

# **CHAPTER – IV**

## **BACKGROUND OF THE STUDY**

### **4.1 INTRODUCTION :**

In order to search the truth relating to the present research, the background of the study is essential. The study is based on the specified villages under Rupahi Development of Nagaon District. It is located at the eastern corner of the state and as it has its own historical background, heritages, geographical and socio-economic characteristics. Since, the present study has emphasized to assess the role of mass media on the centrally assisted project ICDS under Rupahi Development Block of Nagaon district. Therefore, it is necessary to have clear picture about the background of the universe in details.

### **4.2 PROFILE OF NAGAON DISTRICT :**

#### **4.2.1 GEOGRAPHICAL LOCATION :**

The central Assam District of Nagaon is one of the historically famous district in the state of Assam of north-east India. It became the easy target of the Burmese during their invasions in the state in the late 17<sup>th</sup> century. In the year 1823, after the signing of the Treaty of Yandaboo this part of the province came under the British who made it a separate administrative unit in the year 1832. It gradually settle down on the bank of the river Kolong and to declare Nagaon as a district headquarters in 1839. This district was earlier known as Nowgong which later changed into Nagaon (Na meaning new and Gaon as village in Assamese). It is one of the largest district of Assam.

It extends at a latitudinal stretch of 25.45' to 26.45' North and 92.15' to 93.15' East longitude. Nagaon has covered total area of 3,831 Sq.Km.<sup>1</sup> It is bounded by the district of Sonitpur and the Brahmaputra in the North, West Karbi Anglong and North Cachar hills in the South, East Karbi Anglong and the district of Golaghat in the East, the district of Morigaon to the West. It has a population of a heterogeneous nature. About more than half of the population in the district are Muslim and others are Hindu and Christian. A sizable section of the Hindu is Vaisnavite. The main places of tourist attraction are Batodrava (Bardowa), Champavati, waterfall, Kaziranga and Lowkhowa wild life sanctuary.

#### **4.2.2 ADMINISTRATIVE DIVISION OF NAGAON DISTRICT :**

Nagaon is a administrative district in the state of Assam in India. As of 2011 it is the most populous district of Assam (out of 27) and one of the largest in area. In Nagaon district there is three sub-divisions namely Nagaon, Kaliabor, Hojai. It has around 10 revenue circles and 20 development blocks and 240 Gram Panchayat in 1375 inhabited villages. There are around 7 towns in the district. The total population of the district is 23,14,629 and Nagaon town tops the list with highest population of 126115. The total number of police station is 21 and two National Highways, NH-36 and NH-37 cross the district.

### 4.3 DEMOGRAPHIC PROFILE OF THE NAGAON DISTRICT :

TABLE – 4.1

Description	2011	2001
<b>Actual Population</b>	<b>28,23,768</b>	<b>23,14,629</b>
Male	14,39,112	11,90,950
Female	13,84,356	11,23,679
Population Growth	22.00%	22.26%
Area Sq. Km	3,973	955
<b>Density / Km<sup>2</sup></b>	<b>711</b>	<b>583</b>
Proportion of Assam Population	9.05%	7.02%
<b>Sex Ratio (Per 1000)</b>	<b>962</b>	<b>944</b>
Child Sex Ratio (0-6 Age)	964	975
<b>Average Literacy</b>	<b>72.37</b>	<b>61.73</b>
Male Literacy	76.51	68.27
Female Literacy	68.07	54.74
<b>Total Child Population (0-6 Age)</b>	<b>4,59,940</b>	<b>4,26,265</b>
Male Population (0-6 Age)	2,34,203	2,23,044
Female Population (0-6 Age)	2,25,737	2,03,221
<b>Literates</b>	<b>17,10,716</b>	<b>16,98,329</b>
Male Literates	9,21,850	8,85,399
Female Literates	7,88,866	8,12,930
<b>Child Proportion (0-6 Age)</b>	<b>16.29%</b>	<b>18.42%</b>
Boys Proportion (0-6 Age)	16.27%	17.36%
Girls Proportion (0-6 Age)	16.30%	18.43%

Source : [www.census2011.co.in](http://www.census2011.co.in)

#### **4.3.1 POPULATION DISTRIBUTION IN THE NAGAON DISTRICT :**

As per the 2011 census, in 2011, Nagaon had population of 28,23,768 of which male and female were 14,39,112 and 13,84,356 respectively. Whereas, according to 2001 census, Nagaon had a population of 23,14,629 of which males were 11,90,950 and rest of them 1,23,679 were females. There was change in growth rate of the population in 2011 in comparison to 2001 i.e. 22.00 percent growth in the population compared to population as per 2001. The density of population in the district was 711 per sq.km in 2011 compared to 583 of 2001.

#### **4.3.2 CHILD POPULATION IN THE NAGAON DISTRICT :**

As per census 2011, the total child population in the age group of 0-6 years in Nagaon District was 4,59,940 children under age of 0-6 against 4,26,265 of 2001 census of total 4,59,940 male and female were 2,34,203 and 2,25,737 respectively. Child Sex Ratio as per census 2011 was 964 compared to 975 of census 2001. In 2011, Children under 0-6 formed 16.29 percent of Nagaon District compared to 18.42 percent of 2001. There was net change of – 2.13 percent in this compared to previous census of India.

#### **4.3.3 SEX RATIO IN THE NAGAON DISTRICT :**

With regards to Sex Ration in Nagaon District, it stood at 962 per 1000 male compared to 2001 census figure of 944. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate. In 2011 census, child sex ratio is 964 girls per 1000 boys compared to figure of 975 girls per 1000 boys of 2001 census data.

#### **4.3.4 LITERACY RATE IN THE NAGAON DISTRICT :**

As per 2011, the coverage literacy rate of Nagaon District was 72.37 percent compared to 61.73 of 2001. Out of which, male and female literacy were 76.51 and

68.27 percent respectively. For 2001 census, same figures stood at 68.27 and 54.74 in Nagaon District. Total literate in Nagaon District were 17,10,716 of which male and female were 9,21,850 and 7,88,866 respectively. In 2001, Nagaon District had 1,69,88,329 in its district.

#### 4.4 DISTRIBUTION OF WORKFORCE IN NAGAON DISTRICT :

The distribution of work forces in the Nagaon district as per the Census 2011 can be analyzed from the following table.

**TABLE – 4.2**  
**Distribution of Workforce in the Nagaon District**

Occupation	Rural		Urban		Total	Percentage of Total workforce
	Male	Female	Male	Female		
Cultivators	2,93,698	48,043	3,993	385	3,46,119	35.29
Agricultural labourers	1,39,673	52,941	3,310	1,137	1,97,064	20.09
Workers in Household industries	15,620	18,332	2,651	1,520	38,123	3.89
Other workers	2,09,176	71,920	99,141	19,342	3,99,579	40.74
Total	6,58,170	1,91,236	1,09,095	22,384	9,80,885	10,000

*Source : Census of India, 2011*

The total working population in the district was 9,80,885. It was 34.49 percent of the total population of the district. Out of total, 35.29 percent were cultivators, 20.09 percent were agricultural labours, 3.89 percent were workers in household industries and 40.74 percent were others workers.

#### **4.5 EDUCATIONAL INSTITUTIONS :**

The district has 2008 primary schools, 438 Middle schools, 377 Higher Schools, 130 Higher Secondary schools and 15 Degree colleges. Majority of the rural population is dependent on the educational infrastructure within the district.<sup>2</sup>

#### **4.6 HEALTH :**

Good health not only increases productivity and earnings of an individual but also improves the overall quality of life and the socio-economic development of the general population. Malnourishment and under-nourishment can be avoided not just by poverty reduction and higher food intake but also through good health that can be brought about through improved access to sanitation and drinking water facilities. Health facilities in the district are divided into 15 Civil Hospitals, 38 PHCs and 39 Govt. Dispensaries.

An important indicator of child health status is the number of the infant mortality rate, child's sex ratio etc.

##### **4.6.1 INFANT MORTALITY RATE :**

The Infant Mortality Rate (IMR) in Assam (2010) is 58 per 1000 live births against 47 for the country as a whole and in 2000, the IMR for the state was 74.5 against the all India figure of 67.8. Thus, the IMR has improved considerably during 2000-2011 there has been an improvement by 22 percent in Assam as 30 percent for the country. The infant mortality rate in Nagaon district (2010) is 62.6 as reported by Annual Health Survey (2010-11). On the other hand, the Infant Mortality Rate (IMR) in Rupahi (2010) is 69.8 per 1000 live births against 62.6 for the district as a whole. Thus the IMR has increased as compared to 62.6 for the district.

#### **4.7 ECONOMY OF NAGAON :**

In terms of natural resources endowment, the economy is purely agrarian Agriculture is the backbone of its economy providing livelihood to about 78 percent

of the total population. Rice is the staple food of the inhabitants and paddy is the principal crop of the district. Next to agriculture, Fisheries, Animal Husbandry, Handloom and weaving are the significant part of the district economy.

#### **4.8 PROFILE OF THE SAMPLE BLOCK :**

##### **INTRODUCTION :**

This part is dedicated to provide an in idea of the background of the sample block of the present research. Since the study is based on the specified 12 villages from the six Gaon Panchayats under Rupahi Development Block. Rupahi Development Block is located in the Nagaon district at the eastern corner of the state of Assam and it has its own historical background and socio-economic life of the people where in the attitudes of the people towards the life and their livelihood.

Geographically speaking Rupahi Development Block falls under the district of Nagaon. It is bounded by Sonitpur district in the North, Morigaon district in the South East is surrounded by the river Kolong and Lowkhow sanctuary in the West. The total area of Rupahi is 102 sq. km.<sup>3</sup>. The majority of the population in this area are Muslim and others are Hindu and Christians.

Administratively, it has one Development Block i.e. Rupahi Development Block and one revenue circle. It has around 14 Gram Panchayats namely Rupahi, Fakali, Saidaria, Hatipara, Kanchanpur, Hatipara, Fulalijan, Gotonga, Gurajan, Gereki, Uttar Khatowal, Dakhin Khatowal, Jewmari and Borghat. It has 43 inhabited villages. The total area of this area is 1,14,491. It has only one police station.<sup>4</sup>

Regarding, Educational institution it has only one degree college namely Rupahi college, which was established in 1981, for the purpose of providing higher education. In addition to this there are number of Higher Secondary schools, High Schools, ME/MV Schools and L.P. Schools. Although all these educational

institutions were set up at various level to do away with literacy as well as improving their standard of living but is still a long way to go.

With regards to Health, the people of this area are not concerned on the health, status of their children and also eager to send their children to school instead, they prefer to engage them to do some productive work to earn for their livelihood. As a result there has been seen a very high rate of infant mortality and morbidity, malnutrition, ill health, nutritional deficiencies, growth retardation, slow learning etc. that leads to a normal life. Since, good health is important to keep the labour force productive and efficient. Thus the number of infant mortality rate and child sex ratio is an important indicator of child health status which leads to the overall quality of life and socio-economic development of the general population. It has only one hospital in this area. There are a number of state government schemes and centrally assisted projects besides, the assistance given by the World Bank for their development.

The present study has emphasized on the centrally assisted project Integrated Child Development Scheme, was launched in the year 1975-76 focuses on the children below Six years of age, pregnant women, lactating mother and adolescence girls. Therefore, it is necessary to have a clear picture of ICDS and its objectives, population norms, activities services and beneficiaries, ICDS team, new innovations, status of ongoing ICDS programme and project population details.

#### **4.9 PROFILE OF ICDS PROGRAMME :**

##### **4.9.1 OBJECTIVES OF INTEGRATED CHILD DEVELOPMENT SERVICES :**

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

- To improve the nutritional and health status of children in the age group of 0-6 years.

- To lay the foundation for proper psychological, physical and social development of the child.
- To reduce incidence of mortality, morbidity, malnutrition and school dropout.
- To achieve effective coordination at the policy and implementation levels amongst the various department to promote child development.
- To enhance the capability of the mother to look after normal health and nutritional needs to the child through proper nutrition and health education.<sup>5</sup>

#### **4.9.2 POPULATION NORMS OF AWC :**

The revised population Norms of AWC recommended by the Inter ministerial task force are as follows:

AWC - Populations (Rural)

500-1500 : 1 AWC

150-500 : 1 Mini AWC

Population (Tribal)

300-1500 : 1 AWC

150-300 : 1 Mini AWC

Population (Urban)

500-1500 : 1 AWC

150-500 : 1 Mini AWC<sup>6</sup>

#### **➤ ACTIVITIES AT AWC :**

The timings of AWC should be according to the convenience of the community and it is expected to run an AWC for 4<sup>1/2</sup> hrs.

The workers have to perform some activities daily. Inspection of children for cleanliness, organizing pre-school education activities, treatment of minor ailments,

referral services, conducting home visits, record keeping etc. are the activities that the workers have to do daily.

The other activities of Anganwadi centers are :

- a) Health check-up of children and mothers.
- b) Immunization (As per schedule)
- c) Supplementary nutrition both for mothers and children.
- d) Weighing children and growth monitoring.
- e) Distribution of Vit A and Folic Acid tablets.
- f) Organizing mothers meeting.
- g) Health and nutrition education to mothers.
- h) Preparing monthly progress report.
- i) Updating family service register etc.

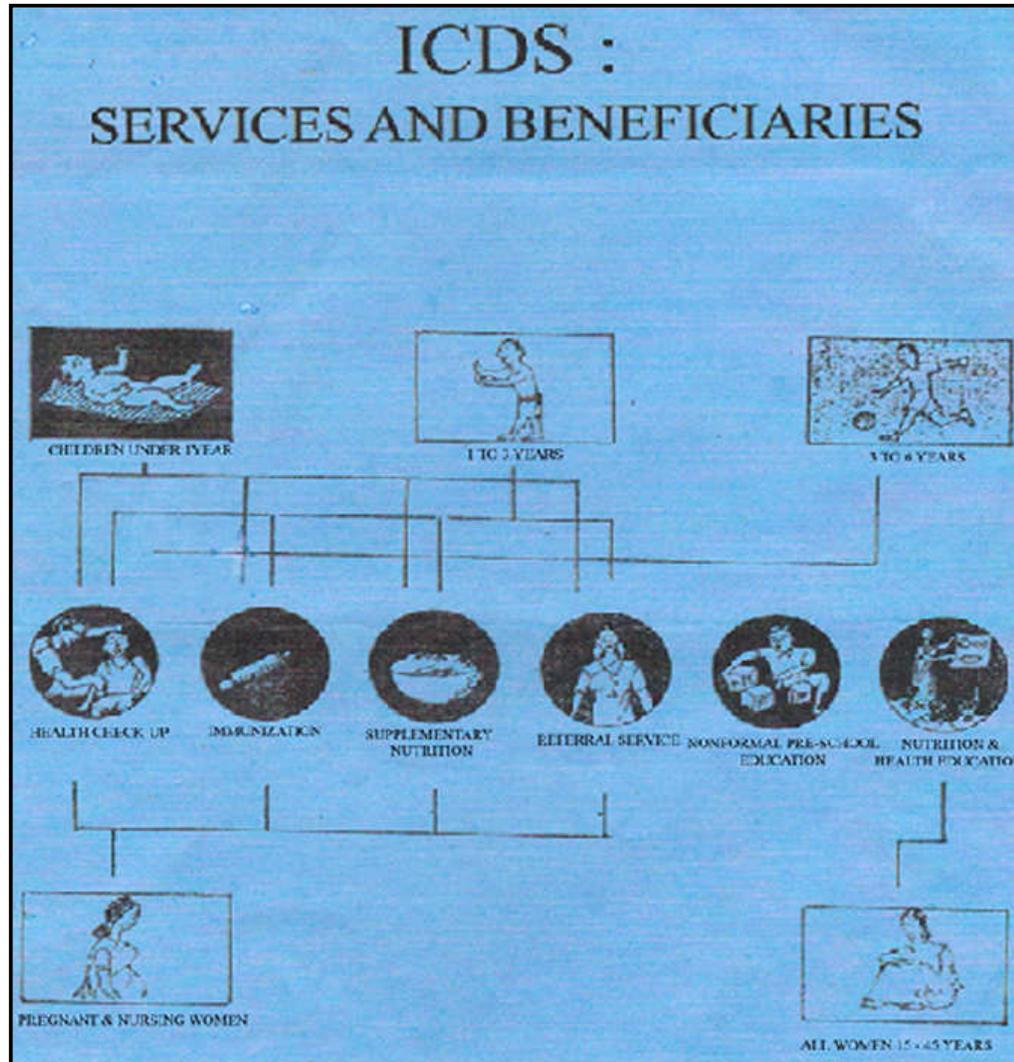
Since, an AWW should adhere to the time allotted for health, nutrition and education activities so that all the services are provided to the beneficiaries.

#### **4.9.3 SERVICES AND BENEFICIARIES OF ICDS :**

ICDS provides a package of integrated services in a comprehensive and cost effective manner to meet the multidimensional and inter-related needs of children. ICDS beneficiaries receive health, nutrition and early childhood care and education related services.

The principal participants of the ICDS programme are children below 6 years, pregnant and lactating women in the age group of 15-45 years and adolescent girl identified from the low income families and deprived sections of the society. They are given key health services as well as better care and counselling for improving maternal nutrition.

ICDS takes a holistic approach to the child by providing a package of integrated services for the different beneficiary groups are shown in the following figure 4.1



Source: ICDS, Department of Women and Child Development, Ministry of Human Resource Development, Govt. of India.

Figure – 4.1

#### 4.9.4 THE ICDS TEAM :

ICDS has well planned administrative organizational Ministry of Health and Family Welfare, Ministry of Human Resource Development, Government of India,

Jointly function through co-ordinated approach for effective management and implementation of Integrated Child Development Services. The ICDS project functions at block level.

The Child Development Project Officer (CDPO) provides the link between ICDS functionaries and Government administration. The CDPO is overall in charge of the project. Usually 5-10 supervisors assist the CDPO. The CDPO is also responsible for securing Anganwadi premises, indentifying beneficiaries and monitoring programme and reporting to the State Govt.

One supervisor is assisted by nearly 6 Anganwadi workers, therefore one supervisor is responsible for 6 Anganwadis. She also acts as friend, philosopher and guide to Anganwadi workers and assist in record keeping, home visits and organizing community meeting etc.

ICDS serves through a network of Anganwadis. The Anganwadi workers is at the frontline of ICDS programme. Anganwadi worker assists a Anganwadi helper.

At the District level there is a District Social Welfare Officer or ICDS Programme Officer who assists Director or Project Officer (ICDS) at the state level.

Simultaneously, Health component is managed by Director Health Services at state level, Chief Medical Officer at district level, Medical Officer at block level, who is assisted by Health Assistant (female), who is assisted by Health worker (female) or Nurse mid-wife at village level, a Health Guide works at grass root level with community level. Thus, Anganwadi workers remain the real functionaries to implement the ICDS programmes.

#### **4.9.5 NEW INNOVATIONS IN ICDS :**

In the implementation of ICDS programme, some deficiencies are accorded to meet the changing needs of the target population resulting from socio-economic

pressure, some innovative activities are proposed to be included in ICDS programme. These are-

- A. Adolescence Girls in ICDS (Kishori Shakti Yojana);
- B. Creches attached with Anganwadi Centres (AWC);
- C. Involvement of NGO's;
- D. Mahila Samridhi Yojana;
- E. India Mahila Yojana;
- F. Women's Integrated Learning for life (will);
- G. Community Based Monitoring Mechanism etc.

**A. ADOLESCENCE GIRLS IN ICDS :**

A great deal of interest recently been generated in development potential of adolescent girls in ICDS scheme. It has been since 1990 that 507 blocks in selected states the adolescents girls scheme has been introduced. The scheme proposed to achieve following objective.

- To cover girls in the age group 11-18 years.
- To improve the nutritional and health status of girls in this age group.
- To provide them the required literacy and innumeracy skills.
- To train and equip the girls to develop skills, aptitudes and capabilities for earning an income, through government sponsored and other programmes,
- To promote awareness of health, hygiene, nutrition, family welfare home management and child care.<sup>7</sup>

The first strategy of the scheme, three girls in the age group of 11-15 are

identified in the Anganwadi centre area of the ICDS scheme. These adolescent girls are provided at the centre itself a meal on the same scale as pregnant women and nursing mothers. They also receive training all aspects of Anganwadi work over a period of six months so that they are equipped to manage the centre on their own at a later date.

In the second strategy of the scheme, 45,000 adolescents girls in the age group 15-18 are to be benefited. Moreover, opportunities are provided to discuss their problems as well as to avail of facilities of non-formal education, development of home-based skills recreation etc. through Balika Mandals. Presently 3.5 lakhs beneficiaries are being covered under the scheme.

#### **B. CRECHES ATTACHED WITH ANGANWADI CENTRE :**

Usually the increasing number of women joining the labour force, it has become imperative to provide institutional care of children in the age group of 0-3 years. It is thus proposed that Anganwadi centres will have creches attached to them. This is likely to spare young girls from taking care of siblings and would hopefully enhance primary school enrolment. Besides this, under the activities taken during the SAARC year of the girl child, creches are being general by CSWB and ICCW in the states with low female literary. These creches will be located preferably in the primary schools or also at Anganwadis.<sup>8</sup>

#### **C. INVOLVEMENT OF NGOS :**

Involvement of voluntary organizations is desirable for the implementation of the programme and for making it a people's programme. The ICDS Scheme is more effective while it tried to draw the functional responsibilities of various departments and agencies mentions that the CSWB, Voluntary organizations, Local bodies, Panchayat Raj Institutions to be actively involve in this programme for the

implementation. It is expected that community participation will increase with the involvement of voluntary agencies. Further, it is recognized the fact that non-government organizations (NGOs) play an important role in effective delivery of social services to the masses, greater and effective involvement of NGOs has been attempted through exclusively are making new ICDS projects for implementation by NGOs (*Social Welfare, Govt. of Assam, 2010*).<sup>9</sup>

#### **D. MAHILA SAMRIDHI YOJANA :**

The scheme of Mahila Samridhi Yojana (MSY), which was launched on 2nd October'1993. The scheme aims to promote self-reliance and measures of economic independence among rural women. The objective of the scheme is to promote and encourage rural women to save by providing direct cash incentives to supplement their individual saving. The scheme not only provides a sense of security to our rural women but also helps in raising their status in the society. In order to ensure the effective implementation of the scheme, Supervisors and Anganwadi workers of the ICDS projects have to play the major responsibilities for opening an account by the women in post office about the utility of the scheme and advantages likely to be accrued to them (*Hand book of AWWs, NIPCCD, 2009*).<sup>10</sup>

#### **E. INDIRA MAHILA YOJANA :**

The scheme of Indira Mahila Yojana was launched in 1995 in 200 ICDS blocks though out the country. This scheme is a strategy to co-ordinate and integrate component of all sectoral programmes and facilities their convergence to benefit women. It is an effort to mobilize women around an integrated delivery system and is a major step towards participation of women in planning and development. Indira Mahila Kendra's will be formed at Anganwadi level and wherever Mahila Mandals already exists, these would be closely linked with the Anganwadi. The Anganwadi

workers would be the secretary of the Indira Mahila Kendras. Indira Mahila Yojana is aimed at achieving the ultimate empowerment of women by ensuring direct access to resources through a sustained process of mobilization and convergence of all ongoing sectoral programmes.

**F. WOMEN'S INTEGRATED LEARNING FOR LIFE (WILL) :**

The scheme of women's integrated learning for life (WILL) aims at promoting literacy among women under WILL scheme, non-formal education course is organized by Anganwadi Workers to impart and promote literacy skills, increased knowledge of good health and hygiene, nutrition and family planning practices, training in home management and child care etc. The scheme is being implemented in all the World Bank Assisted ICDS Projects.

**G. COMMUNITY BASED MONITORING MECHANISM (CBMM) :**

Right since the inception of ICDS there have been emphasis on proper monitoring and evaluation for getting feedback on proper implementation and co-ordination of the programme. Since, community is being involved in monitoring ICDS under CBMM through Bal Bikas Mahila Samitis. The community based monitoring mechanism (CBMM) which envisages setting up of Bal Bikas Mahila Samitis with elected lady panchayat monitoring and evaluation of the schemes relating to women and child welfare at the grassroots level by the members of the community themselves.

Mass media is the most popular tool of communication in any extension programme. ICDS is thus a unique extension programme, to the challenges of meeting the holistic need of the child, where UNICEF provides both print media like charts, posters, flash cards, leaflets, flip charts, booklets etc and electronic media like

filmstrips, projectors, Radio, T.V. etc. as audio-visual teaching aids to the regional centres to all activities concerning the welfare of young children and mother.

Other facilities equipments and are provided to Anganwadi centres for their speedy and efficient functioning. ICDS beneficiaries have been benefited in the area of health, family welfare, safe water supply, environmental cleanliness, applied nutrition and education (*Handbook of AWWS, NIPCCD, 2009*).<sup>11</sup>

#### 4.9.6 ICDS IN ASSAM, NAGAON :

The first ICDS project was introduced in Dhakuakhana Development Block at Lakhimpur district of Assam on 02-10-1975. Considering the role of ICDS for rural masses of the country Govt. of India has expanded its coverage year after year. As a result 230, ICDS projects are working in Assam at Block level during 2010-11. Among the ICDS Projects of Assam 20 projects are under Nagaon District. The projects are - 1) Khagarijan, 2) Pakhimoria, 3) Dolongghat, 4) Raha, 5) Batodraha, 6) Juirra, 7) Rupahi, 8) Bajiagaon, 9) Pachim Kaliabor, 10) Kaliabor, 11) Lowkhowa, 12) Lumding, 13) Barhampur, 14) Binnakandi, 15) Jugijan, 16) Dhalpukhuri, 17) Odali, 18) Lanka, 19) Nagaon, 20) Kathiatoli Development Block. The numbers of sanctioned and operational AWCs are 62153 and 62153 respectively. The table 4.3 shows the status of ICDS programme.

**TABLE – 4.3**  
**Status of ongoing ICDS programme**

Sl. No.	State Autonomous body	Nos. Sanctioned ICDS project	Nos. of operating ICDS project	Nos. of AWC Sanctioned	Nos. of AWC operations
1	Assam	230	230	62153	62153
2	Nagaon	20	20	4109	4109

*Source : Social Welfare Dept. Govt. of Assam, 2011*

#### 4.9.7 PROJECT POPULATION OF ICDS :

Regarding the project population of ICDS, it has started in 221 Anganwadi Centers in Rupahi Development Block, the programme by March 2011 covered the total population of 1,31,590 out of which 66,924 are male population and 64,666 are female population. The following table shows ICDS project population details in reporting Anganwadis.

**TABLE – 4.4**  
**ICDS Project Population Details**  
**Population distribution of the Villages covered**  
**under the ICDS Project**

Sl. No.	Total Population	Male	Female
1	1,31,590	66,924 (50.85%)	64,666 (49.14%)
Total	1,31,590	66,924 (50.85%)	64,666 (49.14%)

*Source : District Census Hand Book, 2011*

The above table indicated that the total population covered by ICDS project in Rupahi Development Block is 1,31,590 out of which 50.85 percent were male and 49.14 percent of populations were female.

The table 4.5 shows the target of beneficiaries that undertaken by ICDS programme in Rupahi Development Block.

**TABLE – 4.5**  
**Target of Beneficiaries undertaken by ICDS Programme**

Sl. No.	Target Beneficiaries	Below 6 month	6 month - 1 year	1-3 years	3-6 years	Pregnant women	Nursing mother
1	22,825	1593 (6.98%)	3,622 (15.87%)	6,174 (27.05%)	9,125 (39.98%)	1,186 (1.20%)	1,116 (4.89%)
Total	22,825	1593 (6.98%)	3,622 (15.87%)	6,174 (27.05%)	9,125 (39.98%)	1,186 (1.20%)	1,116 (4.89%)

*Source : AW Survey Registers*

The above table revealed that the target of beneficiaries undertaken by ICDS programme in Rupahi Development Block is 22,825, out of which 1593 were in the age group below 6 month; 3622 were in the age group between 6 month- 1 year; 6174 were in the age group between 1-3 years; 9125 were in the age group between 3-6 years; 1186 were pregnant women and 1,116 were Nursing mother.

Gradually, ICDS has expanded and to reach every disadvantaged children and local community needs, through evolving state-specific programme strategies. Moreover, steps have also been taken to increase the number of sanctioned of Anganwadi Centers, in older existing ICDS projects, based on block population estimates, of the 2011 census.

#### **4.10 BRIEF PROFILE OF THE SOCIO-ECONOMIC BACKGROUND OF TWELVE SELECTED VILLAGES FALLEN UNDER SIX GAON PANCHAYATS :**

##### **1. RUPAHI BHAKAT GAON :**

Rupahi Bhakatgaon is situated about 4 Km. away from the Rupahi Development Block. The village falls under the Rupahi Gaon Panchayat. The total population of the village is 2,007, out of which 1,002 were male and 1,005 were female respectively. There are one Primary School, one Middle School and two AWCs in the village. The literacy rate is satisfactory in this village. This is an OBC dominated village. The children are easily access to the nearby school. Besides this, there is also one Co-operative Society in the village. The AWCs are running in its own building constructed from the grant received from the ICDS scheme.

The economic condition of the villagers are good. Agriculture, Animal husbandry, fishing are some of the basic sources of their livelihood. Most of the adult populations are engaged in service. There are also few people who move out of the

village in search of different services to other area. Some are also engaged in construction work sponsored by government and private parties. Females are more active. They are engaged in handicraft activities like making of bags and other decorative articles.

The health status of the people is satisfactory. They were concerned about their health. There is one Primary Health Center in the village. The villagers usually check-up their health in this PHC. The inhabitant mostly used the deep wells and tube wells for drinking and bathing.

It was also observed that most of them were not concerned about the mass media. The majority of the villages had their own Radio and Television sets at home. But they were not interested in listening welfare programme on radio. A few members of people were watching welfare and other important programmes on T.V. Similarly a sizable portion of village used to read printed paper.

The caste wise population of the village Rupahi, the inhabitants were from More Other Backward Classes (MOBC). They consist of nearly 82 percent of the total population. Among them 61.21 percent were male and 48.21 percent were female. About 8 percent of the total population was other backward caste constituency 61.69 percent were male and 43.60 percent were female.

## **2. FAKALI VILLAGE:**

The village is situated about 5 km away from the Rupahi Development Block. The village falls under Fakali Gaon Panchayat. The village had population of 3,667, out of which male and female were 1,858 and 1,809 respectively. There are one Primary School, one High School and one College in the village. The four Anganwadi Centers are running in the village.

The economic condition of the villagers is to some extent good. Very few of them are Indian Army Service. The primary sources of income are Agriculture. There are also few people who move out from the village since they engaged in various services. The literacy rate is also high (more than 45 percent) in this village. The village is well connected with rest of the places.

The health status of the villagers is almost satisfactory. But some mothers and children are suffered from some nutritional deficiencies diseases like anemia, low birth weight etc. The people generally used deep wells for drinking and bathing.

Regarding media, the majority of the people were interested in watching different programmes on T.V. They had their own T.V. sets at home.

It is seen that maximum inhabitants in the Fakali village are general and More Other Backward Classes which constitute 99.50 percent of the total population and out of which 1858 were male and 1809 were female. The rest of the population i.e. only one household belonged to Schedule Tribe where 7 are male and 3 are female.

### **3. ROWMARI VILLAGE:**

The village is 5 km away from the Rupahi Development Block. Majority of the household are from Muslim community people, which comes under Fakali Gaon Panchayat. The total population of the village is 4237, out of which 2175 were male and 2062 were female. There is one Primary School, one Middle School, four AWCs and one High School in the village. But the school dropout rate is high here because of financial burden on the families. Poor parent need their young children to support them in their agricultural land and wage earning. There is also one Sub-Post Office, one Community Hall in the village. The AWCs in the village were running in its own building constructed from the grant received from the ICDS allocation.

The economic conditions of the villagers are not good. Agriculture and animal husbandry are the main sources of livelihood. Some of the people belong to low income group and live below poverty line. Some have also become the owner of small shops. They have not enough land to cultivate and hence sufficient crops are not produce. Flood damages their crops almost every year.

With regards to media, a few of them had their own T.V. or Radio sets, while one fourth of them had subscribed newspaper or bulletins. A few of them were aware about the different programmes conducted on radio on T.V. The majority of the villagers were interested to remember the names of programmes broadcast on Radio or T.V.

The Health Status of people is also poor. There is a Public Health Center in the village. People usually go to this Center for their medical care. But it was observed that considerable numbers of children were marked to have malnutrition and ill health in this area. It was also observed that water supply facilities in the village are not satisfactory.

It is cleared that all inhabitants of the village Rowmari belonged to Muslim community. The total population is 4237, out of which 2175 were male and 2062 were female.

#### **4. KOACH GAON :**

Koach gaon is situated about 4 km from the Rupahi Development Block. The village falls under the Fakali Gaon Panchayat. The total population of the village is 1,765 out of which 611 were males and 854 were female. There is two Primary Schools, one MV School, one High School, two AWCs and one Youth Club n the village. The AWCs are running in its own building.

The primary economy of the villagers is Agriculture. However, most of the people supplement their income with other occupation like fishing. The economic condition of the villagers of this village is by and large good.

The health status of the villagers is not very poor. Through simple observation it is visible that some mothers and children suffer from nutritional deficiency diseases. The nearest Health Care Center is nearer situated in Rupahi Hospital. Generally people uses deep wells and tube wells for drinking and bathing.

It has been observed that the inhabitants of the village were not concerned about media. A few of them were aware about radio and T.V. But they were not interested to listen any development programmes broadcast on Radio or T.V.

The inhabitants constituting about 1535 (87 percent) are general and Backward. Among them 825 (53.8 percent) were male and 708 (46.18 percent) were female. The rest of the total populations are belonging to MOBC (Muslim Community) which constitute only 405 (23.01 percent), out of which 198 (48.97 percent) were male and 206 (51.02 percent) were female.

#### **5. NIZ SAIDARIA GAON:**

The village is situated 4 km away from the Rupahi Development Block. The village comes under Saidaria Gaon Panchayat. The total population of this village is 3206, out of which 1630 were male and 1576 were female. There are two Primary Schools, one Sub-Post Office, three AWC's and one Veterinary Hospital in this village. The Anganwadi Center are running in its own building. It was constructed by the grant received from ICDS scheme.

The economic condition of this village by and large is good. Agriculture, Poultry business is the important sources of their livelihood. Some of the adult population are also engaged in service in the profession like teaching, government

services etc. The literacy rate is high in this village in comparison to other villages. There are also some learned men in the village who are trying to improve the condition of the farmer with government's assistance. The village roads are being made wide and electrification work is also going on. Most of them were concerned about media. They had their own T.V. and Radio sets at home.

The health status of the people is almost satisfactory. The nearest Health Care Center is Rupahi Town Hospital, which is located at a distance of 2 km from this village. Some of the children's health is not up to the mark. The inhabitants mostly have to rely on wells and ponds for the purpose of drinking and bathing.

It is also seen that there is mixed population in the village. Maximum numbers of inhabitants are belonged to Muslim Community. This constitutes 265 (81.25 percent), out of which 1372 (52.66 percent) were male and 1229 (47.17 percent) were female. The General and backward category population constitutes 455 (14.23 percent), out of which 231 (50.82 percent) were male and 223 (49.12 percent) were female. The rest of the total population constitutes Schedule Tribes i.e. 144 (4.50 percent). Among them 86 (60 percent) were male and 57 (40 percent) were female.

#### **6. PUTHIKHAITY VILLAGE:**

The village is about 6 km away from the Rupahi Development Block in the South direction, which is situated under Fakali Gaon Panchayat. The total population of this village is 3844, out of which 1926 were male and 1918 were female. There are three Primary Schools, one High School, One Jatiya Bidyalaya and four AWCs in the village. The AWC are running in its own building.

The economic condition of the villagers is not satisfactory. The villagers are mostly dependent on agriculture but most of them have their supplementary income too. The chief supplementary occupation is fishing.

The health Status of the people in this village is not satisfactory. There are no medical facilities available in the village. The nearest Health Care Center is in Rupahi Town Hospitals which is located at a distance of 5 km from the village. By simple observation, it can be stated that most of the children's and mothers health is not up to standard. Most of them suffered from malnutrition and ill health. There are some tube wells and ponds, which the inhabitants have to rely for the purpose of drinking and bathing.

It had been observed that, the majority of the people of the Puthikhaity village, were concerned about media but few of them were interested to see any agricultural or welfare programmes except entertainment. The total population of the village belonged to More Other Backward Classes (Muslim Community) which constitute 1926 were male and 1918 are female.

#### **7. TELIA CHAPORI TOOP VILLAGE :**

Telia Chapori Toop village is situated about 9 km. away from the Rupahi Development block. The village falls under the Saidaria Gaon Panchayat. This is an MOBC dominated village. The total population of this village is 2523, out of which 1267 were male and 1258 were female. Three Primary Schools, one M.V. School, three AWCs and one Sub-Post Office.

The financial resources of the villagers are mostly Agriculture. A few numbers of people are engaged in service in the profession like teaching. Some of them are supplement their income through working as daily. All the villagers are from Muslim community.

The health status of the people is by and large good. The nearest Health Care Center is in Rupahi Hospital. It had been seen that most of the children are suffer from nutritional deficiencies diseases. Women are also looking anemic.

It had been observed that they were not aware about mass media. A very few of had their own T.V. sets for entertainment. Few of them were interested to listen nutrition, health and welfare programme.

**8. GEHUA CHALCHALI VILLAGE :**

The village is about 8 km away from the Rupahi Development Block. The village falls under the Hatipukhuri Gaon Panchayat. This is an MOBC dominated village. The village had a population of 5,562, out of which 2,803 were male and remaining 2,756 were female. There were two Primary Schools, six AWCs and one Youth Club in the village. The Anganwadi Center were also running in its own building.

The economic condition of the village is by and large good agriculture, business is the important sources of livelihood. Some of them are also engaged in government or semi-government services. A significant number of unemployed youth are observed. Some youth move-out outside the village for searching the job.

The health status of the people is not satisfactory. It was observed that some mothers and children are suffered from malnutrition and ill health. The people depend on deep wells and ponds for drinking and bathing.

It has been observed that the majority of the village were not concerned about mass media. Though, some of them were own Radio and T.V. sets, but very few of them were aware to listen about health and nutrition programme on Radio or T.V.

The ethnic composition of the village Gehua Chalchali all the inhabitants are belonged to MOBC, General & Backward Classes which constitute the total population of 5562, out of which 3020 were male and 2542 were female.

**9. LAU GAON :**

The village is about 8 km away from Rupahi Development Block. This is purely a tribal village comes under Gatanga Gaon Panchyat. The total population of this village is 4,205, out of which 2073 were male and 2132 were female. There are three Primary Schools, one MV School, five AWCs and one Community Hall in the village.

The economic condition of this village is not good. The tribal people inhabiting in this region are subject to ignorance, malnutrition and poverty. Agriculture is the main sources of their livelihood. Most of the people are also depend on piggery farming. The rate of literacy is very low.

The health status and consciousness of the people is also poor, Nutritional deficiencies, ill health, growth retardation, slow learning, small body size etc. are some of the common feature of this village. The people use the ponds and near by river for the purpose of drinking and bathing.

It had been observed that they had no idea about media. But very few of them their own T.V. Sets. They were using only for entertainment but not for getting any information regarding welfare programmes.

The inhabitants in Lau gaon village belonged to Schedule Tribes Constituting 2073 (49.29 percent) were male and 2132 (50.70 percent) were female.

**10. BALORGURI VILLAGE :**

Balorguri Village is situated about 4 km away from the Rupahi Development Block. This is a purely tribal village falls under the Gatanga Gaon Panchayat. This is one of the most remote places in the whole Rupahi Development Block. The total population of this village is 2675, out of which 1379 were male and 1346 were female. The numbers of literate person in this village are very few. There is one

Primary School, which fulfills the need of education of the villagers. And there is also one Tribal Community Hall and three AWCs in the village.

The economic conditions of the villagers are poor. Agriculture, piggery farming are important sources of livelihood. The tribes have long been leading secluded traditional life style because of poverty, ignorance, economic backwardness and geographical isolation. The people have no access to modern and civilized ways and means of living. The economic conditions of tribal people are deplorable. Despite their hard work and labour throughout the day, few of them hardly manager twice a meal. In such a situation, they cannot think of educating their children due to long distance, poverty, teacher absence are a few causes of low literacy rate among tribal people. Drug addiction (opium) is one of the major problems of this village. Most of the tribal males and females take liquor frequently. There are number of ponds which the villager used for bathing and drinking water.

The health status of the people is also not good. The children are not properly developed in physically, socially and intellectually. The birth and death rate is also high in this village. A few of them had their own Radio and T.V. Sets at home.

All the inhabitants of village belonged to Scheduled Tribes constituting the total population 2675, out of which 1379 (51.55 percent) were male and 1346 (50.31 percent) were female.

#### **11. KUMAR GAON :**

This village is about 5 km away from the Rupahi Development Block. The village comes under Gereki Gaon Panchayat. The village had population of 3628, out of which 1837 were male and 1791 were female respectively. There were three Primary Schools, one Middle School, one High School and four AWCs in the village.

But school dropout rate is seen high especially among the girls. Education facilities are also not satisfactory. About 50 percent population of this village is literate.

The economic condition of this village is by and large good. Agriculture, Pottery making Animal husbandry is main sources of their livelihood. Some of them were engaged in service like teaching.

The Health Status of the villagers to some extent not so good. Some children and mothers health are not up to the standard. They used the deep wells and ponds for drinking and bathing. It is observed that there are no medical facilities available in the village. Most of them were aware about agricultural or welfare programmes broadcast on T.V. or Radio. A few of them were only own T.V. sets but they were using also for entertainment.

The inhabitants are belonged to SC and Backward classes which constitute about 98 percent of the total population. Among them 1710 (48.13 percent) were male and 1853 (52.14 percent) were female. Only 2 percent of the total population belonged to scheduled tribes.

## **12. GEREKI VILLAGE:**

This village is about 4 km away from the Rupahi Development Block. This is purely a tribal village comes under Gereki Gaon Panchayat. The total population of this village is 3464 out of which 5808 were male and 1656 were female. There is one Primary School, one Middle School, five AWCs and one Missing Community Hall in the village. The school dropout rate is high. Education facilities are not satisfactory. The school dropout rate is high because the children need to support their parents in their livelihood. The Anganwadi Centers are running in its own building. It was constructed by the grant received from ICDS scheme.

The economic conditions of the villagers are not well. The people of this village are marginal farmers and agricultural labours. Some people of the village depend on piggery farming and handloom activities. They are subject to ignorance, malnutrition and poverty. People are strictly followed the traditional rituals and caste norms. The rate of literacy is very poor in the village.

The health status and consciousness of the people are also not good. There are no medical facilities available in this village. By simple observation it can be stated that most of the children and mothers suffer from malnutrition and ill health due to nutritional deficiencies diseases. Tribal males and female take liquor quite frequently. There are ponds and nearby river which are used by the villagers for drinking and bathing.

All inhabitants of Gereki village is tribal constituting the total population 3464, out of which 5808 were male and 1656 were female. There is nothing any households, which are, belong to General and Backward classes.

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