

CHAPTER – III

MASS MEDIA :: DEVELOPMENTAL PERSPECTIVE

3.1 INTRODUCTION :

India is the world's largest democracy. In a democratic country, participation of every citizen is possible only through communication. Although India plays a significant role in using the audio-visual media for increasing a big contribution in education the mass people of the society.

The mass media are a very integral part of our lives therefore they generate popular interest and debate about any social problem. It means a technology that is intended to reach a mass audience. It is the primary means of communication used to reach the vast majority of the general public (*Singhal, 1988*).¹ In the field of communication, the media varies from interpersonal methods of communicating to the internet revolution. Since, India is a diversified country, it is the fact that six decades back the level of literacy in India was only 18.33 percent in 1951, whereas in 2011 the literacy level was 74.04 percent. It had been seen that in 1952, only eight person used to read newspaper, out of 1000 people and only two person had Radio sets out of 1000 people. Therefore, the most powerful strength of media in any society is ability to bring the change both on a social and government level. The various types of mass media are Radio, T.V., newspapers, computers and also other forms of mass media are leaflets, pamphlets, booklets, puppetry etc.

Media plays an important role in reaching out and influencing the lives of the common people by providing information and entertainment. Without mass media there would be no social economic and political system. The Government uses mass

media to disseminate information about its policies and programmes through its media agencies.

India is the second largest populous country in the world with crorer 1.21 billion, constituting 17 percent of the total population and has the world largest child population. In Assam also out of 3.12 crore of total population, children below 6 years of age 4.6 lakh population. But the children constitute 19.6 percent of the weaker section of the society, which includes both for rural and urban areas are deprived of their basic needs and suffer from exploitation and neglect.

The Govt. of India has long history of Child care services and the planning commission launched a large number of welfare programme for the children during the first four five year plans. Though the various programmes were implemented for the children, but it cannot make much impact on the problems. At this juncture, the Govt. of India proclaimed a national policy on children in August, 1974.

Thus ICDS launched on October 2, 1975 and was included in the fifth plan under social welfare sector. It is a nationwide programme for holistic development of children below 6 years and pregnant and lactating mothers. It aims at uplifting the weaker section of the society (*Social Welfare, 2000*).²

Children are the backbone of our society. In this regards, mass media have to a vital role for implementing the ICDS programme successfully. Since, mass media are the first vehicle to provide information to mass audience.

The most common platform of mass media are Newspaper, Magazines, Radio, the Television and the Internet. Apart from this, newsletter, booklets, leaflets, pamphlets etc. are all various organs of mass media. Broadly, the three types of mass media are (i) Folk and traditional media (ii) Print media and (iii) Electronic media.

Folk and traditional media play very important role on the rural citizen of our country. It is the creative dissemination of information through cultural and performance arts. In traditional societies, folk media, drama, poems, stories, songs, puppetry and dance have been popularly and successfully used to disseminate message and even to pass on wisdom of older generation to the youth (*Baruah, 2011*).³

Print media is one of the oldest and basic forms of mass communication. It includes newspapers, magazines, weeklies and other forms of printed paper newsletter, booklets, leaflets, pamphlets etc. The contribution of print media is providing information and transfer of knowledge is remarkable. Even after the advent of electronic media, the print media has not lost its charm or relevance (*Baruah, 2011*).⁴

Electronic media may be included radio, television, internet and any other medium that requires electricity or digital encoding of information.

Radio is a very fast medium. It is popular pleasing even exciting. Radio covers nearly 98 percent of the total population. It has a great ability to inform, educate and entertain the people. It can reach more people more quickly than any other means of communication. It can be also disseminate timely and urgent information and is relatively cheap (*Flicy, 1995*).⁵

Television is a very powerful persuasive mass communication medium. It is one of the most popular and potential media. Television is able to attract the largest audience and of all age groups. These group of people may have literate as well as illiterate and people from different socio-economic group. Television, being an audio-visual medium, brings us into contact with events in an exciting and clarifying way.

Thus, television not only informs and educate but also inspires and motivates (*Times of India, 1988*).⁶

The availability of the next technologies are computers, satellites etc.

3.2 MASS MEDIA - ITS GROWTH AND DEVELOPMENT :

Mass media are very integral part of our lives therefore they generate popular interest and debate about any social problem. Mass media means technology that is intended to reach a mass audience. It is the primary means of communication used to reach the vast majority of the general public. The various types of mass media are Radio, T.V., newspapers, computers and also other forms of mass media are leaflets, pamphlets, booklets, puppetry etc.

Radio is broadcasting media. Radio is very fast medium and widely used mass communication medium, which has a great ability to inform, educate and entertain the people (*Kumar, 2003*).⁷ More than 177 Radio stations are there across the country. About 97 percent of the population is reached by the radio. The first Radio stations were set up in Pittsburg New York and Chicago in the 1920s to broadcast election news and sporting events.⁸

In India, the Radio club of Bombay broadcasted the first Radio programme in June, 1923.⁹ The Indian broadcasting company came in to existence on experimental basis in 1927 at Bombay and Calcutta.¹⁰

In April 1930, The Indian Broadcasting Service, under the Department of Industries and labour, commenced in to operations on an experimental basis. *Lionel Fielden* was appointed the first controller of Broadcasting in August'1930. In the following month Akashvani, Mysore, on June 8, 1936, the Indian state broadcasting became All India Radio. In August, 1937, the Central News Organisation (CNO) came into existence. In the same year, AIR came under the department of

communication and four years later came under the department of Information and Broadcasting.

When Indian got independence AIR had six radio stations with 18 transmitters in India, at Delhi, Bombay, Calcutta and Lucknow. There were 2,80,000 Radio receiver sets for 350 million people.¹¹ The following year, the CNO was split up into two divisions, the New Services Division and the External Services Division. In 1956, the name AKASVANI was adopted for the National Broadcasting. The Vividh Bharati Service was launched in 1957 with popular film music as its main component.

AIR today is accessible to almost the entire population of the country and nearly 97 percent of the total area. It operates a three tiered – national, regional and local service and broadcasting programmes in 24 languages and 146 dialects catering to a vast spectrum of socio-economically and culturally diverse populace (*All India Radio hand book*).¹²

The New Service Division of AIR broadcasting 647 bulletin daily for a total duration of nearly 56 hours in about 90 languages/ dialects in home, regional and external services. On the other hand, the programmes for the External Service Division are broadcasting 11 Indian and 16 foreign languages reaching out to more than 100 countries.¹³

AIR operates at present 18 FM stereo channels, called AIR FM Rainbow, targeting the urban audiences in a refreshing style of presentation (*Bela, 1988*).¹⁴

T.V. is considered to be a very powerful persuasive most communication medium. It comes under broadcasting media. In 1946 Television invented by John Baird in England. It came to India on 15th Sept. in 1969 as an experimental education service in Delhi, which was aided by UNESCO. The regular daily transmission started in 1965 as part of AIR. In the beginning only educational programmes and news were

telecast. In 1967, Krishi Darshan was started. T.V service extended was to Bombay and Amritshar in 1972. In 1976 T.V got separated from All India Radio and it was named as Doordarshan. In 1975-76, the Satellite Instructional Television Experiment was launched.¹⁵ In 1982, colour T.V was introduced in Indian Market. During 1984, India's first soap opera "Hum Log" was introduced with the aim of promoting women's welfare, family planning, reinforcing positive social values and exposing social evils.¹⁶ The government had sanctioned a huge expansion of Duradarshan in 1993. In 1997, Prasar Bharati a Statutory Autonomous body was established. The private channels such as Star T.V., Aj Talk, Zee etc. are came in to existence in 1990.¹⁷ The new media technology are computers, internet, satellite etc.

Despite the fast development of Radio, Television and Internet, the print media plays a vital role to provide information to mass audience. A good newspapers are essential if an individual are to function effectively. Others media can complement but not replace newspaper. In 8th century, the first handwritten newspaper appeared in Beijing. During the 3rd century, emperor Asoka's pillar and stone inscriptions were used to inform and educate common people. During the medieval period, 99 written matter was circulated and many information offices were set up. The first printing press arrived in India on 6th September 1556 and was installed at the college at St. Paul in Goa.¹⁸ The first printed newspaper of India published *Bengal Gazette* in English on 29th January, 1780.¹⁹ Gradually other weeklies and monthlies like *Indian Gazettee*, *Calcutta Journal* were started.²⁰ The first periodical in an Indian language was *Dig Darshan* in Bengali, a monthly magazine issued in April, 1818.²¹ The another weekly journal *Samachar Darpan* also in Bengali started publication in 1818. *Raja Rammohan Roy*, whom *Nehru* considered as founder of the Indian press, was a linguist, scholars – statesman, social reformer and liberal thinker, published

Brahmancial Magazine in English (1821), *Sambad Kaumudi* in Bengali (1821), and *Mirat-Ul-Akhbar* in Persian (1822).²² His memorial for repeat of the press ordinance of 1823 has been called the *Areopagetic of Indian History*.²³ In 1822, Marzban started a Gujrati weekly, *Bombay Samachar*, with news of commercial interest. It is considered to be the oldest living Indian language newspaper of India. During the non-cooperation movement, it had been seen a complete transformation in the Indian Press. In the freedom movement, the press fought with British Government. But, with the approval of independence Act in August' 1947 the role of pressed changed. It had to shoulder the new responsibilities of national reconstruction. The freedom of the press being a fundamental right, as guaranteed by the constitution under article 19 (1) (a), the people have made abundant use of this right.²⁴ The print media has played a very significant role in the democratic process.

In Assam also, the first news magazine "*Arunudo*" was published by American Baptist Missonaries in 1846. Gradually, *Assam Bilashini* (1871), *The Times of Assam* (1895), *Assam Mihir*, *Assam Darpan* were published respectively. The first Assamese daily news paper "*Dainik Batori*" was published in 1935, *The Assam Tribune* (1939), *Dainik Assam* (1960), *Assam Bani* (1960), *The Sentinel* (1983) and *Asomiya Pratidin* (1993) published respectively (Parpar, 1993).²⁵

Along with this leaflets, booklets folders and pamphlets are effective mass media for literate people. In extension teaching, simple leaflets, pamphlets and booklets are valuable and essential tools for communication. They are used extensively for publicity and non-formal education rather than for formal classroom teaching.²⁶

The leaflet is a single sheet of paper folded to make a four page piece printed matter giving information regarding a new product, programme or a meeting. It

contains just written message or little writing.²⁷ Folder is a single folded sheet of paper, having several folder. It contains more information than a leaflet.²⁸ A pamphlet or booklet, on the other hand, may contain many pages printed together, but not bound and treat a number of topics or steps in a given problem.²⁹

These are all ex-home and in-home mass media to meet the challenges of target population in any field of extension activities.

3.3 ROLE OF MEDIA IN IMPLEMENTING ICDS AND OTHER WELFARE PROGRAMMES FOR CHILDREN :

The children of the today are the citizens of tomorrow. If the citizens of tomorrow are to be equipped with freedom, intelligence and physical skills, the foundation must be laid at the pre-schools in all areas (*Devadas and Joya, 1991*).³⁰ Media has wide use in every corner of the field. The Government uses mass media to disseminate information about its policies and programmes through its media agencies. Similarly media is also playing a major role in promotion of child development. There is tremendous potential and need for media and communication to contribute to all round development of children.

It is needless to say without communication an individual could never become a human being; without mass communication an individual could never become part of modern society. Since, socialization is a lifelong active process, beginning on the day of one's birth parents and the social groups he or she belongs to. But respect for children rights, involvement of media in raising awareness of children's rights and also hold the government and society accountable to the commitments made and goals set to promote the different aspect of development.

Any human development strategy begins with the welfare of children. Various problems related to children like hunger and malnutrition, mortality, morbidity, school dropout can be reduced by investing children's welfare programme.

During the pre-independence period, many social organization such as Indian Redcross Society, All India Women's Conference, Kasturba Gandhi were set up many child care services. Since the independence period adequate provisions were made for care and protection of children in the constitution. Our constitution provides safeguard for the children. In this regards many laws of amendments are passed time to time by the government. The different welfare programme were included both for the children and the mothers. They were known by a variety of programme such as ICDS, ANP, CSWB, NIPCCD, Mid-day-meal etc.

Some of the major welfare programmes for children are briefly described as follows :

A. INTEGRATED CHILD DEVELOPMENT SERVICE (ICDS) :

As today's children are the citizens of tomorrow's world, their survival, protection and development is the pre-requisite for the future development of humanity (*WHO/UNICEF,1989*).³¹ So that our children grow up to become robust citizens, physically fit, mentally alert and morally healthy, endowed with the skills and motivation needed by society (*UNICEF, 1991*).³²

The ICDS services is Indian's response to the challenges of meeting the holistic need of the child. In pursuance of the National Policy on children, the integrated Child Development Services (ICDS) programme was launched by the Ministry of Social Welfare on 2nd October 1975, as the first nation-wide extent, aiming to provide a package of services to pre-school children and mothers in an

integrated manner, so as to ensure their proper health. Over the years it has grown into one of the largest integrated family and community welfare schemes in the world.

ICDS is best understood as a programme for child protection as well as child development. It takes a holistic approach to the child by providing a package of services namely, SUPPLEMENTARY NUTRITION, IMMUNIZATION, HEALTH CHECKUP, REFERRAL SERVICE, NUTRITION AND HEALTH TO WOMEN, PRE-SCHOOL EDUCATION TO CHILDREN IN THE AGE GROUP OF 3-6 YEARS, COVERGENCE OF OTHER SUPPORTIVE SERVICES LIKE TREATMENT OF MINOR ILLNESS, WATER SUPPLY, SANITATION etc., for the different beneficiary groups.³³

- **SUPPLEMENTARY NUTRITION :**

Supplementary Nutrition is given to malnourished children below 6 years of age indentified on the basis of weight for age and for pregnant women and nursing mothers, belonging to poorer socio-economic groups.

- **IMMUNIZATION :**

ICDS has played a significant role in improving the immunization states of children, pregnant women and nursing mothers, through the introduction of immunization programme against tetanus, diphtheria, whooping cough etc.,

- **HEALTH CHECK-UP :**

The services includes anti-natal care of expectant mothers, post-natal care of nursing mothers and care of new borns and care of children.

- **REFERRAL SERVICES :**

Referral services are provided to both mothers and children and high risk cases are sent to referral hospitals for special care.

- **NUTRITION AND HEALTH EDUCATION :**

Nutrition and Health Education is required to be given to all women in the age group of 15-45 years. It aims at effective communication of certain basic health and nutrition messages with a view to enhancing the mother's awareness of the child's needs and her capacity.

- **NON-FORMAL PRE-SCHOOL EDUCATION :**

Children between the age of 3 and 6 years are imparted non-formal pre-school education in an Anganwadi in each village / ward. There is no formally structured curriculum and flexibility is encouraged.

The objective behind the provision of this package of services is to bring about:

- Improvement in the health and nutritional status of children below 6 years.
- Reduction in mortality.
- Reduction in morbidity.
- Reduction in malnutrition.
- Laying the foundation of proper psychological, physical and social development of children.
- Reduction in school drop-out rates.
- Co-ordination of policy and implementation.
- Enhancement of mothers' capability to look after the health and nutritional needs of their children (*ICDS, 1986 and NIPCCD, 1987*).³⁴

B. CENTRAL SOCIAL WELFARE BOARD (CSWB) :

The Central Social Welfare Board was established in 1953. It was set up to assist voluntary organizations and mobilizes their support and co-operation in the

development of social welfare services, especially for women and children (*NIPCCD, 1999*).³⁵

C. NATIONAL POLICY FOR CHILDREN (NPC) :

The National Policy for children was founded on the conviction that child development programmes are necessary to ensure equal opportunity to these children. It has declared its children as the nation's "Supremely Important Asset" in 1974.

The National Policy for Children, 1974 recognised that programmes for children should find prominent place in national plans for the development of human resources, so that children grow up to become robust citizens, physically fit, mentally alert and morally healthy, endowed with the skills and motivations provided by society. The Policy also laid emphasis on equal opportunities for the development of all children during the period of growth, survival, health, nutrition, development, education, protection and participation are the undeniable rights of every child and are the key priorities of this Policy.

D. NATIONAL INSTITUTE OF PUBLIC CO-OPERATION AND CHILD DEVELOPMENT (NIPCCD) :

National Institute of Public Co-operation and Child Development, is a premier organization devoted to promotion of voluntary action research, training and documentation in the overall domain of women and child development. It was established in New Delhi in the year 1966 under Societies Registration Act of 1860, it functions under the Ministry of Women and Child Development. In order to cater to the region-specific requirements of the country, the Institute, over a period of time, has established four Regional Centres at Guwahati (1978), Bangalore (1980), Lucknow (1982) and Indore (2001).

The Institute functions as an apex institution for training functionaries of the Integrated Child Development Services (ICDS) Programme. Institute's expertise and performance was recognized by UNICEF in 1985 when it awarded the Maurice Pate Award for its outstanding contribution in the field of Child Development.

E. DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT (DWCD) :

DWCD was established in 1985 and it is nodal agency for formulating policies and programmes, enacting and amending legislations and implementing various interventions for the overall development of women and children and RCH (Reproductive Child Health) programme launched in 1997 are primarily responsible for the health of children. The main objective of RCH is to provide quality integrated and sustainable primary health care services to the women in the productive age group and young children and special focus on family planning and immunization.

F. INTEGRATED PRE-SCHOOL PROJECTS (IPSP) :

This programme provides welfare services like education, health and recreation to the pre-school children on an integrated basis. The main objective of the programme is to provide all the basic amenities to a child of low income group (*Social welfare in India, 1995*).³⁶

G. WELFARE EXTENSION PROJECTS (WEP) :

This scheme launched in 1958, provides for a programme of Creches, Balwadis, Recreational Activities for youth, Maternity and Child Welfare Services etc., (*Grewal, 1994; Bose, 1986*).³⁷

H. BALWADI NUTRITION PROGRAMME (BNP) :

This programme was started in 1970-71 and is being implemented through five major voluntary organizations including Central Social Welfare Board and Indian

Council for Child Welfare. Nutritional diet is provided to the Children between three to five years of age to the extent of 300 calories and 10-12 gms. Protein per child per day (*Sharma and Rameshwar, 1994*).³⁸

I. APPLIED NUTRITION PROGRAMME (ANP) :

This is an educational programme at the village and family level which aims to bring about changes in the choice of food and feeding practices that involve little for the family (*Mushtari and Malathi, 1989; Seshadri and Gopaldas, 1989*).³⁹

J. SPECIAL NUTRITION PROGRAMME (SNP) :

This programme was started in 1970-71 with the objective of providing supplementary nutrition to pre-school children, pregnant women and nursing mothers from the weaker section of the community (*Paul Dinesh, 1990; Swaminathan, 1989*).⁴⁰

K. MID-DAY MEAL PROGRAMME (MDM) :

In 1925, a Mid Day Meal Programme was introduced for disadvantaged children in Madras Municipal Corporation. By the mid 1980s three States viz. Gujarat, Kerala and Tamil Nadu and the UT of Pondichery had universalized a cooked Mid Day Meal Programme with their own resources on a universal or a large scale had increased to twelve states.

With a view to enhancing enrollment, retention and attendance and simultaneously improving nutritional levels among children, the National Programme of Nutritional Support to Primary Education (NP-NSPE) was launched as a Centrally Sponsored Scheme on 15th August 1995, initially in 2408 blocks in the country. By the year 1997-98 the NP-NSPE was introduced in all blocks of the country.

From 2008-09 i.e. w.e.f 1st April' 2008, the programme covers all children studying in Government, Local Body and Government aided Primary and Upper Primary Schools including Madrassa and Maqtabs supported under SSA of all areas across the country.

During the year 2009, a few changes have been made to improve the implementation of the scheme. So that more than 26 lakhs cook cum helper at present are engaged by the State / UTs during 2010-11 for preparation and serving Mid Day Meal to children in Elementary and Middle classes. 8.41 crore in Primary and 3.36 crore Upper Primary i.e. a total of 11.77 crore children were estimated to be benefited from MDM scheme during 2009-10. 11.04 crore children were covered under MDM scheme during 2009-10. During 2010-11, 11.36 crore children i.e 7.97 crore children in Primary and 3.39 crore children in Upper Primary had been covered in 12.63 lakhs institutions. During 2011-12 total coverage of children against enrollment was 10.52 crore (i.e. Primary – 7.71 crore and Upper Primary – 3.36 crore).

Today, Mid Day Meal scheme is serving Primary and Upper Primary School children in entire country (*NIPCCD, 2012*).⁴¹

L. TAMILNADU INTEGRATED NUTRITION PROJECT :

The project is being implemented since 1980-81 and aims at improving nutrition and health status of children below 3 years of age and nursing and expectant mothers (*Social Welfare in India, 1991*).⁴²

M. WHAT – BASED SUPPLEMENTARY NUTRITION PROGRAMME :

This programme was introduced in January 1986 to cover disadvantaged pre-school children and nursing, expectant mothers. This scheme is meant to expand the

existing feeding services by covering additional beneficiaries, primarily in tribal area, urban slum and backward rural areas (*NIPCCD, 1993*).⁴³

N. CRECHES FOR CHILDREN OF WORKING/AILING WOMEN :

This scheme provides day care services for children between 0-5 years of poor, working and ailing mothers. The services include health care, supplementary nutrition, sleeping facilities, immunization, play and entertainment for children (*NIPCCD, 1990*).⁴⁴

O. SPECIAL CHILD RELIEF PROGRAMME (SCRIP) :

It is a Government sponsored programme supported by UNICEF for providing nutrition and health services to the children, pregnant and nursing mothers in selected areas that have been devastated by drought or flood (*NIPCCD, 1991*).⁴⁵

P. SCHEME OF WELFARE FOR CHILDREN IN NEED OF CARE AND PROTECTION :

The Government of India stated this scheme for providing services for abandoned, neglected, orphaned and homeless children in 1974 (*Dinesh, 1990; NIPCCD, 1987*).⁴⁶

Q. NATIONAL EXPANDED PROGRAMME ON IMMUNIZATION :

This was launched during the Sixth Plan for Controlling Communicable diseases, like diphtheria, tetanus etc. prevented by vaccine (*NIPCCD, 1989; NIPCCD, 1992*).⁴⁷

R. EARLY CHILDHOOD EDUCATION CENTRES :

Recognizing that the holistic welfare of child development means covering such aspects as a child's nutritional, health, social, mental, physical, moral and

emotional development, early childhood care and education has been accorded high priority in the New National Policy on Education (*NIPCCD, 1999*).⁴⁸

S. WELFARE OF THE HANDICAPPED CHILDREN :

Several programme have been taken up for the welfare of handicapped children. Educational and rehabilitative services are provided by various organizations in the country. The focus is on integration of the handicapped children with the normal children (*Chandraskekharan and Lalitha, 1990*).⁴⁹

T. OTHER PROGRAMMES :

The Department of Education, Ministry of Human Resource Development, Government of India, is also implementing a number of Schemes for the development and welfare of children, namely:

Operation Black Board: The purpose is to ensure minimum essential facilities to primary schools; Non formal Education; National Scholarships scheme; National Loan Scholarships Scheme; Scheme for upgradation of Merit of SC/ST students; Scheme of Scholarships at secondary stage for talented children from Rural Areas; Scholarship scheme for study in Approved residential Schools; Bal Bhavan Society (*National Policy for Children, Government of India, 1992*).⁵⁰

U. THE PROGRAMMES OF THE MINISTRY OF HEALTH AND FAMILY WELFARE :

Programmes that have a direct bearing on child welfare are – i) Universal immunization programme; ii) Scheme for prophylaxis against blindness; iii) Scheme for Oral Rehydration Therapy for Diarrhoeal management; iv) Scheme for prevention of Iron deficiency, v) Scheme for establishment of Sub-health Centres; vi)

Scheme for training of dais and vii) Scheme for training Auxillary Nurse Mid-wives and Lady Health Visitors (*Ministry of Human Resource Development, 1992*).⁵¹

V. THE DEPARTMENT OF RURAL DEVELOPMENT :

It runs two programme, namely – i) DWCRA (Development of Women and Children in Rural Area) and ii) TRYSEM (Training of Rural Youth for Self Employment), which are related to child welfare as well as being and development of children (*Rattan, 1989*).⁵²

W. THE NATIONAL PLAN OF ACTION :

The National Plan of Action for Children, 2005 is by far the most comprehensive planning document concerning children. Its value is that it clearly outlines goals, objectives and strategies to achieve the objectives outlined and recognizes the needs of all children up to the age of eighteen. It is divided into four basic child right categories as per the United Nations Convention on the Rights of a Child survival, Child development, Child protection and Child participation. Child Survival firstly refers to child health. The plan outlines goals to reduce children's risk of contracting malaria, TB, and cholera, exposure to HIV/AIDS, and provide them with full immunization, access to quality health care, water, food and sanitation. The goal is also to reduce the poor health indicators in IMR, CMR and NMR. In order to do this services need to provide mothers with adequate pre-natal medical attention and nutrition, encourage safe birth practices, cover all children and women within the reproductive age with necessary immunizations, ensure proper coverage of all families under the ICDS scheme, educate communities about proper infant care, universalize use of oral rehydration solution to prevent dehydration in children etc.

The second aspect of child survival is maternal health. In order to ensure the healthy growth and delivery of children it is vital to look at the health of the mothers.

The plan outlines initiatives to improve anaemia in mothers and girls, generate awareness about maternal health practices and child spacing, prevent and treat sexually transmitted diseases and infections and ensure the health centres are full equipped to handle the needs of mothers and offer appropriate referrals.

The third aspect of child survival is nutrition. The plan aims at reaching optimal infant and child nutrition by promoting breast feeding and prohibiting milk substitutes for infants, conducting constant screening of children to ensure they are not underweight, empower families with information and child nutrition, provide Aganwadi workers with training to address basic child diseases such as diarrhoea, make low cost complementary food products, etc. It is also important to address anaemia and Vitamin A deficiency, address macro and micro malnutrition through ICDS, Mid-day Meal, Public distribution systems and such programmes.

Child Development begins with early childhood care and education. This section discusses the expansion of ICDS so it's available to all, development of pre-school centres and crèches, promoting community based initiatives, and creating awareness regarding birth registration and good parenting skills. The next aspect of development is regarding children with disabilities. The plans aims are reducing the risk of living with a disability by taking preventive measure during pregnancy and right after birth, providing these children with the current facilities that will ensure their mental and physical development, and help children with disabilities the right to participate fully in society. To accomplish this state needs to strengthen programmes like ICDS, help children procure physical aids and learning material, make public building and transportation disabled friendly, etc.

Lastly, one of the most important aspects of child development is education. The plan discusses the importance of increasing access to public education to children

with disabilities, girls and children living in remote areas, improving infrastructure of schools, improving the quality of education, providing teachers with the correct training, reducing school drop-outs, supporting marginalized groups of society such as SC/STs/OBCs, establish counseling services in school, providing children with healthy mid-day meals.

The last section of the plan outlined the need for proper child protection and also participation taking into consideration actual proper implementation and monitoring of the plan and any programmes that concern children.

3.4 ROLE OF MEDIA :

The main role and responsibility of the mass media is transmit message to receiver. Media can create mass awareness about significant issues pertaining to children's issues such as compulsory registration of birth, providing health care, reducing malnutrition and exploitation and abuse of children through the different children's welfare programme. In this connection, media's involvement in raising awareness children's rights and also hold the government and society accountable to the commitments made and goals set to promote the different aspect of development through :

- To transmit message to receiver.
- To create mass awareness pertaining to children issues such health care, reducing IMR, MMR through the different welfare programme.
- Publishing articles, special features, interviews, case studies in print media.
- Airing radio jingles, songs, series of programmes on issues related to children.
- Telecasting spots, special features, serials to project children's issues.
- Producing films, documentaries, feature films on children's issues.⁵³

3.5 MASS MEDIA - ITS IMPACT ON ICDS:

The media known as the fourth pillar of democracy has a huge impact on society. In this connection, it had tried to sketch about the media and its impact on ICDS.

A. PACKAGE OF SERVICES PROVIDING THE ICDS :

India has the largest democracy in the world. In a democracy, the main role of mass media is to act as a bridge between the people and the government between the people and the government. So, media is the fourth institution in a democracy along with the legislature, executive and the judiciary system of our country. Mass media is a tremendous source of information for individuals as well as society. These instructions run the government of the country for the welfare and development of all the people.

Although the different forms of mass media such as print media (news paper, leaflets, booklets) radio, television, traditional media (folk dance, drama, puppetry) and the internet are used to disseminate information. But the media do not only inform the people about it but also explain the effect of that decision taken by the government of the people.

Since, the ICDS is the world's largest programme for holistic development of children and their mothers in the world through which Govt. of India aims at uplifting the weaker section of the society. As such, the govt. is responsible to the challenges of providing the package of services of ICDS immunization, supplementary nutrition, health check up, referral services, pre-school education and also nutrition and health education for mothers on one hand and breaking the various cycle of malnutrition, mortality and morbidity on the other hand. These services are delivered through different departments and such departments converge their activities at the AWC. The

converging department includes Health, Rural Development, Panchayati Raj institution, drinking water supply etc. The above mentioned department works in synchronization with each other.

Therefore, the role of media is concerned to perform their functions to bring about desirable change for the child's balanced overall development. The media has to play a vital role in the field of various packages of services of ICDS, which is unique to the challenges of meeting the holistic need of the child, where ICDS beneficiaries have been benefited in the area of health, supplementary nutrition, pre-school education, nutrition education, health services etc. and it will help to build a nation fit and protected children. The target group and the services of ICDS are shown below. Fig. 3.1

Beneficiaries (Target Group)	SERVICES
1. Children below one year age	<ul style="list-style-type: none"> i. Health Check up ii. Immunization iii. Supplementary Nutrition iv. Referral Services
2. Children between one and three years of age	<ul style="list-style-type: none"> i. Health Check up ii. Immunization iii. Supplementary Nutrition iv. Referral Services v. Play and activities
3. Children between three and Six years of age	<ul style="list-style-type: none"> i. Health Check up ii. Immunization iii. Supplementary Nutrition

	<ul style="list-style-type: none"> iv. Referral Services v. Nonformal Pre-school Education
4. Expectant and lactating mothers	<ul style="list-style-type: none"> i. Health Check up ii. Immunization iii. Supplementary Nutrition and Nutrition & health education iv. Referral Services v. Awareness about healthful environment through mass media

Source: Social Welfare Department, Govt. of India, 2002

Figure – 3.1

B. TEACHING PERSONNEL OR ANGANWADI WORKER :

In a democracy, Governments use the mass media and also have media agencies and departments.

ICDS serves through a network of Anganwadis. The Anganwadi centre is run by the Anganwadi worker. The Anganwadi worker is at the frontline of the ICDS programme. The AWW also acts as a crucial link between the village on urban slums population and the Government administration. Similarly, the main role of the mass media is to act as a bridge between the people and the government. So, in that sense, media provide news and information required by the people and how these programmes can be useful through the proper utilization of media. So, the AWW can bring the positive social change for the child’s balanced overall development of ICDS.

The AWW is responsible for implementation of ICDS programme more effectively.

The various job responsibilities of an AWW are -

1. Organising non-formal pre-school education activity.
2. Maintenance of all records.
3. Preparation and distribution of supplementary nutrition both the children and their mothers.
4. Referral of serious and high risk cases.
5. Assisting Health staff in immunization and health check up.
6. Health and nutrition education for the mother of the child etc.
7. Assist CDPO's, Supervisors in implementation of ICDS programme.⁵⁴

C. TEACHING METHOD USED IN AWCs :

The AWW can be used the different types of extension teaching method of the AWCs. These are Lecture, discussion, field trip, exhibition, demonstration etc. It is needless to say, the AWW assumes a vital role to play the demand both for the early childhood care and their mother. At this juncture, the AWW should be used the effective mass media like in - home media i.e. radio, T.V., chart, posters, leaflets, booklets, pamphlets etc. and ex-home media i.e. filmshow, puppetry etc. for the existing programme in the AWC in a successful manner.⁵⁵

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