TOPIC NO.1
ANGANWADIS: GENESIS and RELEVANCE

1.1 Child and Society History:

Children are part of the humankind since beginning. A child evokes love and affection as well as resentment and hostility; hence, its arrival is usually greeted with some ambivalence; wanted and welcomed under some circumstance; under others, with a sense of trepidation of an inevitable burden and inconvenience. Both these give rise a problem concerned with the child’s welfare. Historically one of the ways of dealing with potential child welfare problems was to eliminate the child itself by contraception, termination of pregnancy. Historians from Egyptian papyri of 1850 B.C. to the modern day Encyclopaedia Britannica have carefully chronicled these practices.

Time’s historical study of contraception summarizes that, “Contraception is a social practice of much historical antiquity (and of) greater cultural and geographical Universality,…Contraception has been in existence some from throughout the entire range of social evaluation i.e. for at least contraception has been characteristic of many societies widely removed in time and space.” [1] Devereaux, in his study of some 350 societies found abortion practiced in almost all; in some forty of these societies, the practice was approved wholly or conditionally or was regarded with neutral to lerce [2].Lecky observes that “No law in Greece, or in the Roman Republic or (in) the greater part of the (Roman) Empire condemned abortion.” [3]

About infanticide, Langer writes, “It has from time immemorial been the accepted procedure for disposing not only deformed or sickly infants but all such new born as might strain the resources of the individual family or the larger community…it was thought altogether natural that proletarians, poverty stricken and hopeless, should (thus) protect themselves from further responsibility.” [4]. Stone adds, “There is a long history of fairly generalized infanticide in western Europe going back to antiquity, when it seems to have been extremely common. How far it remained a common deliberate policy for legitimate children in the Early Modern Period is still an open question, although it is suggestive that as late as the early 18th century in Anjou, priests were instructed to warn their
congregation in a sermon every three months of the mortal sin of killing an infant before baptism.” [5]

A Chinese Court official in mid-1860 reported, ‘I have learned of the prevalence of female infanticides in all parts of shonsi (Province). The first female birth may sometime be salvaged with effort but subsequent births are usually drowned. There are even those who drown every female body without keeping any. This is because poor worry about daily sustenance, and the rich are concerned future dowries.” [6] Yet another oft used esaceple from child welfare problems was to abandon the child. A well-known example of child abandonment comes from the Bible, “The women conceive and bore a son, and when she saw that he was a goodly child, she hid him three months And when she could hide him no longer, she took for him basket…put the child in it and placed it among the reeds at the rivers brink.” [7] The child was eventually rescued by the Pharaoh’s daughter who named him Moses. He grew up into a great leader of Israelis and led them out of Pharaoh’s captivity.

Abandonment that also practiced through sales of children, Bossardand Boll write, “In the days of the later Roman Empire, the spectacle of children being sold became a sight so common that various regulatory measures against it were passed. The Justinian code of 534 A.D. contained a provision by which a father whose poverty was extreme was allowed to sell his son or daughter at the moment of birth, and repurchase that the child at later date.” [8]

The London founding Hospital, established in 1741, to “Prevent the frequent murders of poor miserable, infants of the birth” and “to suppress the inhuman custom of exposing new born infants to perish in the streets” was soon overwhelmed with abandonment children. Duun reports, “Instead of being a protection to the living, the institution became as it was, a charnes house for the date…In the period between 1766 and 1786, there were 317,600 children admitted to the foundling Home in Moscow, of that number 1000 were eventually sent out and some 6100 were still housed there in 1786. This means that some 30,000 children (of the original 37,600) were lost. [9]

The motives for this expedient-contraception, abortion, infanticide and the abandonment aimed at preventing the emergence of the potential problems in ensuring the child well-being andwere related to the familial and social economy. Devereoux
comments, “Economic factors play a tremendously important role in the motivation for abortion…Anyone familiar with the tremendous economic burden food supply which primitive women carry and with the great poverty of many groups will understand this.”[10] Miller relates abortion and infanticide in Primitive Societies to the available food supply. “The child must enter the world only when his presence will not crowd or necessitate unwanted economy,” thus these two are “means of restoring the equilibrium between human number and natural resources.”[11] Hobhouse concurs, “To primitive man having a service struggle for existence, the advent of a new month to fee is often a serious matter. Hence, infanticide is not an uncommon with practice in the uncivilized world and coincides with genius and even devoted attachment to the child of once allowed living.”[12]

The 1890 edition of Encyclopaedia Britannica notes that, “The crime of infanticide shows no symptoms of diminution of the leading nations of Europe. In all of them, it is closely connected with illegitimacy in the class of farm and domestic servants.”[13] On the other hand, concern for the needs of the less privileged, less capable members of society is not a modern phenomenon. The code of Hammurabi [C. 1792-1750 B.C.] and the old testament of the Bible provide humanitarian admonitions about caring for people in need. Seligman writes, “Greece in the age of Plato (d.374 B.C.) provided funds for soldiers’ orphans and free medical service for poor children. The famous ‘Pueri Almentari’ (free food from children) in Rome at the period of the empire was a special semi-government service for charitable maintenance of the children of indigent citizens.”[14] In later years, concerns for the dependent and the deprived became one of the central values of Christianity. Particularly about children chariest had admonished, “See that you do not despise one of these little ones…it is not the will of my father that one of these little once should perish.”[15]

Christians took it to mean that both infanticide and abortion were crimes. Conversely, it guaranteed to the child the right to life and resources to sustain life. Reinforcing and supplementing these theological presuppositions was the humanitarian ideology of the enlightenment, which provided a secular foundation for the rights of the child two thousand years later. As a result, elimination of child as a solution to escape child welfare problems became ideologically inadmissible. However, when society made such solutions unacceptable, it had to provide alternative solutions. Thus, the necessity of society
supported child welfare service became evident. In 315 A.D., influenced by Christian teachings, Roman Emperor Constantine promulgated a law, “to turn parents from using a parricidal hand to their new born children and to dispose their hearts to the best sentiments…If a father brings a child saying he can’t support it, someone should supply him without delay with food and clothing. [16]

Christian church thus became the protector of orphans and of those children whose parents could not provide for them. In 325 A.D., the council of Nicaes, a religious authority for early Christians prescribed that, ‘xenodochia’- an institution responsible for aiding the sick, the poor and abandoned children be established in each Christian village. [17] There were some early beginnings of organized child welfare service in medieval Europe. The first asylum for abandoned in fains was established in Mien in 787; in 1160, Guy de Montepellier established the order of the Holy Spirit for the care of founding and orphans, to provide and alternate to infanticide and haphazard abandonment. The objective of the London foundling established in 1741 was to “Prevent the murders of poor miserable children at their birth and to suppress the in human custom of exposing new born infants to perils in the streets and to take in children dropped in churchyards or in streets or left and nights at the door of the church wardens or overseers of the poor.” Pope Innocent-II (1130-43 A. D.) in situated the hospital of the Santo Spirito in Rome so many women were throwing their children in to the rive Tiber. In 1712, the Russian Czer, Peter, the Great, decreed that monasteries must act as “Orphan nourishes” and that “unwed mothers must deposit their infants in these asylums through specially built windows which shielded them from the gaze of the receiver instead of sweeping these babies into unsuitable places.”[18]

The point is that when society rejected abortion, infanticide and abandonment as solutions potential child welfare problems, I had to assume the responsibility to cure for the child whose life it had saved.

1.2 Society’s changing Attitude towards children:

Social change that came about gradually also helped to change society’s attitude towards children. Particularly significant were that Economic and political changes. A humanitarian attitude towards the child can’t prevail if the economic situation is generally unfavourable. An atmosphere of Gametal socio-economic up-liftment brought about by Industrial
Revolution beginning in 1760, increased the productive capacity of adults and made it possible for an adult to care for a greater number of dependents children.

At around the same time, political factors also increased the need for community supported institutions dedicated to child welfare. Humanitarian and ethical consideration are often second any to the need to maintain social and political stability by providing the necessary social arrangement to deal with problems of social dysfunctioning failure on the state to provide child welfare service entails a possible increase in the number of the children who might become delinquent or develop physical and/or mental illness and thus constitute an internal threat to and a burden to the society. The external threat derives from the dependence of modern nation states on a citizen army for national security. [19]

In the post Renaissance period, “Scientific knowledge took great strides forward. The increased scientific concern with the problems of child development intensified the importance of childhood. Childhood assumed greater importance and significance vis-à-vis other period of life. In the late 1800’s, the right of children began to get increasing attention as a result of three forces. [1] The proportion of children in the population began to decrease so that more adults were available to do the work of society and to care for children (2) more knowledge about the needs of children as special group became available through the sciences of anthropology, biology, medicine, psychology and social research and (3) there was a general growth of concern for the right of all persons and for the reform of situation that oppressed people including children. [20]

Until the end- 19th century/early-20th century, the average lifespan in most of the work did not exceed thirty years. In such a short lifespan, childhood could not be prolonged. Pinchbeck and Hewitt observer, “Conscious of the brevity of life parents was eager to introduce their sons and daughter in to the adult world at the earliest possible moment.”[21] with the expansion of the average lifespan, childhood came to be recognized as a distinct period in the lifespan and a special stage for human development. Kadushin terms this as the discovery of childhood and explains, “The view of childhood as an important and significant period evoke a need for formal, highly developed system of education, which in turn, reinforced and supports the idea of the distinctiveness of childhood. Age grading becomes part of the way of categorizing people in society.” [22]
Consequent to industrial revolution, society’s development in industrial base and the relatively simple exchange relationship of agrarian economic were replaced by more complex industrial economies. Industrialization let loose powerful forces of economic, political, social and cultural transformation and under their pressure, new social philosophies, ideologies, values, ethics, principles, structures and systems emerged. The industrial state became a key regulator of economic relationships in a way that hitherto had not been the case. Industrialization, which itself is an incessant process of social transformation, sustains itself on:

1) Promoting the interests and satisfying the needs of industry for stable markets and of appropriately educated, housed and healthy workforce,

2) Integrating societal subsystem around the core of industrial development and also integrating or reintegrating individuals into societal subsystems. [23]

The ‘child’ could not remain aloof of the industrialization process because for the industry, today’s child is the future industrial worker for producing the goods, the future market for the good produced and also the future societal subsystems of the industrial workforce that would aid further industrialization.

Those are some of the changes that in turn, significantly shaped the society’s attitude towards its children. Pandit Jawaharlal Nehru (1889-1964) correctly captured the changed attitude, “…ultimately of course, it is the human being that counts; and if the human being counts, well, he counts much more as a child than as a grown up.” [24] Three decades later, Smt. Indira Gandhi (1917-1984) echoed the same sentiments, “If we regard (the child) as an economic entity, he is vital to the development of human resources and of safeguard the country’s future.” [25] The averments reflect the realization that when children fare well, they ultimately contribute to the nation’s economic welfare and the material prosperity of its people.

In the 20th century social milienl children are viewed with a new perception of their potential. Hence today’s child welfare’s engage an historically unprecedented attention.

1.3 THE ‘CHILD’:
The definition of the term ‘child’ has been, and is, quite elastic. In the past, the end of childhood as a period of dependency came much earlier than it does today as children very early in life became responsible for self-support, “childhood effectively ended at the age of seven or at the latest, nine.” [26] The Oxford English Dictionary describes a ‘child’ as boy or girl either unborn or new born up to the age of puberty-14 years for boys and 12 years girls. This description however is seen to do partly offset by statute enacted in England in 1535,” children under fourteen years of age and above five, that live and in idleness and be taken bagging may be put to service by the government of cities, towns etc. to husbandry or others crafts of labour.” [27] and also by the popular notions as conveyed in an advertisement in The Baltimore Federal Gazette of January 4, 1808. “This (Baltimore cotton) manutatory will go into operation this month where a number of boys and girls from eight to twelve years of age are wanted.” [28]. Indeed, in those times it was normal for the children to be gainfully employed at the age of 6-7 years. Age thus carried a significant weightage darting the status of a child that is a child below 6-7 years was considered ‘economically dependent while a child above it was considered economically active. Finally the Declaration of the Rights of child adopted by the United Nations in November 1959 defined children as individuals up to sixteen years of age.

The various stages of childhood are the pre-natal thus past natal the infant, the pre-school and the school stage. According oto the committee for the proportion of a programme for children (1968) there are five stage in growth of the child(1), conception to birth, (2) infancy (0-1 year), (3) early per-school childhood (1-3 years), (4) late per-school childhood (3-6 year) and (5) school stage (6-16 years) [29].

The child is no longer treated as an adult person merely of smaller stature but as a human being with a different rhythm of life and with different laws of biological and mental growth. A child’s drives, social interaction and motivations are basically different from that of an adult. Hahnnd Gulman describes this quite touchingly. “You may give them your love but not your thoughts for they have their own thoughts. You may house their bodies but not their souls for their souls dwell in the house of tomorrow which you can’t visit not even in your dreams.” The child equates the world with his personality; fantasy and reality are not yet separated only in the period of adolescence, do reality and fantasy begin to part. [30]
1.4 CHILD WELFARE:

‘Welfare’ is a broad concept referring to the state of living on an individual or a group of individuals in good health, happiness and comforts in a condition to well-being and in a desirable relationship with the total environment – ecological, economic and social. It aims at a social development by such means a social legislation, social action etc. It also means utilization of policies programmes, schemes and practices of the state agencies and other bodies. [31]

The term ‘child welfare’ in a general sense has very broad connotations carsten notes that ‘child welfare’ has in a college of time acquired a significance that is has come to be applied to almost every effort in social and community work that is likely to benefit children. [32] Kadushin attempts a formal definition for it, “Child Welfare” is concerned with the general well-being of all children and with any and all measures designed to promote the optimal development of the child’s bio-pyscho-social potential in harmony with the need of the community.” [33]

Child welfare is important for the child itself of the family and for the society. A child’s betterment in the betterment of the itself of the family and of the society. The study team on social welfare (1959) points at the importance of the child welfare services lies in the consideration that the personality of a human is built up in the formative year and physical and mental health of the nation determined largely by the manner in which it is shaped in the early stage. [34] Childhood thus is the best period for physical, mental and spiritual development and the importance of child welfare hardly needs to be overstressed.

1.5 AN OVERVIEW OF CHILD WELFARE IN INDIA:

1.5.1 Pre-Independence period:

As elsewhere in the world, in ancient India too family, village community, religion and some extent state cared for its children. Joint and extended family bonds were much stronger. A child was born and grew up in the family lived and died in the family. Destitute or handicapped children were generally ceased for by the whole village and the village Panchayat was assumed to be protector of the village population.
After the English conquest of India and the advent of Industrial Revolution, village and cottage manufacture was lost to machine-manufacture good and the poverty of the masses grew. A direct consequence of this phenomenon was the migration of villages’ people in search of paid work to industrializing areas. Migration affected joint and extended family bonds as the migrants were primarily concerned with the welfare of their own nuclear family. Growing poverty of the villagers further resulted in the impoverishment of the once strong village Panchyats and they could no more adequately care for their older-age wards.

English officials were aware of the changing social attitudes in Europe towards the welfare of children and also of the problems that the Government in India may face in future if this segment of population was left unattended beginning in 1850 with East India Company Government till the British Crown Government left India 1947, they passed several acts aimed at protecting children, significant among them were:

1) The Apprentices Acts, 1850 (Father or guardian could bind a poor orphan child aged between the age of 10 to 18 years for a period of 7 years for learning some trade, craft etc.


3) The Restormatory Schools Act 1897 (youthful offenders up to 15 years of age not convicted for offences punishable with transportation or life imprisonment could be sent to these school.

4) The Indian Merchant Shipping Act 1923, (children below 14 years of age were not allowed to serve on ships).

5) The Child Marriage Restraint Act 1929

6) The children’s pledging of Labour Act 1933 (on guardian could pledge a child for labour)

7) The Employment of Children Act, 1938 (children were prohibited from being employed in certain specified industries) [35]. Many of these acts, despite their social character were oriented towards the trades the industry. The provinces also passed certain significant acts like the children acts and Borstal School acts. The children Acts provided the custody, protection, treatment and rehabilitation of neglected and destitute children and the custody trial and punishment of youthful offenders. Borstal School Acts provided
special treatment of adolescent offenders aged between 15 and 21 years who were given industrial training and other instructions. These acts however, lacked proper machinery for their effective implementation and hence only partly served their purpose.

At this juncture voluntary effort, sometimes supported by the Government came to the aid of the children. Although Pandita Ramabai’s Sharada-Sadan had already begun its rehabilitation work for child widows in Bombay (now Mumbai) in 1889 historically, India’s first children organization ‘Balkanji Bari, headquarter in Bombay, was formed only in 1920 in 1924 the Guide of services started its child welfare services started its child welfare services in Madras (now Chennai) and gradually spread to most of South India. The children’s Aid Society (1927) of Bombay began to take variant children in residential care. There were also many privately financed nursery schools orphans’ institutions for children all over the country many of them run by religious groups – Christian, Hindu, Buddhist, Parsi and Sikh and Muslim. India then had about half a thousand semi-autonomous princely states and a few benevolent princely state Rulers discharged their age-old royal obligations towards there poor and destitute child subjects with earnest effort. In rural areas, kind hearted Zamindars extended patronage to the children of tenants and riots for their upbringing while in urban areas well-to-do upper caste families a daily fed the needy students who had come to cities and towns for education.

1.5.2 Early Independence Period:

In 1945 just prior to India’s Independence, the United Nations organization (then UNO, now UN) was founded in San Francisco USA. The UN convened an International Health Conference in New York June 1945 in which the constitution of the World Health Organization (WHO) was approved. WHO became operational in 1948.WHO’s main objective was and is to attain the highest possible level of health for the global population. The United Nations Reconstruction and Rehabilitation Agency (UNRRA) was particularly concerned about the children’s Emergency Fund (UNICEF) in 1948 for implementing the programmes specifically focused on the children of the world UNICEF established its area office in India in February 1949.
UNICEF then provided basic medical equipment for rural health centres, public hospitals and laboratories; teaching and demonstration equipment for the training of nurses, midwives, health visitors and sanitary inspectors, insecticides vaccines drugs and antibiotics to initiate campaigns against disease; milk and other foods to combat malnutrition and transport for health programmes. The overall emphasis was on mother and child health.

India attained Independence in 1947 and became a sovereign Democratic Republic in 1956. The constitution of India has paid special attention to the welfare of children.

1) Article-15 provides for the state to make any special provisions for women and children.

2) Article-24 provides that no child below the age of 14 year shall be employed to work in any factory or mine or engaged in any hazardous employment.

3) Article-39 provides that the state shall particularly direct its policy towards securing the health and strength of workers - men and women concur that the fonder – age children are not abused and that the citizens are not forced by their economic necessity to enter into vocations consisted to their age or strength and that children and youth are protected against exploitation and against moral and material abandonment.

4) Article-45 provides that the state shall endeavour to provide free and compulsory education for all children until they complete the age of fourteen years.

5) Article-46 provides that the state shall regard among its primary duties, the raising of the level of nutrition and the standard of living and its people and the improvement of public health.

The Directive Principal for state policy, incorporated in the constitution, gave further direction to the child welfare policy both at the central and state government particularly significant principles in this behalf are. The state shall direct its policy
towards securing that childhood and youth are protected against exploitation and against moral and material abandonment (Art.39); the state shall condeavour to provide for free and compulsory education for all children until they complete the age of fourteen years. India decided to take up the challenge of its social and economic development through a five year plans. In the first two five years plans (1951-56 and 1956-61) child welfare is conspicuous by its absence in the plan outlays as industry and agriculture were given priority.

During the fifties decade the government relied largely on voluntary sector to carry out the work of the child welfare. In 1952 the Indian Council for Child Welfare (ICCW) was formed. It was the first national non-government organization anywhere in the world. It was wholly supported financially by the government, with a paid chairman and a small staff at the centre and in the states otherwise it was merged entirely by some 20,000 unpaid women workers child care programmes and projects such as rural Balwadis Holiday Homes, grants to over 7,000 non-government agencies, orphans, crèches, women’s homes etc. eventually became part of its efforts to improve the lives of women and children.

At the beginning of the planning era, Pandit Jawaharlal Nehru, the then prime minister had observed somehow the fact that ultimately everything depends on the human factor got rates lost in our thinking on plans and schemes of nation development in terms of factories and machinery and general schemes. It is all very important and we must have them but ultimately of course it is the human being that counts and if the human being counts well be counts much more. At a national conference on child welfare while the work on the Third Five Year Plan (1961-66) was in progress he again expressed, “individual acts and service performed here and there (for children never solve great and stupendous problems of country wide scale.”[37]

The UN General Assembly in 1959 adopted the Declaration of the Rights of the child. The spirit of the Declaration reflected in its preamble, “mankind owes to the child the best it has to give The Declaration affirms the rights of the child to enjoy special protection and facilities to develop in healthy and normal manner in condition; of
freedom and dignity, to have a name and nationality, social security, adequate nutrition medical services to grow up in an atmosphere of affection to receive education protection form exploitation and finally the Right to be brought up “in a spirit of understanding tolerance friendship among peoples peace and universal brotherhood.”

India wholeheartedly subscribed to the principles enshrined in the UN Declaration. The sentiments in the UN Declaration and Nehruji’s anxiety for the welfare of children both were reflected in the third five year Plan. A secretary to the government of India is on record saying, “Since India has the ultimate goal of a society, and the ultimate aim of economic development is the welfare of the family and is the family, the most precious asset is the child. Therefore, in the strategy of planned National development India focused is foremost interest in the young child.” [38]

In 1958 the ICCW represented to the government for a specific child welfare plan. In response the Union Ministry of education authorized the ICCW to formulate it. The planning commission however created a special planning group for social welfare in the third plan within the commission. The group had seven subcommittees covering social defence women welfare, child welfare etc. The basic premise for the initiative taken by the planning commission was to establish the priorities needed to build India’s vital human capital resources. Two earlier five year plans had proved that trained manpower was urgently needed at every level. The plan objectives could not be achieved unless there were healthy, educated trained and disciplined people. This was especially important in view of India’s caste the religious divisions, ethnic differences and uneven development in different states. [39]

1.5.3 Child Welfare Service and Programmes:

In the fifth decade of India’s independence, numerically being 300 million children constitute about 40 percentage of India’s population (Census-1991). Nearly 90 percentage of them suffer from malnutrition, about 1, 00, 000 succumbing to if every month. The country’s infant mortality rate (IMR) is among the highest in the world at
noper 1000 liv births. For every seven children born on eddies before the age of five. Other 30,000 children 90 blind every year because of vitamin – A deficiency. Nine out of every 1000 school going children in the country suffer from rheumatic heart disease because of nutritional anaemia (40) out of 48.8 million children in the age-group 6-11 years, 4.8 millions are illiterate. Sixteen million child-labours constitute about 5 percentage of the work-force (41). Most of them are exploited at the workplace. Fifty thousand children are abandoned in the country every year (42) thousands of children are kidnapped every year. Many of them are maimed and forced into beggary Hundreds of children continue to be incarcerated (43). In these child-adverse circumstances, the plight of the girl child is worse. Malnutrition of a girl child is much severe in many households because more quantity of food goes to the male child. Besides common deprivation she is also discriminated against because of her sex. The male-female sex ratio in the country is 933:1000 (Census 1991) an imbalance leading to much social complicating morbidity is higher among girls than boys. Girls enter adolescence and motherhood with undernourished bodies, bringing forth underweight and underdeveloped babies.

Consequent to the initiative taken by the planning commission particularly from the Third Five Year Plan on words following child welfare services and programmes launched centrally:

1. Welfare Extension Projects (WEP) 1958
2. Applied Nutrition Programmes (ANP) 1963
3. Vitamin-A prophylaxis programme (VAPP) 1970
4. Special Nutrition Programme (SNP) 1971
5. Family and Child Welfare Projects (FCWP) 1964
6. Mid-day meals programme (MDMP) 1982
8. Programme for preventing of Nutritional Anaemia (PNA) 1978

10. Demo Projects integrated child welfare services (DPCWS)-1973 (50)

Appraisals of these centrally administrated child welfare programmes in due course showed that these were unable to contribute significantly to improving the welfare of the children. It was also realized that ad-hoc child welfare programmes with inadequate coverage and limited inputs were unable to effectively face the challenges of child welfare across the nation. Overall none of the health nutrition, education and other child welfare measures promoted by the government have been as effective as the situation demanded.

1.5.4 National Policy for Children:

The cumulative experience gained through the first five-year plans, the recommendations of a number of special committees such as the health survey and planning committee (1954-appointed by the government of India) the study team on social welfare and welfare of Backward Classes(1960-Central Social Welfare Board). The committee for preparation of programmes for children (1967-Dept. of social welfare) the education commission (1984-Govt. of India) the study group on pre-school children (Ministry of Education) and the role played by the WHO and UNICEF as also by a large number of voluntary agencies and national associations concerned about the welfare of children – fall pointed towards the need for adopting a national policy for children finally. The recommendation of the committee for the preparation of programme for children (1968) and an 8 point draft programmes on child welfare (1973) submitted by the Indian Council for child welfare provided the needed impetus for adopting a national policy for children in 1974 (45).

The preamble to the policy describes the children as the ‘Supremely important asset’ and states that ‘their nature and solicitude are (the nation’s) responsibility children programmes should find a prominent place in the national plans so that children grow into robust citizens, physically fit, mentally alert and morally healthy, endowed with skills and motivations needed by the society (46). The policy also enjoins the state to
provide adequate pre- and post-natal services to children through their period of growth to ensure full physical mental and social development.

The provisions of the policy refer to the health and nutrition of children and mothers, nutrition education to mothers free and compulsory education of children up to the age of 14 and recreational, cultural and scientific activities for them. It also refers to treatment education and rehabilitation of physically handicapped, emotionally disturbed and mentally retarded children and special assistance to children belonging to the weaker sections scheduled castes and tribes and other economically weaker sections in urban and rural areas and providing facilities to delinquent destitute neglected and exploited children to enable them to become useful citizens.

1.6 Integrated Child Development Services (ICDS):

Concurrent with these developments a total of light inter-ministerial teams were constituted by the planning commission to study the field situation in detail and propose an ICDS for pre-school children covering therein supplementary nutrition immunization health care including referred services, nutrition education for mothers, pre-school education and recreation, family planning and provision for safe drinking water. Enunciation of the national policy for children and the draft schemes submitted by the Inter ministerial Teams finally resulted in the evolution of the ICDS. (ICDS) (47) Accordingly a multi-sartorial ICDS scheme was launched on October 2, 1975 through the Dept. of social welfare of the union govt. as an innovative experiment in the delivery of integrated early childhood services. The scheme for the first time recognized that in a count that is too poor to properly look after its children. The preventive aspects of the predication assumes a greater significance including presenting or minimizing the wastage arising from infant mortality physical handicaps in new-borns, child malnutrition and inadequate/delayed mental development of school going children.

1.6.1 ICDS Objectives, Services and Coverage:

Accordingly the objectives of the ICDS scheme as:
1) Improvement in the nutritional and health status of children in the age group 0-6 years.

2) Laying the foundation for the proper psychological physical and social development of child.

3) Reduction in the incidence of mortality; mobility malnutrition and school dropout.

4) Co-ordination of policy and implementation amongst the various departments to promote child development and

5) Enhancement of the capability of a mother to look after the normal health and nutritional needs of her child through proper nutrition and health education. [48]

For fulfilling these objectives, the ICDS scheme provides a package of six integrated services to different groups of the Forget population comprising children below the age of six years expectant and nursing mothers and other women in the age group of 15-44 years belonging to poor families. These services are:

1) Supplementary Nutrition

2) Health Check-up

3) Primary Health Care/ Referral Services

4) Immunization

5) Nutrition and Health Education and

6) Non-formal Pre-school Education [49]

The ICDS scheme is administered through state Govt. together with elaborate arrangement for its funding through the state and the Union Govt. and support services through the UNISEF and certain International Development Agencies. ICDS projects
informal land tribal area are located in Community Development Blocks and Tribal Development Clocks. Predominantly inhabited by backward tribes/scheduled castes, backward areas, drought-prone areas, nutritionally deficient regions and the regions poor in the development of social services. In urban area, priority is given to slums and areas predominantly inhabited by scheduled castes in cities.

1.7 Anganwadi: Genesis and Relevance

Kautilya advisor to Maurya Emprors, in his ‘Arthashashtra’ (324 B.C.) includes “support to poor pregnant women, to their new born off-springs to orphans…” among the welfare to be provided by the state to its subjects (50). Emperor Ashoka, the great (273-232 B.C.) of Mauryan Dynasty provided for systematic public health and medical services through the hospitals called ‘Chikitsa’ that also offered Maternity Facilities (51) long after Ashoka, the tradition of ‘Chikitsa’ continued to flourish under successive Dynasties Gupta Emperors (320-605 A.D.) Actively promoted setting up of hospitals through state and individual philanthropic efforts to provide free medicine food and shelter to the needy including to convalescent mothers. The practice was reigning high during Harshvardhan’surle also (606-647 A.D.).

The accounts recorded by the Chinese travellers Fa-Hien Yuan-Chiang and Hieaun-Tsiang authenticate the existence of a well-developed system of medicine and hospital care. (52)

In all these efforts, however, the ‘child’ was not identified separately for special consideration but was treated as part of the total population. Moreover, as a result of the pronounced anti-women slant of the prevailing religions ideology, social status of women and consequently of the child born out of her, were abysmally poor. Indian Mythology on which majority of social customs are based is replete with references to contraception (Ram and Sita’s 12 years long exile in forests during which they remained childless) in fanticide (Kauns’ slaying of Devis’s seven new borns) and child abandonment (Kunti’s casting away of her in front son Karnaand Menaka’s abandoning of her new born daughter Shakuntala) indeed a cow commanded greater respect because she yielded twice daily copious quantities of milk and produced yeast; a calf or two but a girl-child was a non-entity. A wife could be gambled away (as Dharma did with Draupadi) or could be thrown out without qualms on slightest pretext (as Ram did with Sita). If this was the plight of women in Royal households
one may imagine the lot of ordinary women. A few sages did above motherhood but Shankaracharya, the spiritual leader, had the nerve to label the womankind the gateway to hell. It is therefore, not surprising that in India of Dark Ages and middle Ages, mother and child welfare merited least attention. A British official reporting in 1856 on the situation in India wrote “Infanticide is not only occasionally practiced here, but uniformly, universally and unblushingly acknowledged (53) (Infanticide particularly the female infanticide is still prevalent in many parts of India arrival of a girl child is scorned even in the so-called educated city families, in the remote villages of Rajasthan and Orissa within seconds of birth. She is administered a lethal dose of birth. She is administered a lethal dose of back salt (Saindhava) or forced fed a few grains of cooked rice that choke her narrow trachea. New-borns are regularly abandoned in cities and child shelters usually are bursting at seams with such defenceless babies, if they are not fortunate to die of exposure torn apart by mongrds or eaten away alien by rats and bandicoots). The folly of the land with 5000 years cultural heritage is that the heritage is devoid of human treatment to the child who is supposed to carry that heritage and to the next generations.

By late 19th century, British had firmly established their rule in peninsular India. Many of their viceroy and provincial governors were in A Huneed by the enlightenment edeas and notions generated during Renaissance. At about the same time, English and American writers and social commentators started depicting in their literary and journalistic writings the deplorable situation of the working class children (for example, Chales Dickens ‘Uncle Tom’s Cabin and David Copperfield’). These writing trickled to India too. East India Company is Governor Warren Hastings (1732-1818) announced that it was the duty of company Govt. to promote the welfare other people in the conquered territories. Modern education and public health thus were accepted as company Govt.’s responsibilities. Hospitals initially meant for Europeans were augmented to treat Indians also (54).

By then, the Christian world was in the grip of a renewed religious fervour. European and American missionaries, who had vowed to dedicate their lives to the service of humanity, started arriving in India. Initially, the English rulers firmly believed in not disturbing India’s cultural traditions and even quarantined the early missionaries for months outside port cities of Bombay, Calcutta and Madras. Only when the company governors was convinced of missionaries’ sincere interest in rendering humanitarian service to the population and their
disinterest in local traditions and customs, were the missionaries allowed in. Missionaries spearheaded their work with education and medicine; they established numerous dispensaries, hospitals and schools in mofussil areas. Modern education available through missionary schools groomed a generation of Indian social reformers in western Maharashtra and particularly interested in women and child welfare were Mahatma Jotirao Phule (1827-189) who was highly impressed by Thomas Payne’s “Rights of Man” (published 1791). He established a ‘Bal-HatyaPratibondhakGriha’ (infanticide prevention Home) of Pune in 1863 that provided maternity facility to child-widows and low-castes women who had conceived out of wedlock, PanditaRamabiMehari (1858-1922), a Brahminical out caste for her father’s alleged sin of teaching religious Sanskrit scriptures to her mother established in 188 ‘AryaMahilaSamas’ at places as distant as Ahmednager, Solapur, Thane,, Mumbai, Phandarpur, and Barshi to fight against age-old evils of child marriage Christianity in England and on returning to India, set up ‘SharadaSadan’ at Mumbai 1889 for destitute child-widows, out of wedlock children and other abandonment children for Brahminisharasment’. ‘SharadaSadan’ first shifted to Pune and hence to Kedgaon in Ahamdnagar district where it continues to flourish this day.

An Italian woman that methodically worked towards child welfare through non-formal education was Dr. Maria Montesari (1870-1952). She perfected an educational system exclusively for preshow age (0-6 years) children. Her method sought to develop children’s natural interests and abilities through the conscious use of their senses of truth, sight, hearing small and taste to explore and know the world around them. It involved producing teaching aids and learning toys from locally available materials. Montessori called her schools “kindergarens” - a Greek term meaning “Children’s Gardiens”.

Girija Shankar (Gijubhai) Badheka a reputed lawyer and child education activist in Gujrat was highly impressed by the Montessori Method. But he found that the teaching –aids and learning-toys of European origin were unaffordable costly in India. Hence, adopting the Montessori Method to the Indian situation and with immense reverence for the childhood, in 1920, he established a Balmandir (children’s temple) at Bharnagar, in 1923, he was joined in this experiment by Tarabai Modak (1892-1973) who left the superintandentshipof Barton Female Training College at Rajkot. Based on the ‘GeetaShikshnPuddhti’ (Geeta Teaching Method) in 1921.GjubaiBadhekaSaraladevi Sarabhai (later mother of child education activist
and Tarabai Modak together established NutanBalShikshanSangha-NBSS) in 1929 Tarabai Modak left Bharanagr in 1932 for family reasons, GujubhaiBadheka died in 1939. Tarabai Modak had decided to dedicate herself to the propagation of preschool child education and set up a school for preschool children at Dadar in Mumbai in 1936.

Meanwhile due to war disturbance in Baly, Dr.Monterssori arrived in India in 1940. HR long stay of eight years helped a great deal in popularizing the idea of non-formal preschool education for children. The schools using English as medium of instruction were called ‘Montessori’ or ‘Kindergarten’ and the schools using vernacular medium were called ‘Balmandir’.

Gradually, NBSS became convinced of the acute need for preschool education in rural areas and in 1943 set up experimental Balmandirs at Amal in KathevadandVedchhi in Gujarat. Those were the days of strong anti-British sentiments on Mahatma Gandhi’s call, young boys and girls were living high schools and colleges’ en-masse-to join in the raging freedom struggle. Many people though convinced of the importance and utility of preschool education for children, were staunchly against anything European for sometimes, it even appeared that the preschool education movement would be wiped out altogether in the torrent of anti-Europeanism. The Balmandirs at KathewadiandGujrat had to be closed down consequent to 1942 quit-India agitation. Nonetheless in 1945, NBSS decided to set up another Balmandir at villagers there. NBBS deputed TarabaiModakandAnusayaWagh (1910-1992) qualified and experienced primary school teachers, on the mission to set up a rural Balmandir there.

All such preschool education centres till then was variously known as ‘Balmandir’sShishuvihar’ ShishukunjShishusadan ‘Balvihar’. The names however, could not become part of peoples’ daily vocabulary. As AnusuyaWagh reveals in her autobiography (KosabdehyaTkadivaun’, 1980) Jugtrambhai Dave, who was running an NBSS’ Balmandir in Gujart, once came to visit TarabaiModak’sBalmandr at Bordi. Being bilingual and using colloquial Marathi, he said, “This area is full of fruit gardens (wadis). Likewise yours also is children’s garden (Balwadi)” The impulsive remark stuck and today all over India, non-formal preschool and today all over India, non-formal school education centres are known as ‘Balwadis’ by coincidence, it aptly translated the original Greek term Kindergarten into Colloquial Marathi.
The name ‘Anganwadi’ also originated at Kosbad when some children did not come to the Balwadi, the Balwadi-teachers and other children went to the absentee children’s house yard (Angan) and continued their Balwadi there hence, ‘the name Anganwadi’.

In 1946, Tarabai Modak called on Mahatma Gandhi at Mahableshwar and convinced him of the usefulness of the preschool education for both urban and rural children. Gandhiji stipulated that 1) teachers themselves should produce as many as possible teaching-aids and learning toys 2) Locakartisems should produce the aids/toys that teachers can not 3) all aids/toys be produced only from local materials. With Gandhiji’s blessing, the movement gained further momentum and propagates of preschool child education held in all India convention in 1946. Since then, the progress of Balwadi’s and Anganwadis’ is phenomenal in both rural and urban areas of India.

1.8 ICDS and Anganwadis:

Today the local point for the delivery of the ICDS package is the Anganwadi. Each Anganwadi is run by an ‘Anganwadi worker’ (AWW) with the assistance an Anganwadi helper (AWH). These two are the front-line Anganwadi functionaries in an urban setting the a organizational set-up of an Anganwadi really begins with the Health Officer (HO) who is responsible for the health care and medical component, while an ICDS project coordination committee looks after the administrative requirements. From the HO down word, the chain comprises medical officers (MOS) and auxiliary Narsel midwives (ANMS). These two too come in direct contract with AWB on the administrative side, placed below the coordination committee are the child development project officer (CDPO) and Mukhya Sevika/Supervisor, who supervised the Anganwadis and helpers for the delivery of services through Anganwadis (55).

It is this interstitial (56) institution- The Anganwadi that is being researched under this investigation for ascertaining its efficiency and effectively in delivering child welfare services in an urban environment.

References:
12. Quoted ibid, N.P.
15. Carstens cc (1937) child welfare service in social work years book new York russel sage foundation
17. For details see: planning commission of India fifth plan in assignment children, UNISEF 19 Jun – March
18. Quoted Lurtha P.M. Op cit p.30
20. International bank of reconstruction and development (1980)/ the world bank (1993)/
   “world development report -1993” Washington
21. Rajadhyaksha r. 1997 “The child that was thrown to the wolves ” in the Sunday times of
   India, 16/11/1997
   unpublished M. Phill dissertation “shivaji university” kop pp 11-28
24. The national policy for children 1974
   development
   p 295
29. Ibid p65
30. Ibid p64
31. Sachadeva D.R. op cit p 67
32. The concept of “welfare state” in modern context was first propounded by William
   Beveridge in his social insurance and allied services (1942) (new York : macmillan)
   (books), p4.
37. Encyclopaedia of social work (1977), quoted : Compton B.R. op.cit
   Delhi, Government of India p.196.


42. Original source untraced, quoted ibid pp 89-90


47. Compton B.R. op.cit. p.26


49. Compton B.R. op.cit. p.107


53. Sachdeva D.R. op.cit. p.16

54. Ibid p.127

55. Sachdeva D.R. op.cit. p.15