormack, 1983; Bhatia, 1993; Muraleedharan, 1994; Alenoghena, 2014). Bronfenbrenner (1977) postulates that child growth is affected and modified by the physical social environment (microsystem); as well as interaction among the systems within the environment (meso-systems); broader social, political and economic conditions (exo-system); and further, social, political and economic conditions are themselves influenced by the general beliefs and attitudes (macro-systems) shared by the members of the society. There is a growing role of Panchayati Raj Institutions (PRI) in the implementation and monitoring of various developmental programmes and policies including the projects of the Department of Health & Family Welfare, the Department of Women and Child Development etc at the panchayat level especially after the 73<sup>rd</sup> constitutional amendment in 1992. Hence, there is a need to look into the role of the Gram Panchayat Pradhan (GPP), who is the head of a PRI of child care services.

## 2. Literature Review

In India, the Panchayati Raj Institutions (PRIs) facilitate people's participation in all developmental activities at the village level (Sundaram, 1998; Sanyal, 2001; Bhatia, 1993; GOI, 2008; GOUP, 2014a). The PRIs hold very important positions in local communities, driving improvements across local, social determinants by planning and service provisioning through government development and welfare programmes (Pattanaik, 2006; GOI, 2008). Under the leadership of the PRIs, the administration is decentralised, and planning and implementation of the development programmes are done from the bottom (Dutta, 1993; Muraleedharan, 1994). In this way, the PRIs are significantly involved in planning, monitoring and provisioning primary services at the grass-root level. Since the 1990s, decentralisation has emerged as a leading paradigm in India (Ghuman and Singh, 2013). It is understood as a political process, whereby power, authority, resources and service delivery responsibilities are transferred from the centre to the local authorities (Ghuman and Singh, 2013; Frumence et al., 2014; Sanyal, 2001, p 23; Litvack et al., 1998; Rondinelli, 1981). The PRIs are the key drivers of decentralisation, which enable decentralisation of administration and democratisation of power (Sanyal, 2001). India has an extensive multi-tiered public health system, where healthcare services are delivered at three levels namely, primary, secondary and tertiary (GOI, 2014). The primary healthcare services are delivered to the population through a network of sub-centres (SCs) and primary health centres (PHCs) (GOI, 2014). This illustrates that there is a need for an effective decentralised health system that can provide a favourable environment to the healthcare providers as well as to seekers to facilitate healthcare service provisioning (NRHM, 2005). Pradhan is the president of a Village Health Sanitation and Nutrition Committee (VHSNC). It is in this context it became imperative to study the awareness of the GPPs of basic child care.

## 3. Panchayati Raj Institutions in India

The PRIs is a three-tier structure of rural local self-government, linking villages to the district. The Gram Panchayat is the lowest democratically elected body in this three-tier system, which can be for a village or a group of villages. The Gram Panchayat derives its power from sub-national, i.e. the state government, which has a responsibility to nurture and develop the Gram Panchayats (GOUP, 2014a). The chairperson, i.e. the Pradhan of each Gram Panchayat is chosen by direct elections under the superintendence of the state election commission on a five-year time interval (GOUP, 2014a).

**4. Objective:** To study the Gram Panchayat Pradhan's (GPPs) awareness of basic child care in Lucknow and Bahraich districts of Uttar Pradesh and examine the association of the GPPs

district and gender with their basic child care awareness. It was hypothesized that there is statistically no significant association between the GPPs district and gender with their awareness of basic child care.

**5. Methodology:** Pilot study data of the doctoral research project of the first researcher have been used for this study. Lucknow and Bahraich districts were chosen for the study. The former being the districts with better child development indicators and the latter being the district with poor child development indicators. The researcher constructed an interview schedule and canvassed to 70 GPPs (Lucknow 35; Bahraich 35). A total of 12 items were culled out from the pilot study data and analysed for this research paper. Multivariate analysis and Chi-Square test of association were used to present the results.

#### 6. Data Analysis and Interpretation:

Two types of variables were used basic profile variables and variables related to the GPPs awareness of basic child care. Each of them is given below.

##### 6.1 Basic Profile

Under the basic profile variables district, gender, education, age category, social category were used. The summarised output is given in Table 1 & Table 2.

Table 1: Gender and Education of the GPPs by district (N=70)

District	Gender		Education			Total
	Male	Female	Upto Upper Primary	Secondary to Sr. Secondary	Graduate & Above	
Lucknow	26	9	6	17	12	35
Bahraich	15	20	22	9	4	35
Total	41	29	28	26	16	70

Source: Primary data

The above table shows the gender and education-wise distribution of the GPPs of the Lucknow and Bahraich districts. There were total of 41 male GPPs (Lucknow 26, Bahraich 15) and 29 females GPPs (Lucknow 9, Bahraich 20). Education among the GPPs were distributed as: from Primary up to Upper Primary 28, Secondary to Senior Secondary 26, and graduate & above 16.

Table 2: Age category and social category of the GPPs by district (N=70)

District	Age Category		Social Category			Total
	Upto 50 Years	51 Years +	General	OBC	SC	
Lucknow	9	26	20	12	3	35
Bahraich	15	20	18	11	6	35
Total	24	46	38	23	9	70

Source: Primary data

Up to 50 years of age and 51 years + there were, respectively 24 (Lucknow 9, Bahraich 15) and 46 (Lucknow 26, Bahraich 20) GPPs in the study. Social category wise there were 38 in the general category (Lucknow 20, Bahraich 18); 23 in the OBC category (Lucknow 12, Bahraich 11), and 9 in the SC category (Lucknow 3, Bahraich 6).

##### 6.2 GPPs awareness of basic child care

It included 12 variables (column 2, from left) given in the below table. These variables are related to basic child care. The table gives the district and gender wise awareness of the GPPs about basic child care.

Table 3: GPP's awareness about basic child care by gender and districts

	Basic Child Care Provisions	District	Male		Female		Total	
			Yes %	No %	Yes %	No %	Yes %	No %
1	A pregnant woman must get a minimum 4 ANC checks up	Lucknow	30.8	69.2	33.3	66.7	32.1	68.0
		Bahraich	06.7	93.3	15.0	85.0	10.9	89.2
		Total	18.8	81.3	24.2	75.9	21.5	78.6
2	Ideally, delivery should be done in a hospital	Lucknow	42.3	57.7	44.4	55.6	43.4	56.7
		Bahraich	33.3	66.7	35.0	65.0	34.2	65.9
		Total	37.8	62.2	39.7	60.3	38.8	61.3
3	Weighing of a baby at birth is a must	Lucknow	38.5	61.5	55.6	44.4	47.0	53.0
		Bahraich	33.3	66.7	30.0	70.0	31.7	68.4
		Total	35.9	64.1	42.8	57.2	39.4	60.7
4	The minimum weight of a baby at birth must be 2.5 kg	Lucknow	26.9	73.1	33.3	66.7	30.1	69.9
		Bahraich	13.3	86.7	15.0	85.0	14.2	85.9
		Total	20.1	79.9	24.2	75.9	22.1	77.9
5	Breastfeeding must be started within one hour	Lucknow	15.4	84.6	11.1	88.9	13.3	86.8
		Bahraich	20.0	80.0	15.0	85.0	17.5	82.5
		Total	17.7	82.3	13.1	87.0	15.4	84.6
6	A baby Exclusive breastfed for a minimum of 6 months	Lucknow	34.6	65.4	33.3	66.7	34.0	66.0
		Bahraich	26.7	73.3	25.0	75.0	25.9	74.2
		Total	30.7	69.4	29.2	70.9	29.9	70.1
7	Talking with a baby is necessary	Lucknow	46.2	53.8	66.7	33.3	56.5	43.6
		Bahraich	26.7	73.3	35.0	65.0	30.9	69.2
		Total	36.5	63.6	50.9	49.2	43.7	56.4
8	A child should be allowed to play freely	Lucknow	50.0	50.0	66.7	33.3	58.4	41.7
		Bahraich	40.0	60.0	45.0	55.0	42.5	57.5
		Total	45.0	55.0	55.9	44.2	50.4	49.6
9	Birth registration for a baby is a must	Lucknow	57.7	42.3	44.4	55.6	51.0	49.0
		Bahraich	46.7	53.3	25.0	75.0	35.9	64.2
		Total	52.2	47.8	34.7	65.3	43.5	56.6
10	Deworming must be done every 6 months for a baby	Lucknow	50.0	50.0	44.4	55.6	47.2	52.8
		Bahraich	73.3	26.7	55.0	45.0	64.2	35.9
		Total	61.7	38.4	49.7	50.3	55.7	44.3
11	Household must safely dispose of child and animal faces	Lucknow	46.2	53.8	33.3	66.7	39.8	60.3
		Bahraich	20.0	80.0	30.0	70.0	25.0	75.0
		Total	33.1	66.9	31.7	68.4	32.4	67.6
12	Every member of a household must use safe drinking water all the times	Lucknow	34.6	65.4	33.3	66.7	34.0	66.1
		Bahraich	26.7	73.3	15.0	85.0	20.9	79.2
		Total	30.7	69.4	24.2	75.9	27.4	72.6

Source: Primary data

### 6.2.1. A pregnant woman should get a minimum of four ANC check-ups

It was discovered that only 21.5% (Bahraich 32.1%, Lucknow 10.9%) (male 18.8%, Female 24.4%) of the GPPs were aware that a pregnant woman should get a minimum of four ANC check-ups. Thus 78.6% of the GPPs were unaware of it. The female GPPs outshone the male GPPs by 5.4%. The Lucknow GPPs showed 21.2% more awareness than the Bahraich GPPs. The highest awareness was found among the Lucknow female GPPs (33.3%) followed by the Lucknow male GPPs (30.8%), the Bahraich female GPPs (15.0%) and the Bahraich male GPPs (6.7%). The Lucknow female GPPs outflanked the Bahraich female GPPs by 18.3%. The Lucknow male GPPs outperformed the Bahraich male GPPs by 24.1%. Bahraich female GPPs outdid Bahraich male GPPs by 8.3%. No significant difference was noted between the male and female GPPs of the two districts. The Bahraich GPPs need more training on this, especially Bahraich male GPPs.



### **6.2.2. Ideally delivery should be done in a hospital**

The investigator observed the knowledge of GPPs about the provision that ideally delivery should be done in a hospital. It was found that only 38.8% (Bahraich 34.2%, Lucknow 43.4%) (male 37.8% Female 39.7%) of the GPPs were aware of this. The Lucknow GPPs outstripped the Bahraich GPPs by 9.2%. Thus the highest awareness was noted among the Lucknow female GPPs (44.4%) followed by the Lucknow male GPPs (42.3%), the Bahraich female GPPs (35.0%) and the Bahraich male GPPs (33.3%). The Lucknow female GPPs outran the Bahraich female GPPs by 9.4%. The Lucknow female GPPs outstripped the Lucknow male GPPs by 11.1%. The Bahraich GPPs need focused training on this.

### **6.2.3. Weighing of a baby at birth is a must**

It was observed that 39.4% (Bahraich 31.7% Lucknow 47.1%) (male 35.9%, female 42.8%) of the GPPs were aware that weighing of a baby at birth is a must. Thus 60.7% of the GPPs were unaware of it. The Lucknow GPPs outshone the Bahraich GPPs by 15.4% and overall 6.4% more female GPPs were aware than their male counterparts. The Lucknow female GPPs (55.6%) were placed at the top of the pyramid followed by the Lucknow male GPPs (38.5%), the Bahraich male GPPs (33.3%), and the Bahraich female GPPs (30.0%). The Lucknow female GPPs were 25.6% more aware compared to the Bahraich female GPPs. Further, 17.1% more Lucknow female GPPs were aware than the Lucknow male GPPs. The Bahraich female GPPs were the most laggard. Special attention must be accorded to the Bahraich GPPs especially female GPPs on this.

### **6.2.4. The minimum weight of a baby should be at least 2.5 kg at the time of the birth**

The researcher discovered the awareness level of the GPPs that 'the minimum weight of a baby should be at least 2.5 kg at the time of the birth. It came out only 22.1% (Bahraich 14.2% & Lucknow 30.1%) (male 20.1% & Female 24.2%) of the GPPs were aware of it. The Lucknow GPPs evinced 16.0% more awareness than the Bahraich GPPs. The female GPPs surpassed the male GPPs by 4.1%. The Lucknow female GPPs (33.3%) were placed at the top rung followed by the Lucknow male GPPs (26.9%), the Bahraich female GPPs (15.0%), and the Bahraich male GPPs (13.3%). The Lucknow female GPPs outscored the Bahraich female GPPs and the Bahraich male GPPs, respectively by 18.3% and 20.0%. The Lucknow male GPPs outdid Bahraich male GPPs by 13.6%. All the groups need training on this. The Bahraich GPPs need focused training on this.

### **6.2.5. Every new-born must be breastfed within one hour of the birth**

The study demystified that 15.4% (Bahraich 17.5% and Lucknow 13.5%) (male 17.7% and female 13.%) of the GPPs were aware that every newborn must be breastfed within one hour of the birth and the remaining 86.4% were not. The male GPPs outshone the female GPPs by 4.7%. The Bahraich male GPPs registered 20.0% awareness level, succeeded by the Lucknow male GPPs (15.4%), the Bahraich female GPPs (15.0%) and the Lucknow female GPPs (11.1%). The Lucknow male GPPs surpassed the Lucknow female GPPs by 4.7%. Lucknow male GPP's and the Bahraich female GPPs showed almost similar awareness levels. Lucknow female GPPs need special attention.

### **6.2.6. A baby must be exclusively breastfed for a minimum of 6 months**

It was noticed in the study that merely 29.9% (Bahraich 25.9%, Lucknow 34.0%) (male 30.7%, female 29.2%) of the GPPs were aware that, 'a baby must be exclusively breastfed for a minimum of 6 months' and the rest 70.1% were unaware of it. The highest awareness was found among the Lucknow male GPPs (34.6%) then came closely the Lucknow female GPPs (33.3%), the Bahraich male GPPs (26.7%), and the Bahraich female GPPs (25.0%). The Lucknow GPPs outscored the Bahraich GPPs by 8.1% and the Lucknow male GPPs outstripped the Bahraich male GPPs by 7.9%. Further, 8.3% point difference was noticed between the Lucknow female and the Bahraich female GPPs. There is a need to increase

awareness of this among all the GPPs. But the Bahraich GPPs need to raise more awareness of it.

#### **6.2.7. Talking is necessary with a baby**

The scholar noticed that only 43.7% (Bahraich 30.9% Lucknow 56.5%) (male 36.5%, female 50.9%) of the GPPs in two districts were aware that talking is necessary with a baby. Overall 56.4% of the GPPs were unaware of it. The Lucknow GPPs outshone their Bahraich counterparts by 25.6% and the female GPPs outflanked the male GPPs by 14.4%. The highest awareness was noticed among the Lucknow female GPPs (66.7%) followed by the Lucknow male GPPs (42.6%), the Bahraich female GPPs (35.0%), and the Bahraich male GPPs (26.7%). So 31.7% fewer Bahraich female GPPs were aware compared to their Lucknow female counterparts. Further, the Lucknow female GPPs outshone the Lucknow male GPPs by 20.5% and the Lucknow male GPPs outdid Bahraich male GPPs by 19.5%. The Bahraich female GPPs showed 8.3% more awareness than the Bahraich male GPPs. Hence, the Bahraich GPPs need training in general and the Bahraich male GPPs in particular.

#### **6.2.8. A child should be allowed to play freely**

It was unfolded in the study that only 50.4% (Bahraich 42.5% Lucknow 58.4%) (male 45.0% Female 55.9%) of the GPPs in both the districts were aware that a child should be allowed to play freely and rest 49.6% of the GPPs were not. The Bahraich GPPs showed 15.9% less awareness than the Lucknow GPPs and 10.9% more female GPPs were aware than the male GPPs. The highest awareness was noted among the Lucknowfemale GPPs (66.7%) succeeded by the Lucknow male GPPs (50.0%), the Bahraich female GPPs (45.0%), and the Bahraich male GPPs (40.0%). There is a sharp 21.7% difference between the Lucknow female GPPs and the Bahraich female GPPs. The Lucknow female GPPs outperformed the Bahraich male GPPs by 26.7%. The Bahraich male GPPs underran the Lucknow male GPPs by 10.0%. In general training of all the GPPs are needed with special attention must be accorded to the Bahraich female GPPs.

#### **6.2.9. Birth registration is a must for every child**

The GPP's awareness of the provision that 'birth registration is a must for every child' was unfolded that 43.5% (Bahraich 35.9%, Lucknow 51.1%) (male 52.2%, Female 34.7%) of the GPPs in both districts were aware of it and the rest 56.6% were not. The Bahraich GPPs fell behind the Lucknow GPPs by 15.1%. The female GPPs trail the male GPPs by 17.5%. The highest awareness was witnessed amongst the Lucknow male GPPs (57.7%) followed by the Bahraich male GPPs (46.7%) and the Lucknow female GPPs (44.4%) and the Bahraich female GPPs (25.0%). The Lucknow female GPPs outran the Bahraich female GPPs by 21.7%. The Bahraich male GPPs outdid their Bahraich female counterparts by 21.7%. The Lucknow male GPPs eclipsed the Lucknow female GPPs by 13.3% and the Bahraich male GPPs by 6.5%. Female GPPs were less aware. The Lucknow male GPPs outshone the Bahraich male GPPs by 10.0%. The low level of awareness among the Bahraich female GPPs were the reason to drag down overall awareness in Bahraich despite better male GPP's performance. So the Bahraich female GPPs need special training on this. However, there is a need to increase awareness among all the groups of GPPs about it.

#### **6.2.10. Deworming of each child must be done every six months**

Regarding the awareness of the indicator "deworming of each child must be done every six months, it came out that 55.7% (Bahraich 64.2% and Lucknow 47.2%) (male 61.7 % and female 49.7%) of the GPPs in the two districts were aware of it and the rest 44.3% of them were not. The Bahraich GPPs outdid the Lucknow GPPs by 17.0% and the male GPPs outperformed the female GPPs by 12.0%. Awareness level among the 4 groups in decreasing order: the Bahraich male GPPs (73.3%), the Bahraich female GPPs (55.5%), the Lucknow male GPPs (50.0%), and the Lucknow female GPPs (44.4%). The Bahraich male GPPs outclassed the Lucknow male GPPs by 23.3%. The difference between the Lucknow male GPPs and the

Lucknow female GPPs was 5.6%. The Bahraich female GPPs scored 10.6% more than their Lucknow female counterparts. So attention must be paid to the Lucknow GPPs and especially the female GPPs.

**6.2.11. Household must safely dispose of child and animal faeces**

Regarding the awareness of the variable ‘Household must safely dispose of child and animal faeces’, it came out that 32.4% (Bahraich 25.0% and Lucknow 39.8%) (male 33.1% and female 31.7%) of the GPPs in the two districts were aware of it and the spared 67.6% were not. The Bahraich GPPs underscored the Lucknow GPPs by 14.8%. No significant difference was noticed between the male GPPs and female GPPs. The level of awareness among different groups were pegged as the Lucknow male GPPs (42.6%), the Lucknow female GPPs (33.3%),the Bahraich female GPPs (30.0%), and the Bahraich male GPPs (20.0%). It shows 26.2% more Lucknow male GPPs were aware than the Bahraich male GPPs. Even 10.0% more Bahraich female GPPs were aware than the Bahraich male GPPs. Conspicuously, the Bahraich male GPPs are a laggard in this regard and need attention. Also, all other group’s unaware GPPs need to increase their awareness level about this.

**6.2.12. Every household member must use safe drinking water**

The researcher observed that only 27.4% (Bahraich 20.9% and Lucknow 34.0%) (male 30.7% and female 24.2%) of the GPPs of the two districts were aware that ‘every household member must use safe drinking water’. Thus, 72.6% of the GPPs were unaware of it. The Lucknow GPPs outshone Bahraich by 13.1%. The male GPPs outdid the female GPPs by 6.5%. The awareness among the four categories of GPPs: the Lucknow male GPPs (34.6%), the Lucknow female GPPs (33.3%), the Bahraich male GPPs (26.7%), and the Bahraich female GPPs (15.0%). The Lucknow male GPPs outstripped the Bahraich male GPPs by 7.9%. The Bahraich female GPPs were 11.7% less aware than the Bahraich male GPPs. Thus attention must be accorded to the Bahraich GPPs, especially female GPPs. But unaware GPPs of Lucknow also need to increase their awareness about this.

**7. Chi-Square test of association between the GPPs district, GPPs gender and their awareness of basic child care**

The following table shows the test of association between the GPPs district, GPPs gender and their awareness of basic child care.

Table 4: Chi-Square Test of Association between the GPP’s Basic Child Care Awareness with District and Gender

Column (1)	Column 2	(Column 3) District				Column 4	Column 5	(Column 6) Gender				Column 7	Column 8				
		Lucknow		Bahraich				Chi Square	Sig	Male				Female		Chi Square	Sig
		Yes	No	Yes	No					Yes	No			Yes	No		
Basic Child Care Provision	Observed	11	24	4	31	4.158	.041	9	32	6	23	.016	.899				
	Expected	7.5	27.5	7.5	27.5			8.8	32.2	6.2	22.8						
Ideally delivery should be done in a hospital	Observed	15	20	12	23	.543	.461	16	25	11	18	.009	.926				
	Expected	13.5	21.5	13.5	21.5			15.8	25.2	11.2	17.8						
Weighing of baby at birth is a must	Observed	15	20	11	24	.979	.322	15	26	11	18	.013	.909				
	Expected	13.0	22.0	13.0	22.0			15.2	25.8	10.8	18.2						
The minimum weight of a baby at birth must be 2.5 kg	Observed	10	25	5	30	2.121	.145	9	32	6	23	.016	.899				
	Expected	7.5	27.5	7.5	27.5			8.8	32.2	6.2	22.8						
Breastfeeding must be started within	Observed	5	30	6	29	.108	.743	7	34	4	25	.138	.710				



one hour	Expected	5.5	29.5	5.5	29.5			6.4	34.6	4.6	24.4		
A baby Exclusive breastfed for a minimum of 6 months	Observed	12	23	9	26	.612	.434	13	28	8	21	.137	.711
	Expected	10.5	24.5	10.5	24.5			12.3	28.7	8.7	20.3		
Talking with a baby is necessary	Observed	18	17	11	24	2.885	.089	16	25	13	16	.236	.627
	Expected	14.5	20.5	14.5	20.5			17.0	24.0	12.0	17.0		
Child be allowed to play freely	Observed	19	16	15	20	.915	.339	19	22	15	14	.197	.657
	Expected	17.0	18.0	17.0	18.0			19.9	21.1	14.1	14.9		
	Expected	15.5	19.5	15.5	19.5			18.2	22.8	12.8	16.2		
Birth Registration ideally be done before expiry of 21 of birth	Observed	14	21	13	22	.060	.806	17	24	10	19	.349	.554
	Expected	13.5	21.5	13.5	21.5			15.8	25.2	11.2	17.8		
Deworming must be done every 6 months for a baby	Observed	17	18	22	13	1.447	.229	24	17	15	14	.319	.572
	Expected	19.5	15.5	19.5	15.5			22.8	18.2	16.2	12.8		
Household must safely dispose of child and animal faces	Observed	15	20	9	26	2.283	.131	15	26	9	20	.232	.630
	Expected	12.0	23.0	12.0	23.0			14.1	26.9	9.9	19.1		
Every member of household must use safe drinking water all the times	Observed	12	23	7	28	1.806	.179	13	28	6	23	1.043	.307
	Expected	9.5	25.5	9.5	25.5			11.1	29.9	7.9	21.1		

Source: Primary data

The study hypothesised that there is statistically no significant association between the GPPs district and gender with their awareness of basic child care. To test the hypotheses Chi-Square test of association was applied. The result of the Chi-Square test of association is given in the above table. The column presents as Column 1- the basic child care variables, column 2 - observed and expected count, column 3 - district, column 4 - Chi-Square value for association between the district and basic child care awareness, Column 5 Sig/P value for association between district and basic child care awareness, Column 6 gender, column 7 - Chi-Square value for association between gender and basic child care awareness, Column 8 Sig/P value for association between gender and basic child care awareness. All the tests are done at 95% confidence interval and 1 degree of freedom.

Only in one case, the GPP's district has a statistically significant association with the GPPs awareness, 'a pregnant woman must get a minimum 4 ANC checks up', which is significant as the Chi-Square value is 4.158 and Sig/P Value (0.041) < 0.05.

In all other cases, null hypotheses are accepted as the Sig/P value > 0.05. Hence, it can be safely concluded that there is statistically no significant association between the district and the GPPs awareness of the rest of the basic child care variables.

In none of the cases statistically significant association was found between the gender of the GPPs and their awareness of the basic child care variables, as the Sig/P value > 0.05 in all the cases. Therefore, it can be concluded that there is a statistically significant association between the GPP's gender and GPP's awareness of basic child care.

### 8. Suggestions and Conclusion

The GPPs mainly learn about child care from the interaction with ANM, ASHA, Anganwadi workers (AWW) and also from some NGOs, which support the implementation of MCH services. There is orientation training on VHSNC, but the GPPs hardly attend them. As a

result, they are mainly unaware of the provisions of the MCH provisions, VHSNC. They think that it is the duty of ANM, ASHA, AWW to deliver child care services. They do not have much understanding of community participation. They also think that they are overburdened.

Bahraich female GPPs are the most laggard among the four categories Lucknow male GPP, Lucknow female GPP, Bahraich male GPP and Bahraich female GPP. Probably low education was one reason for their poor awareness compared to the other groups. Cultural taboos etc are also deterrents to their outside exposure and performance. They are more dependent on the male members.

Basic child care variables about which the GPPs of the two districts showed less than 30% awareness: a pregnant woman must get a minimum of 4 ANC checks up; the minimum weight of a baby at birth must be 2.5 kg; breastfeeding must be started within one hour; a baby Exclusive breastfed for a minimum of 6 months; every member of a household must use safe drinking water all the times. Hence, there is a need for special attention to increasing awareness of the GPPs about these variables.

The variables which showed relatively better awareness: talking with a baby is necessary; a child should be allowed to play freely; birth registration for a baby is a must; deworming must be done every 6 months for a baby. But awareness of the GPPs about these variables also needs to be raised, albeit with little focus.

A statistically significant association of gender was found with only one variable - a pregnant woman must get a minimum of 4 ANC checks up. But the district did not have an association with any of the variables. Hence, the variable which is found to hasan association must be utilised to improve the awareness of the GPPs.

There is a need to increase awareness among all the four groups of the GPPs. However, Bahraich GPPs and especially female GPPs should be accorded special attention. Tailor-made training may be designed and imparted to them. The variables which have an association with the GPPs district must be explored further and used to enhance their knowledge and awareness about basic child care.

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