

CHAPTER – VI

SUMMARY, FINDINGS AND CONCLUSION

India is the largest democracy in the world. In a democracy, the main role of mass media is to act as bridge between the people and government. Mass media plays an important role in the total development of child personality. Our constitution also provides safeguard for the children. Mass media the most powerful tool to inculcate the desirable traits for the child's balanced overall development. With the development of science and media technology and the growing need and importance of the people to participate in various development efforts, the ICDS programme assumes a greater significance. The Anganwadi Centre (AWC), literally a courtyard play centre is a childcare center located within the village. It symbolizes India's commitment to its children. It is widely acknowledged that the young children are most vulnerable to malnutrition, morbidity and resultant disability and mortality. The role played by media in the field of children issues which will give an opportunity to increase cognitive and social skills, improve enrolment, retention and learning in critical early primary grades.

With regards to medias impact on our society is immeasurable and its potential to spread awareness among the masses is unquestionable. Since, ICDS embodies a unique integrated co-effective approach for holistic development of children under six years, through the strengthened capacity of caregiver and communities and improved access to basic services, at the community level through the utilization of mass media. The programme is an integrated approach for converging basic services for improved Child Care, Early Stimulation and Learning, Health and Nutrition, Water and

Environmental Sanitation – targeting young Children, Expectant and Nursing mothers.

In view of the above background, the present study was undertaken to highlight the factors responsible for the success or the failure of the programme especially in about forty four Anganwadi Centers under Rupahi Development Block. The study also took note of the physical infrastructure such as buildings, availability of media, teaching aids etc. The area under study has proverbially economically backward children. Most of the children are unable to develop proper psychological, physical and social growth due to poverty ignorance of their parents. As such, the study aimed at focusing on the media's impact in existing programme at Anganwadi which will give response from the beneficiaries.

The summary of the findings is primarily based on the analysis of the data and conclusions arrived at which is followed by certain suggestions for further improvement of the programme in the days to come. Since the study was mainly on the role of mass media in the ICDS programme for the improvement of Health Status of the family, reducing the incidence of mortality and morbidity as well as developing in physical, social and intellectual level of children, the focus, was mainly on the interest generated among the women beneficiaries and the level of motivation on their part. As indicated earlier, the attitude on the part of beneficiaries as well as the reception of the programme by the community as a whole would go a long way in determining the fate of ICDS programme and its efficacy.

The present effort was an attempt to assess the role of mass media in ICDS programme so as to collect relevant information that would help in measuring the efficiency of the delivery of the services and the extent to which the objective of the scheme were being achieved. The role played by media in the field of functionaries at

different level was also assessed. The long-term benefits in terms of the flow of services to the target group and achievement of media's impact could only be ascertained partially as the experimental phase was a short duration.

The present study was conducted with the following objectives :

1. To elicit information of Anganwadis and the socio-economic background of beneficiaries.
2. To find out the people's awareness and participation towards the programme.
3. To assess the role of mass media in existing ICDS programme.
4. To know the attitudes of beneficiaries towards the programme.
5. To highlight the suggestions for improving implementation of the ICDS programme.

Considering the objectives of the study a survey, analytical method was adopted for the research. For this purpose, the universe of the present study comprised of forty four (44) Anganwadi Centers from the ICDS Block assigned to it. From each of these selected Anganwadi Centers, respondents were identified representative of two categories i.e.

Category I : Beneficiaries includes Pregnant women, Nursing mothers, Mothers with Pre-school children. From the list of the Beneficiaries registered at the Anganwadi Centers, two beneficiaries from each category were taken as sample i.e. six (6) beneficiaries from each Center were selected as respondents under study. So the total no. of Beneficiaries was two hundred sixty four (264), which are the respondents for the present study.

Category II : The existing functionaries of the ICDS programme include – CDPO, Supervisors, Anganwadi Workers and Anganwadi Helpers. In this category,

the existing Anganwadi Worker and Anganwadi Helper from forty four (44) Anganwadi centers, eight (8) Supervisors out of forty four (44) Centers i.e. one Supervisors from six (6) Anganwadi Centers and one CDPO who looked after the whole ICDS programme of Rupahi Development Block were selected for the purpose of the study. Al together 97 selected respondents were interviewed in this category.

Combining the category I and category II, altogether three hundred sixty one (361) respondents were selected for the purpose of the present study.

The three sets of interview schedules and one set of observation sheet have been prepared for data collection. Since, the study aims at ascertaining the role of mass media in ICDS of Assam specially Rupahi Development Block in Nagaon District which is one of the outreach extension programme for child development. So, the mass media like radio, T.V and also other forms of print media such as – leaflets, booklets, pamphlets, flash cards, newsletters etc. have been taken into consideration for the study.

The study is based on both primary and secondary data. The main sources of data were :

- i) Records and reports available at Anganwadi Centers.
- ii) Census data of respective Project area.
- iii) Household level survey conducted from door to door.
- iv) Administrative information and Background characteristics of Project Beneficiaries.
- v) Actual observation of the Programme implementation.

The above mentioned information was collected through carefully devised Schedules duly field-tested. The data gathered through interviewing were analyzed in terms of frequency and percentage.

MAJOR FINDINGS :

5.1 BACKGROUND OF THE BENEFICIARIES.

The major findings of the study were:

Out of total 176 beneficiaries i.e. Pregnant and Nursing mothers only 5.11 percent belonged to the age group below 25 years and 26.70 percent belonged to 25-30 years, out of them 64.77 percent belonged to the age group 30-40 years and only 3.40 percent Pregnant and Nursing mothers had the age group above 40 years. Further, out of the total 88 sample preschool children beneficiaries, majority of them i.e. 43(48.86 percent) belonged to 3-5 years, while 20 (22.72 percent) of Children were below 3 years and 25 (28.40 percent) of children were 5-6 years.

Analysis of educational level of women beneficiaries it was found that women beneficiaries of all categories were mostly literate except sixteen beneficiaries. They were educated up to H.S.S.L.C.

While analyzing the majority of households i.e. 54.92 percent had medium size family constituted 5-8 members, 14.39 percent of beneficiaries household had small size family composition constituted 4 or less than 4 members. It was also found that 30.68 percent beneficiaries household constituted 8 members or above the family size.

The income distribution of beneficiaries household, it was found that 19.7 percent beneficiaries households had monthly income below Rs. 6000/- and the majority of them 54.92 percent of households belonged to monthly income range between Rs. 6001/- Rs. 8000/-, 13.64 percent of beneficiaries household had monthly income range from Rs. 8001/- Rs. 10000/- and 31 (11.74 percent) of beneficiaries belonged to the monthly income range Rs. 10001 and above.

While enquiring about media ownership, it was found that the majority of the beneficiaries i.e. 64.77 percent had their own T.V. at home, 19.38 percent beneficiaries had their Radio at home and very few of them i.e. 4.54 percent used to read newspaper, bulletin, booklets etc. and none of them had internet facility.

With regard to the sources of information about the Anganwadi programme, 42.61 percent were got information from fellow person, 26.14 percent were from electronic media, 7.96 percent were from print media and remaining 11.35 percent were from traditional media respectively.

The view points of the beneficiaries on the basis of the role played by the media regarding children issues it was found that majority of the beneficiaries i.e. 30 percent media has played a significant role to encourage non-formal education while 68 percent disagree with it. Whereas, 25 percent beneficiaries agreed media provide information about preventable diseases. Remaining 70 and 86 percent of them disagreed about the supplementation nutrition and nutrition education respectively.

PHYSICAL SET-UP OF ANGANWADIS:

Regarding the amenities available at the Anganwadi Centers it was found that the majority of Anganwadi centers constitutes 50 percent numbering 22 were using water from hand pump, 14 (31.81 percent) Anganwadi Centers were using water from the well and 8 (18.18 percent) Anganwadi Centers were used water from pond, which are contaminated and polluted. It was also found that the majority of the Anganwadi Centers i.e. 24 (54.54 percent) had not adequate toilet facilities.

While assessing the availability and proper utilization of media it was found that majority of the Anganwadi centres i.e. 77.27 percent and 72.72 percent were inadequate equipped with in-home media (chart, poster, print advertisement on immunization session, family planning, health nutrition, Audio-Visuals for T.V. and

Radio, leaflets, booklets etc. and ex-home media film show, T.V, flok media on various issues through street plays, mobile theatre etc. respectively. Only a very few percentage constitutes 27.27 percent and 22.72 percent were adequately equipped with ex-home and in-home media respectively. And a very few i.e. 03 (1.13 percent) had adequately equipped with electronic media.

5.2. AWARENESS AND PARTICIPATION OF THE BENEFICIARIES IN ICDS :

The views of beneficiaries enrolled in Anganwadi Centers were taken to assess their awareness about the ICDS Programme. An analysis of the responses of women regarding their awareness about the need of ICDS, various activities of ICDS revealed that the majority of beneficiaries constituting 64.77 percent were made aware about the need of ICDS programme while only 35.23 percent beneficiaries were aware about different activities of the ICDS Programme.

Regarding the perception of Pre-school Education and Health Services it was found that the majority of Beneficiaries i.e. 42.80 percent had developed good perception in the implementation of Pre-school Programme. Only a few i.e. 7.19 percent beneficiaries rated the implementation of Pre-school programme in their Anganwadi centers as unsatisfactory.

The views of beneficiaries regarding the health services under ICDS and its influence on the health status of children found that the majority of them i.e. 80.25 percent reported their children were keeping good health. It was also found that the majority of the beneficiaries constitutes 98.48 percent were aware about the need of immunization. 97.53 percent children got duly immunized, out of the total beneficiaries of beneficiaries i.e. 62.12 percent good health provided by

Immunization. 35.98 percent and 30.68 percent beneficiaries reported that the Anganwadi workers and media also act as a source of information on health to them.

Regarding beneficiaries views on media in Anganwadi programme, it was found that out of the total 176 sample beneficiaries majority of the beneficiaries i.e. 30.01 percent and 25.0 percent had aware of pre-school education and immunization through print, traditional and audio-visual media. A very few of them i.e.4.54 percent and 7.57 percent had aware about health checkup and supplementary nutrition only through print, traditional and audio-visual media.

To a query raised by the investigator, 31.81 percent Beneficiaries rated the Anganwadi centers of their villages as satisfactory running while 13.25 percent rated the running of the Anganwadi centers in their Community as unsatisfactory.

Participation and involvement of Beneficiaries in ICDS was found to be minimal. A very small percentage of beneficiaries came forward to help the Anganwadi Worker in implementing the Scheme and conducting various activities of Anganwadi Center. However, it was found that out of the total 264 sample beneficiaries only 8.33 percent were rendered helped in conducting Pre-school Education, 4.92 percent rendered help in organizing Pre-school Education, 5.30 percent rendered helped in collecting children to the Anganwadi Centers. Out of them 12.5 percent and 8.71 percent helped the Anganwadi Worker in distribution supplementary food and print media such as – booklets, leaflets etc. among the mothers of the children and also helped in listening child care services Radio/TV etc.

5.3 IMPACT OF MEDIA IN EXISTING PROGRAMMES AT ANGANAWADIS :

An overall assessment made by the investigator revealed that in general, Anganwadi Centers were not functioning so far satisfactorily. Assessment pertaining to the specific components is given below:

ASSESSMENT OF SUPPLEMENTARY NUTRITION :

The Planning and implementation of feeding programme was lack in Anganwadi Centers. Supplementary foods in the raw state were distributed to the Pregnant women, Nursing mothers and Children enrolled in the Anganwadi Centers. It was found that out of the total 264 sample beneficiaries, 52.27 percent Pregnant Women, 34.09 percent Nursing Mothers and 100 percent of children were received Supplementary food registered at the Anganwadi Centers during the study period. The data on coverage of Beneficiaries showed that the distribution of Supplementary food had a better coverage on children than in pregnant women and Nursing mothers.

Regarding the general information about supplement nutrition, it was found that the total beneficiaries 264, majority of the beneficiaries were i.e 34.09 percent were got information from staff of AWC and rest of them were fellow person i.e. 7.57 percent the percentage of print and electronic media was 6.06 percent and 1.51 percent respectively, which was relatively lower as compared to other beneficiaries.

ASSESSMENT OF HEALTH SERVICES :

This component of ICDS comprised Health Check-up, Referral Services, Immunization and Health and Nutrition Education.

The implementation of Health Check-up was not satisfactory in majority of Anganwadi Centers constitutes 59.09 percent. It was found that a few i.e. 13.63 percent Anganwadi Centers had satisfactorily implemented this services. Out of them,

9.39 percent and 4.54 percent Anganwadi centers had satisfactorily maintained the record and also proper utilization of media respectively and 26 (59.09 percent) Anganwadi centers were not satisfactorily implement of this service at all.

There was no data available regarding referral services service. The family itself Check-up their Health by the Doctors in Primary Health Center. The Anganwadi Worker complained that if they referred any case to the Doctors, the were not interest to provide the services at free of cost. So, this service was not implemented in the Anganwadi Centers of Rupahi Development Block. Media has not also come forward to play a significant role to promote referral service.

Regarding Immunization services it was found that the awareness of the need of Immunization of Children was highest among the Beneficiaries. The children constitutes 72.72 percent and 60.22 percent of Pregnant Women got duly immunized during the study period.

Regarding sources of information about immunization programme, it was found that majority of the beneficiaries were i.e. 71.59 percent got information from AWC and followed by fellow person 17.04 percent while the remaining percentage of print and electronic media of beneficiaries were 18.18 percent and 6.81 percent respectively.

While analyzing about the health and nutrition education aspects it was found that majority of the beneficiaries i.e. centre 100 percent reported on immunization, cleanliness and hygiene and diet for pre-school education respectively. Out of them, 48.27 percent of beneficiaries reported that the contents of health and nutrition education was on family planning while 36.78 percent of beneficiaries reported it was on breast leading. A very few i.e. 39.08 percent beneficiaries reported it was on diet for pregnancy and lactating mother.

With regards to health and nutrition education, it was found that only 29.54 percent Pregnant Women, 26.13 percent nursing mothers and 43.18 percent Mothers of Pre-school Children received this Health and Nutrition Education during the study period.

NON-FORMAL PRE-SCHOOL EDUCATION :

Regarding Non-formal pre- school education component it was found that the attendance of children in Non-formal Pre-school Education showed wide variation in the Anganwadi Centers. It seemed that the availability of Supplementary food was the main attraction for the children to attend the Anganwadi center. It was also found the majority of the children constitute 98.43 percent came only at the time of distribution of Supplementary food and only 71.21 percent children were stayed at Anganwadi centers for the full duration.

The investigators observation on availability of aids/ media and play material at the Anganwadi Centers revealed that only 29.65 percent Anganwadi Centers of the total 44 sample had adequate aids and play materials i.e. enough for the number of children enrolled or presents. Other 71.35 percent Anganwadi Centers of the sample were inadequately equipped with aids/ media and play materials. These materials were buildings blocks, counting frames, charts of birds, animals, fruits, alphabets etc. It was observed that formal teaching was emphasized more than play and other activities. The investigator observed and rated the skills and abilities of the Anganwadi Worker while they planned and conducted the Pre-school Activities. It was found that out of the total 44 Anganwadi Workers only 8 (18.18 percent) had good skill in planning Pre-school Activities and 31 (47.72 percent) Anganwadi Workers had good skill in conducting the Pre-School Activities. It was also observed that majority of the Anganwadi centres were not clean properly. Most of the

Anganwadi workers have not maintained records properly. Regarding utilization of media, most of the Anganwadi workers were not aware about the proper utilization of media during the teaching period.

5.4 ATTITUDES OF BENEFICIARIES TOWARDS THE PROGRAMME :

The investigator conducted an open discussion with each one of the Beneficiaries to know about their attitudes towards ICDS programme.

Their views were taken about the benefits obtained from ICDS in terms of improving the Health Status of the Family, reducing the Incidence of Mortality and Morbidity of the Children and also developed their children in Physically, Socially and Intellectual level. It was found that majority of beneficiaries carried a positive attitude towards the programme. 62.87 percent beneficiaries found the programme useful to them. 49.24 percent beneficiaries viewed the benefits obtained from ICDS in terms of improving the health status of the family, 30.30 percent of them viewed the benefits obtained by reducing the incidence of Mortality and Morbidity of their Children and 18.18 percent mentioned the benefits obtained in terms of developing their children in Physical, Social and Intellectual level. 24.62 percent of the beneficiaries viewed the benefits obtained from ICDS in terms of small family norms. 30.30 percent and 31.81 percent of the beneficiaries mentioned the benefit obtained in terms of adequate diet for pregnancy, lactating and preschool children respectively.

5.5 ROLE OF MASS MEDIA IN ICDS TEAM :

The ICDS team comprised of Anganwadi Worker, Anganwadi Helper, Supervisors, and the CDPO. They play a significant role in planning and implementation of ICDS programme. The highlights of the findings with this respect are:

PROFILE OF ANGANWADI WORKER :

The study indicated some expected but interesting associations between some of the profile variables of the Angawadi worker and the functioning of them. Only 59.09 percent Anganwadi workers had HSLC passed, fifteen Anganwadi workers had HSLC and above.

All Anganwadi Workers were trained. Amongst the profile variables of educational level and training were found to be positively related to the workers performance. The majority of Anganwadi Workers constitutes 77.27 percent made the efforts to enroll the beneficiaries in the Anganwadi Centers through home visits. Only 9.09 percent Anganwadi Workers enrolled Beneficiaries through conducting meetings in the community only 36.36% Anganwadi Workers had organized lecture cum demonstration on various issues through the use of Audio-Visual media.

The Anganwadi Workers faced many difficulties, which are related from Identifying beneficiaries to the solving problems of beneficiaries. 36.63 percent them i.e. 84.09 percent faced difficulties in respect of location of the Angawadi Center and 18.18 percent had faced difficulties non availability of media at the centre.

The amount of time spent on various activities interestingly had no relationship with the quality of services. Majority of the Anganwadi Workers i.e. 95.45 percent devoted 12-15 hours in a week in conducting Pre-school activities. However a positive relationship was established between workers abilities and the goods delivered by her.

ADMINISTRATIVE SUPPORT :

There was only one CDPO in Rupahi Development Block who looked after the whole ICDS programme. The CDPO visited the Anganwadi centers once in three months. The problems faced by her in visiting the Anganwadi centers were too much

administrative work, Anganwadi Centers were too far, transport problems and holding additional charges lack of media used in teaching and demonstration for proper function of Anganwadi centers, inadequate training of Anganwadi workers etc.

The majority of Supervisors i.e. 75 percent visited the Anganwadi Center once in a month. It was also seen that majority of Supervisors constitutes 87.50 percent were extended support to the Anganwadi Worker in respect of growth monitoring and Health and Nutrition Education. The Supervisors faced difficulties were lack of interest / involvement of the community, Administrative Problems, lack of co-operation from Anganwadi Workers, Transportation Problems lack of proper utilization of media for implemation of the programme. The findings indicated that the performance of the Anganwadi Worker improved significantly with the support and guidance received from the Supervisors and CDPO, particularly with regard to inputs such as organization of meetings, organizing demonstration through audio-visual media corrective measures to solve day to day problems etc.

The helper proved to be an aide to the Anganwadi worker. Her duties include gathering beneficiaries, distributing supplementary food, laying out activities for Non-formal Pre-school Education and keeping the Anganwadi centers and Surroundings clean.

RECOMMENDATION :

The findings of the study have drawn attention to some aspects, which need to be considered for ICDS. The following recommendations are given below :

1. The Anganwadi should be provided with adequate facilities like traditional media and also other forms of media i.e leaflets, booklets etc.
2. In order to give stability to the proper functioning of the Health component of Anganwadi Centers, it is recommended that the programme should imparted

through print advertisement, community visit, ASHA Radio programme and audio-visuals for TV etc.

3. Community participation and media organizations may also be involved in the activities of the Anganwadi so that it will be helpful for the Anganwadi workers to carry out their activities.
4. As indicated from the Achievement of Package of Services by the Beneficiaries Health and Referral Services need to be strengthened more. Necessary media technology may be initiated in this regard.
5. ICDS officers along with media agencies need to visit the centres frequently for better guidance and supervisions of the activities of Anganwadi.
6. It was also found that the Anganwadi workers by and large possessed inadequate skills for conducting various activities. Refresher courses to be arranged periodically through appropriate use of audio-visual media for Anganwadi workers in which innovative method of teaching and new approaches of dealing with children.
7. Media exposure should be encouraged the Anganwadi workers to form Parent Teacher Association for the betterment of the Anganwadi and the children.
8. To strengthen the ICDS programme successfully there must be explored to link ICDS with specific media organization which will support the teaching and demonstration of the ICDS programme.
9. Appropriate media technology should be provided so that they are able to provide back up support and the job training to Anganwadi workers.
10. The government should be responsible to stress more for planning up strategies and activities through the different media agencies for implementation of the programme.

11. It is recommended that Anganwadi helpers should be introduced with electronic media like Radio and TV during the orientation of training period. This would equip her with minimum skills required to run the Anganwadi center in the absence of the Anganwadi workers. It would also add to her sense of identity and purposefulness about her role in the scheme.
12. The different forms of traditional media such as chart, leaflets, booklets, pamphlets etc. should be provided to all the beneficiaries for the better usefulness of the programme.
13. Media should be taken more responsibility to bring innovative issues on ICDS programme.

CONCLUSION :

The findings of the study suggest that the overall assessment of the study the role played by mass media were not functioning satisfactorily in the implementation of ICDS programme.

Mass media plays a very important role in generating awareness among the general public and in creating pressure on pertinent issues for the development of nation. Media can also be a very effective for the overall development of the children. Therefore, care must be exercised to promote their holistic development.

The findings have also helped in identification of a few crucial and relevant indicators to be included in the monitoring system of services of ICDS. The findings recorded above also suggest that ICDS has scope for improvement in many areas. The scheme requires community participation and mobilization of the people which is essential for adoption of new ideal and practices leading to better health and survival of children. For these education and motivation through purposeful communication are essential. Thus mass communication plays an important role in the

total development of the Child's personality, which is the most powerful tool for the overall development of children.

It was on the basis of the data collected from the field, the researcher made a humble attempt to draw certain conclusion that the media's role in ICDS programme is indeed a programme of the need of the hour and there are plenty of scopes for improving its approach to deal with such maladies. It has also been highlighted that the programme is required to be re-oriented for improving the health status and aspirations of the Beneficiaries who often find that no programme is relevant to their lives and work unless there is something to do for holistic development of their children as well as increase opportunities for promoting health, nutritional well being, care and self development of women particularly pregnant or nursing mothers.

The mass media has play a vital role for the implementation of ICDS programme where ICDS has now reached a stage where it is essential to harmonies the expansion of the programme and its content enrichment. Media's impact is another factor to achieve the exiting programme at Anganwadis have broadened with interventions related to the empowerment of women and communities and convergence of sectoral services. This emerging profile of ICDS rededicates itself for promoting Early Child hood Development – the foundation of Human Resource Development – the vision.

In view of several limitation of the study and the importance of the problems one can feel the need of extensive research to be carried out in this areas. In that light a few propositions may be made here for the future researchers such as :

- Identification of anticipated problems involved in the future programme implementation.

- Comprehensive review and updating of training contents, curriculum, methodologies and strategies at different levels (with standardized core modules) for improving the knowledge and capabilities of the ICDS functionaries.
- An intensive study of motivational dynamics and characteristics of effective developing climate to reach every child from disadvantage groups and to enable every child to realize full development potential, with learning opportunities in early childhood- especially the girl child etc.
- Media exposure should be linked with ICDS programme for better development of the child personality.