CHAPTER V

FINDINGS & DISCUSSIONS OF RESULTS

The analysis of data was done by applying suitable statistical techniques and the results thus obtained have been stated into different sub-headings:-

A. 1) General Information;
   11) Supplementary Nutrition;

B. Immunization and health check-up. (Pregnant Ladies & Nursing Mothers).

C. Immunization of Children 0-6 years age group;

D. Linkage between Anganwadies and Formal Schooling;

E. Category wise Supplementary Nutrition, Immunization and Health check-up and Linkage between Anganwadies and Formal Schooling of various under privileged groups.

A: (i) General Information:

From the table 1.0 it is evident that overall 100% coverage has been done in all categories of sample selected. In all 30 I.C.D.S. blocks of six districts of Kashmir valley have been selected, out of which 90 Anganwadi Centres have been covered which shows that at least 3 Anganwadi Centres from each block have been
studied. From the lists of pregnant ladies and Nursing Mothers available in these selected Anganwadi centres, pregnant ladies and 2 Nursing Mothers have been selected for detailed study from each Anganwadi Centre. In all 180 P.Lat 180 N.M have been covered under the survey. The no. of medical officers\health Institution which came within these selected Anganwadi Centres were 50 which include 6 District hospitals and rest were sub district hospitals and primary health centres. In addition one primary educational Institution was selected for assessing the increase in enrollment due to Anganwadi Centres within the jurisdiction of the selected Anganwadi Centres.

From table No.1.1 it is obvious that the total population of children below 6 years was found to the extent of 6000 including 3242 male and 2758 female children out of which 360 children were selected which include 202 male and 158 female children.

But actually the mothers of these 360 children taken as sample were interviewed.

**CHARACTERISTICS OF PREGNANT LADIES AGE & EDUCATION:**

In this re-organized system of I.C.D.S pregnant ladies attain most vital importance. Therefore, Schedule was devised in such a way to attain the most possible
information regarding this section of population. As the survey is concerned with the most disadvantageous groups of population, it was necessary to collect the information regarding the age at which the pregnant ladies register themselves in their Anganwadi Centres. (Besides, the educational status of these pregnant ladies was thoroughly studied and the data thus collected was processed, analysed and tabulated in table No.2 as under.

**TABLE. 2.**

From the table it is clear that average age at which these pregnant ladies register themselves in these Anganwadi Centres is 27 in all the six district which clearly depicts that pregnant ladies in younger age do not register themselves, that is why 74% of the total pregnant ladies fall in the age group of 25-45 years and only 26% fall below 25 years class as compared to Srinagar district which shows only 11% under this class and makes clear that Kupwara is most backward as compared to Srinagar district.

Sofar educational status of these pregnant ladies is concerned; the tabulated data show a low percentage of education as only 3% have been found to have passed their matric examination. Similarly only 4% have education upto middle and 6% upto primary standard.
While going through district-wise figures Kupwara and Baramulla show a low percentage of education and no pregnant lady was found more than primary standard. Education is the basic indicator of progress so when education is low, there is no doubt that the information regarding other incentives and privileges will also be low.

A-1: Living Conditions of the Respondents:

Besides the above information study was also conducted on the living conditions of these respondents. The data collected have been presented in table No. 2.1 as under:

Table No. 2.1

This indicates that out of 360 respondents 261 constituting 73 per cent were found to have houses. Because most of the areas fall within the forest areas of the valley who have timber in abundance. Road conditions have been calculated as 71 per cent enjoy pacca roads and 29 per cent enjoy kacha roads. So far as the family conditions are concerned 60 per cent live in joint families and 40 per cent live in separate families. These groups like in mixed population, therefore, they inherit the habits from other section of the population. Regarding the utensils the table reveal that 14 per cent
have dirty utensils whereas 86 per cent have clean utensils. Means of transport are rare which hinders them from progress.

A-2: Population of Children, Pregnant Ladies and Nursing Mothers in Anganwadi Centres (A. W. Response)

An attempt was made to collect the total population of Children, Pregnant Ladies and Nursing Mothers and have been reflected in the table as under:

Table No. 2.2

While going through the table, it is clear that out of 6000 Children, 1290 constituting 21 per cent came under 0 – 1 years, 2072 constituting 35 per cent are 1 – 3 years and 2638 constituting 44 per cent are 3 – 6 years of age in all the six districts. The total Pregnant Ladies and Nursing Mothers were 1240 comprising of 605 Pregnant Ladies and 635 Nursing Mothers constituting 49 and 51 per cent respectively.

A-3 (ii): Supplementary Nutrition (S.N):

Children attending Aganwadi Centres (A. W. C.) for S. N. Programme (Mothers Response)

The data collected have been reflected in the table No. 2.3 regarding the number of children attending
A. W. Centre for S. N. P. and the time since when attending as under:

**Table 2.3**

It is clear from the data in the table that out of 360 children only 20 (6%) were found attending up to 1 year for S.N.P. 42 (12%) were attending up to 2 years, 30 (8%) attending up to 3 years, 19 (5%) attending up to 4 years, 14 (4%) up to 5 years and only 6 (2%) were found attending since last five years. Similarly efforts were made to study the percentages of Pregnant Ladies and Nursing Mothers attending Anganwadi Centres for S.N.P. including the number of children and the data thus collected have been tabulated in table No. 2.4 as under:-

**Table 2.4**

The data in table No. 2.4 show that only 41% of pregnant ladies and 39 of Nursing Mothers are attending Anganwadi Centres for S.N.P. in all the six districts of the province. The percentage regarding children up to 6 years of age is also very low as reflected in the table as 36%. This needs to be looked into by the Project management and also the agencies in implementing the I.C.D.S. scheme especially in backward and socially disadvantageous groups to provide supplementary
TABLE 2.4 and 2.5

P. Ladies & Nursing Mothers Attending AWC's
For SNP

District

Age Group

Number

0.1

1-2

2.3

3.4

4.5

5.8

Srinagar 38
Budgam 80
Anantnag 72
Putwana 80
Baramulla 72
Kupwara 80

P. Ladies
Mothers
Children
Nutrition to the beneficiaries of all the three categories of Pregnant Ladies, N. Mothers and children upto 6 years of age which is the most essential objective of the I.C.D.S. scheme, through which, only the status of health can be achieved to fixed targets, otherwise the rate of malnutrition in all the three categories will definitely increase.

A-4 Opinion of the mothers regarding S. N. P. for themselves as well as for their children:

The new system of ICDS has been introduced only with a view to provide the supplementary Nutrition to those who are not in a position to have better nutrition on their own expenses therefore to reduce the malnutrition rate. Hence to know the reaction of the beneficiaries study was made and presented in table No. 6.3 for both mothers as well as their children.

Table 2.5

This table reveals that only 31% of mothers have been found to report that the S.N.P. is very helpful for them and 9% report that it is partially helpful for them. Similarly mothers of 27% children report that S.N.P is very helpful for their children and 9% report that is partially helpful. Whereas 60% PL and NM are not still aware of the S.N.P and 61% of children are not still benefited under this very programme so they do not
exhibit any opinion. This back-log can be tackled by making popular S.N.P throughout the lengths and breadths of the A.W. area so that every beneficiary can be fully benefited under the same and we can have the better results from the field.


Table 2.6 gives the details of number of Children, Pregnant Ladies and Nursing Mothers receiving supplementary nutrition in these centres.

Table No. 2.6

Out of 6000 children only 2200 constituting 37 per cent were found receiving S. N., out of 605 pregnant ladies 257 constituting 42 per cent and out 635 nursing mothers 242 constituting 38 per cent were found receiving supplementary nutrition in all the six districts of provence.

A-6 Problems faced by A.W. WS in serving SNP

A comprehensive study was made to collect the data regarding the problems faced by the A.W.WS in serving Supp. Nutrition to the registered beneficiaries and the collected data has been presented in table 2.7 as under:-
The data in the above table show that 72% of the Anganwadi Workers have reported that there was non-availability of SNP items due to which much coverage has not been achieved in this regard. 79% report that there is also the problems of storing the items properly as no bins have been provided to these centres and most of the items get damaged due to the non-availability of storage items. 66% report that the utensils needed for this programme are not available which effect the programme to a great extent. 100% report that there is also the non-availability of Kerosene oil and other fuel charges which are very necessary for this programme. Also 100% have reported that there is always the irregular supply of SN items and no fixed date and time has been kept for the supply. The irregularity of supply has been seen to such an extent that in so many centres it has been seen received after one year from the date the previous supply was delivered. So once again the project management has to think on this and make the supply regular and as per schedule especially in those centres which are dominated by these socially disadvantaged groups and backward classes, so that they are not debarred from this incentive.

A-7 Factors motivating mothers to send their children to these centres: (Anganwadi Workers response)

A study was conducted on this head and the analysed data has been tabulated district-wise as
From the table No. 2.8, it is evident that SNP is the most important factor that motivates the mothers to send their children to these Anganwadi Centres as 70% have reported it. Whereas, the figures regarding immunization, pre-schooling and health check-up to be a factor for motivation is very low. The main cause is that the I.C.D.S programme has not been properly implemented and people are not aware of the other incentives and facilities of the programme they have been restricted to only SNP and this has become the mark of identification of these centres. That is why they have been designed by the common people as daily-centres. No beneficiary is ready to accept other advice through these centres such as no one has been found ready to send their children for pre-schooling. This indicate, the paractors of the programme have not been fulfilled and once again the attention of project management is wanted to look into it.

A-8 Supply of SN items by project Management

It was very essential to study the time intervals of the SNP items to these Anganwadi Centres by the concerned project Management and the collected data has
The data show that 50% of Anganwadi Workers report that there is no fixed time for supply of SNP by project management, while only 33% report that supply is being dropped on yearly basis and the rest 17% report districts. But table is quite silent regarding the supply of SNP on fortnightly and monthly bases. This is definitely the cause of low percentages of coverage under this item. It is worth to note here that due to present bad conditions the budgetary provision under SNP has received a set back and the problems of cash crunch and restricted field movements have effected this programme a lot.

A-9 Opinion of Anganwadi Workers about SNP

The collected data has been presented in table No. 2.10 as under:

<table>
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<th>Table 2.10</th>
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100% of Anganwadi Workers report that SNP is very helpful and it is the only factor which motivates the beneficiaries to register themselves in these centres. The data once again revealed that the Anganwadi Centres have restricted to only SNP and have neglected other
B.O: Immunizational Status of Pregnant Ladies & sources of information:

Since immunization is the basic ingredient in I.C.D services, so the survey to this extent has been conducted and the data thus collected has been reflected in table No. 3.1 as under:

**TABLE NO. 3.1**

While going through the figures in the table No. 3.1, it is clear that only 26% of pregnant ladies have fully immunized themselves and only 37% have gone for partial immunization and the rest percentage have not totally immunized themselves which clearly indicates that the immunization is not being done properly and upto the targets fixed. The district wise figures in the table show that in Budgam District only 20% and in Kupwara only 23% have gone for full immunization as compared to other four districts where the figures are slightly higher. This clearly indicates that the health services are not still available to those disadvantageous groups of the population. Besides the data regarding the sources of information was also collected and tabulated in the above table which indicates that only 8% of the immunized pregnant ladies
got information regarding T.T during pregnancy through their concerned Anganwadi Centres which is a very low percentage. 4% got information from their relatives, 8% got from local hospitals and only 2% from their neighbors. It is worth to see that 15% have got information through Radio and TV which shows that mass media has completely dominated their role on other sources of information especially in these years of disturbance.

B-1 Pregnant Ladies taking Iron Folic Acid Tablets & their source of supply:

In the new re-organized system of I.C.D.S it is the most fundamental duty of an A.W. Worker of the area, and the health institution to provide to these ladies the iron folic acid tablets. hence the study to this aspect was made and the sources of supply of these tablets was also assessed the data thus collected was tabulated in table No. 3.2 as under:

| TABLE No. 3.2 |

From the table 3.2, it is evident that only 22% of the Pregnant Ladies have taken these tablets while the rest of the percentage have been totally ignored. In Baramulla and Kupwara districts only 14% and 13% of Pregnant Ladies respectively have availed this facility as compared to other four districts only 14% and 13% of
Pregnant Ladies respectively has availed this facility as compared to other four districts of the province where the percentage are slightly higher. This shows that most of the population of these disadvantageous groups live in these two districts have been debarred from this facility. Here the role of an A.W. Worker and the executors of I.C.D. Services becomes tremendous and this report is an eye-opener for them. Regarding the sources of supply of these tablets the table show that only 18% have received these tablets through Govt. health centres and rest 4% have to depend on private doctors for their supply. The table is silent regarding Anganwadi Centres as a sources of supply of these tablets. So there is a need that supplies of such tablets should be made available on these centres to benefit the most population of these rural and far-flung area.

B-2 Problem faced by Pregnant Ladies in getting themselves immunized:

In order to assess the problems faced by pregnant ladies in getting themselves immunized, the date has been collected from the field and tabulated in table No. 3.3 as under:-

<table>
<thead>
<tr>
<th>TABLE No. 3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is clear from the result reflected in the table No. 3.3, that out of 180 Pregnant Ladies 31</td>
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constituting 17% report that the health centres are too far away from their villages which hinder them from getting themselves immunized. 3% report that there is no satisfactory facilities while only 3% show that they have no faith on immunization. 26 Pregnant Ladies constituting 14% indicate that the vaccinators are not available in these institutions as most of the health staff has migrated due to present bad conditions prevalent in the province.

But still 113 Pregnant Ladies constituting 63% are not still aware of the benefits of immunization which alarms the I.C.D.S management to take corrective steps in this regard including the concerned health department. The position is most worst in case of Budgam and Kupwara Districts where 67% are still ignorant regarding the benefits of immunization. hence the data is again an eye opener that the health institutions are not still available to these disadvantageous groups to the extent as targeted.

B-3 Health check-up facilities available to Pregnant Ladies:

Health check up facilities to pregnant ladies during pregnancy is also one of the most important duty of I.C.D.S. scheme. Hence this aspect was taken into consideration and survey was conducted and the data thus
TABLE 3.5
collected has been reflected in table No. 3.4 as under:-

**TABLE No. 3.4**

From the table 3.4, it is evident that 63% of the pregnant ladies have not been totally checked up by any agency. Only 8% have been checked up by private doctors, 24% in Govt. health centres, 13% in dispensaries and only 3% by trained dia popularly known as A.N.Ms. Once again the data shows that the I.C.D.S. Scheme is not being properly executed in the actual field. Most of the pregnant ladies do not avail the health check-up facilities which is quite alarming especially in case of Budgam and Kupwara districts where 67 per cent pregnant ladies of these backward classes and other socially disadvantageous groups report to have no health check up during pregnancy.

**B-4 Type of bad history during previous pregnancies:**

It was very important to study the bad history of pregnant ladies during previous pregnancies. hence a question to this aspect was included in the questionnaire schedule and the data thus collected has been reflected in table No. 3.5 as under:-

**TABLE No. 3.5**

Out of 180 pregnant ladies interviewed 5 (3%) report that they have experienced still birth during
previous delivery. 6(3%) reported that they experienced abortion before this pregnancy. 8(4%) report to have been operated during previous delivery. 13(7%) report that they were having anaemia during previous pregnancy and 13(7%) report to have problem of Blood Pressure. In all 24% have been found to have bad history during previous pregnancy which indicates that the figures in table 3.4 are true as no regular health check-up facilities are available in these socially disadvantageous groups. So there is need that more stress must be given on health check up so that such bad history during pregnancy in Pregnant Ladies is minimized. Other information regarding pregnant ladies such as supplementary nutrition will be discussed in the ensuing pages of the report in the later on tables.

B-5 Characteristics of N. Mothers-age and Education:

Another section of population which have been provided benefits under I.C.D.S programme are nursing mothers. So the characteristics of age and education have been studied and the questionnaire schedule had been devised in such a way to get the full information regarding the nursing mothers on these aspects. The data after analysing have been tabulated in table 3.6 as under:-

149
From the table No. 3.6, it is clear that the average age of nursing mothers who have registered themselves in these Anganwadi Centres is 29 years as out of 180, 151 constituting 84% come under the age group of 25-45 years and only 29 constituting 16% come under below 25 years age group. This also indicates that the ladies in the upper age register themselves in these centres as compared to newly married, otherwise the marriage age in these sections of population is very low. Especially it has been seen that only those ladies register themselves in these centres who have more than one issue i.e. in case of Srinagar district all the 18(100%) nursing mothers selected have come under the age limit of 25-45 years whereas in case of Kupwara it is only 22 out of 30 constituting only 73% in this group. This indicates that Kupwara is mostly backward as compared to Srinagar so the percentage is low. Similarly in case of educational status only 1% have found matriculate 4% upto middle standard and 4% upto primary. In all only 20% have been found to have some educational status which is very low percentage. When there is low rate of education, the level of adoption in other factors will be naturally low.
previous delivery. 6(3%) reported that they experienced abortion before this pregnancy. 8(4%) report to have been operated during previous delivery. 13(7%) report that they were having anaemia during previous pregnancy and 13(7%) report to have problem of Blood Pressure. In all 24% have been found to have bad history during previous pregnancy which indicates that the figures in table 3.4 are true as no regular health check-up facilities are available in these socially disadvantageous groups. So there is need that more stress must be given on health check up so that such bad history during pregnancy in Pregnant Ladies is minimized. Other information regarding pregnant ladies such as supplementary nutrition will be discussed in the ensuring pages of the report in the later on tables.

B-5 Characteristics of N. Mothers—age and Education:

Another section of population which have been provided benefits under I.C.D.S programme are nursing mothers. So the characteristics of age and education have been studied and the questionnaire schedule had been devised in such a way to get the full information regarding the nursing mothers on these aspects. The data after analysing have been tabulated in table 3.6 as under:-
B-6 Place of delivery and type of delivery:

In order to assess the place of delivery, facilities available and the conditions of present delivery in nursing mothers the data was tabulated in table No. 3.7 as under:-

**TABLE 3.7**

It is evident from the table No. 4.1, that out of 180 N.M interviewed 120 (67%) report that they have given delivery in their homes whereas only 44 (24%) report to have delivered in big hospitals and only 16 (9%) responded have given delivery in Govt. health centres. Here it is clear once again that most of the ladies do not enjoy the health institution facilities and have to depend on their own indigenous sources while delivering a child. It is also clear from the table that since mostly the delivery hospitals are available in District Srinagar so the percentage who have delivered in hospital is as high as 56% as compared to other five districts of the province where the percentages are very low. That is why only 6% have been operated in district Srinagar while delivering the child which is very high in case of Kupwara district as 13% and 10% in case of Budgam district. So in all 8% have abnormal deliveries and 92% have been found to have enjoyed normal
deliveries. Here also the role of an A.W. Worker as well as the health staff of the area is of tremendous importance so that the abnormalities in deliveries can be minimized by providing regular health check-up and timely immunization during pregnancy and after delivery as well.

**B-7 Delivery conducted by:**

Another important factor regarding Nursing Mothers was to assess who has conducted their delivery. The data collected have been tabulated in table No. 3.8 as under:-

**TABLE 3.8**

It is clear from the table No. 3.8, that 67% of the nursing mothers have been attended by the local indigenous dias of their villages and only 24% and 9% deliveries were conducted by doctors and L.H.Vs respectively. This shows that still a large portion of the population have to still depend upon the old and primitive methods of delivery in these socially disadvantaged groups which can be minimized by implementing the I.C.D services in a proper manner.

**C-D Level of adoption in immunization in 0-6 years Children: (Mothers Response)**

The third category which comes under I.C.D.S is children 0-6 years age and immunizational level of
adoption in these children have been completely studied and tabulated in table No. 4.0 as under:

**TABLE No. 4.0**

Out of 360 children 92 (26%) have been found fully immunized. 134 (37%) have been found partially immunized and 134 (37%) have been found not immunized at all in all the six districts. The situation regarding Kupwara is most alarming where 44% children have been found to have not been immunized at all, as compared to other five districts. Since children's immunization is one of the basis duty of an A.W. Worker and the health staff of the concerned area. Such low figures indicate that there is negligence in this regard. Also the figures in case of full adoptions of immunization is very low in all the six districts. Therefore, there is much need to pay attention towards the children's immunization in case of these backward and socially disadvantaged group.

C-1 Reasons of non-immunization & partial immunization (Mothers response)

Similarly the mothers of these children were interviewed to assess the reasons of non-immunization and partial immunization. The data thus collected from the field have been tabulated in table No. 4.1 as under:
Table 4.1

From the table 4.1 it is clear that in all the districts 32% were not still aware of the importance of immunization, 5% indicated that they have no faith on immunization, 14% report that the vaccinators were not available, 19% report at institutions are too far away from their villages and only 4% report that they have no free time available to get their children who were not immunized at all or were partially immunized. Those who were fully immunized were excluded from this table that is why the percentage in all the rows is below 100.

Since 32% of the population in these socially disadvantageous groups have been found not aware of the importance of immunization, the role of an Anganwadi Workers and other basic health staff meant for this important aspect can help in minimizing this percentage through mass-media activities and door to door propaganda and only then we can have both the results.

C-2 Possible effects of non-immunization (Mothers Response)

Study was also conducted to get the information whether the mothers are aware of the effects of non-immunization. Data thus collected have been reflected to table 4.2 as under:-

155
It is clear from the table No. 4.2, that only 7% mothers report that they are aware that by not immunizing their children there will be the possibility of thin death. 21% report that they are aware that non-immunization can create prolonged illness in their children, 35% report that they know that non-immunization will create disability in their children. But still 37% do not know these possible effects of non-immunization which is quite alarming. This can once again be immunized by holding camps especially in remote areas so that people will become aware of the importance of immunization programme. A.W. Workers who is the backbone of I.C.D Service can play an important role in this regard motivating the mothers towards this programme with the cooperation of Health staff and other mass-media sources.

C-3 Age at which Children were immunized (Mothers response).

In order to assess the age at which children have been immunized, the information thus collected was tabulated in table 4.3 as under:-

Table No. 4.3

The table depicts that 63% of the children have been immunized in 0-1 years age which has reduced to 26% in other succeeding years of age which indicates that
full dosage of immunization was not availed by all children in all the 6 years of infancy. Immunization schedule was not being properly adhered so there comes the drop-out in immunization in later years of age. Table No. 4.4 gives the clear picture of age-wise immunization schedule upto 6 years of age and also the figures collected from the field through door to door personal interviews as under:

Table No. 4.4

| Distribution of children according to the type of immunization |

This table gives the distribution of children according to the type of immunization. It is clear that out of 360 children 226 constituting 63% have gone for BCG, Measles and three doses of polio and DPT in the first year of their age while only 92 constituting 26% have gone for polio Booster, DPT Booster, 1st dose and 2nd dose in 1-3 and 3-6 year of age respectively.

C-4: Sources of information regarding Immunization in Children 0-6 years age. (Mothers response)

Just as the sources of information regarding immunization of pregnant ladies have been tabulated, similarly the data regarding the children in the age group of 0-6 year have been collected from their mothers and have been reflected in table 4.5 as under:-
Table No. 4.5

While examining the figures of this table it is quite clear that only for 10% children the A.W.Worker has been the source of information regarding the immunization, 4% report that the main source for them was their neighbors, 6% report relatives 14% report local hospital and 29% report that radio and TV has been the most dependable source of information in immunization. This again indicates that the I.C.D.S functionaries are not playing their role in these remote areas, and people have to depend on other source for information with regard to benefits arising out of any scheme. Here once again the Radio/TV play the most efficient role in all the six districts of the valley and Anganwadi Workers and the concerned local hospitals lag behind so far the figures depict the position. Hence, there is need to find out the way through which the A.w. Centres will become the most important sources of information to all pregnant ladies/N. Mothers and children upto 6 years of age in these socially disadvantageous groups.

C-5 Immunizational status of children & Pregnant Ladies in these selected centres (Anganwadi Workers response)

The concerned Anganwadi Workers were interviewed to give the details of immunization regarding children and Pregnant Ladies. The data collected have been posted in table 4.6 as under:-
Table 4.6

Out of 6000 children 1641 (27%) were found fully immunized 2209 (37%) were found partially immunized and 2150 (36%) were found still not immunized at all. This is once again an alarming situation and negligence of such an important duty by both concerned Anganwadi Workers and health staff of the area in all the six districts surveyed. Same is the case with pregnant ladies where only 32% have been found fully immunized 42% partially immunized and 26% have not been immunized at all. This situating needs to be thinned upon and the solution to this important aspect is the essence of time, otherwise there is every apprehension of increase in infant mortality and in general the society as a whole will suffer in coming years. For district-wise details table No. 4.6 is for ready reference.

C-6 Assessment of difficulties faced by Anganwadi Workers in immunizational process:

After going through the details of immunizational adoption, it was necessary to collect the data regarding the difficulties faced by these A.W. Workers in this process. So the questionnaire schedule was framed in such a way to collect the full details of these difficulties and the responses have been reflected in table 4.7 as under:-
In all the six districts 90 Anganwadi Workers of 90 Anganwadi Centres were interviewed and out of these 9 (10%) report that the adoption level in immunization is less due to the mothers attitude, 16 (18%) report that vaccination inputs are not available in health centres, 29 (32%) report that the health centres are too far away from the villages, 9 (10%) report that they are not local Anganwadi Workers and have a less influence of motivation in these areas and 27 (30%) report that present bad conditions have influenced the immunization to a great extent. Generalizing these difficulties it is important to note that there is no doubt that the condition presently prevalent in the province have hindered the immunizational process to a great extent as the field movement of the health staff has restricted to a lot. So in all it is the essence of the time to resolve these difficulties by smooth and accurate implementation of the I.C.D.S programme. This can be achieved only when there is a close coordination between the I.C.D.S staff and the health staff. Strengthening of the supervision of both functionaries is necessary. Holding of joint orientation camps and door to door motivation by both agencies can help to remove these difficulties to a great extent.
C-7 identification of diseases of post immunized Children Anganwadi Workers response

Survey was also conducted to collect the data regarding the identification of diseases/debilities in post immunized children. The data collected from the field has been tabulated in table No. 4.8 as under:-

Table No. 4.8

While observing the data in the above table it is quite evident that out of 3850 children who have been immunized fully or partially 56 constituing 1.5% have been identified as T.B. Patients, 135 (3.5%) Polio Patients, 24 (0.6%) Diphtheria Patients, 11 (0.3%) Blind, 30 (1%) Measles Patient and 64 (1.7%) as Wooping-Cough Patients. This is also a dangerous situation and needs to be looked into by the concerned authorities.

C-8: Reasons of Post Immunizational diseases / disabilities in children:- (A. W. response):

It was also important to conduct the survey on the possible reasons of these disabilities and diseases in post immunized children and as such the collected date has been reflected in the table 4.9 are follows:-

Table No. 4.9

Out of 320 identified cases in all the six districts 113 constituting 35% were partially immunized,
Factors that hinder mothers from getting their children immunized
28 constituting 9% reported to have been disabled due to ineffective vaccination in these areas, 21 constituting 7% reported to have been disabled due to inefficient and untrained health staff and 158 (49%) reported to have been disabled due to irregular vaccination which is basically due to present bad conditions in the province. Hence once again the role of A.w. Worker and the concerned health worker is important who by joint cooperation can remove these reasons by regular vaccination.

C-9 Factors that hinder mothers to get their children immunized (A. W. response)

An attempt was made to collect the information from concerned Anganwadi Workers regarding the factors that hindering mothers to get their children immunized. Thus the collected information has been exhibited in table No. 4.10 as follows:-

**Table No. 4.10**

While assessing the figures in table 4.10, it is clear that 10% Anganwadi Workers report that there is still lack of motivation in these socially disadvantaged groups of population towards immunizing their children. Similarly 10% A.W. Ws report that the mothers of these children get no free time for immunizing their children, while 32% report that health
centres are very far away from these villages which is very much responsible in low immunization. 30% A.W. Ws report that the present bad condition have also affected the immunization programme to a great extent. Again 8% report that the non-availability of trained vaccinators is also responsible for low immunization especially in these far-flung areas where most of these groups live.

C-10: Health Centres having Immunization and storage facilities: (Doctors Response)

After interviewing the Pregnant Ladies/Nursing Mothers/Mothers of children registered in Anganwadi Centres and concerned Anganwadi Workers the fifth agency concerned with this programme were medical officers and their questionnaire schedule was prepared with suitable questions. In all 50 Medical Officers of fifty Institutions including District hospitals, sub-District hospitals and primary health centres of these six districts were interviewed. The data thus collected has been presented in tables from 4.11 to 4.15 Table No. 4.11 gives the detailed information with regard to hospital, Health centres having immunization and storage facilities as under:

Table 4.11

The data reveal that still 18% of the health institutions do not have the immunization facilities and
cold storage facilities available. There is no electricity supply, working refrigerators and also the services of vaccinators are not available which needs immediate attention out of 50 doctors only 41 constituting report that they enjoy these facilities in these health institutions.

C-11 Sessions of vaccination arranged:

Out of 50 health centres 41 enjoy the facilities of vaccination, so the Medical Officers of these health centres were interviewed to give the details regarding the sessions of immunization arranged on daily/weekly/fortnightly/or monthly basis. The analysed data has been presented in table 4.12 as under:-

Table No. 4.12

The data reveal that only 6 health centres constituting 15% of the total arrange the sessions of vaccination on daily basis. It is worth to point that in 6 district hospital of the districts 19% of the health centres arrange on fortnight basis and 66% arrange on weekly basis. So there is a need to arrange these vaccination session on daily basis as the births take place daily. Unless and until it is not done till then no better results are expected from these backward areas immunization programme.
C-12 Problems faced by Doctors in Immunization:

The data regarding the problems faced (by doctor) have been tabulated in table No. 4.13 as under:

Table 4.13

10% Doctors report that due to present conditions sometimes availability of vaccines becomes very difficult, 27% report at the supply of required medicines were irregular 7% report at sometime, over crowded restricts the proper immunization and 5% report that due to the migration of the staff this programme has got a set back 46% report directly that the condition present in the valley were responsible for low immunization. Only 5% report that the illiteracy of parents affects the complete immunization. Generalizing the figures in the table it is quite clear that 95% problems have taken birth due to the present bad conditions as the staff has lessen due to irregularity of supply.

C-13 Coordination and help from other agencies to Doctors in immunization programme:

Study has been conducted to asses the cooperation, coordination and necessary help to doctors from other agencies and committees and the collected data has been exhibited in table No. 4.14 as under:
Taking the provincial figures into consideration it reveals that 71% doctors receive help and coordination from school teachers in immunization programme and only 29% receive from Anganwadi Workers which is once again an alarming situation, because it is the most important duty of A.W.Worker to remain associated with the health staff of the area in immunization programme so it needs to be looked into and necessary steps need to be taken into so that the coordination between health staff and I.C.D.S. staff in strengthened.

C-14 Reasons for poor response from public in immunization (Opinion of the doctors). The data with this regard has been tabulated in table 4.15 as under:

Table No. 4.15

15% doctors report that there is still lack of information in public about the importance of immunization, 19.5% report that there is still lack of motivation, 19.5% report that there is lack of health education and rest 46% report that the present disturbance is responsible for poor response in immunization.
Another important aspect regarding the services of ICDS in these backward and socially disadvantageous groups was to study the role of an A.W.Worker in enrolment of children in schools for education who cross the age of 6 years since last five years. In this regard the records of the selected Anganwadi Centres was taken into consideration and the data thus collect has been refered in table No. 5.1 as under:

Table No. 5.1

From the table it is quite evident that out of 550 children who have crossed the age limit of plus 6 years in the last five years only 109 children were refered to school for formal education which is only 20\%.

Regarding those children who have been refered to school, the reasons were collected and tabulated in the above mentioned table. The figures relating reasons reflect that 187 constituting 34\% have not been refered to schools due to reason of their poverty. Similarly 82 (15\%) were not in a position to attend school for formal education as have been forced by their parents in child labour. 68 constituting 12\% were not in a position to attend schools due to their parents illiteracy and ignorace. 60 which is 11\% were debared from formal
education due to for way education institutions. 44 which is 6% were debared due to non-availability of teachers in these schools located within their areas.

So on one hand there is need to increase the standards of living of the people and on the other there is a need that an systematic education policy may be framed and also the educational institution facilities be provided especially in the areas where Gojir and baverwalls live.

D-2 Opinion of teachers regarding Anganwadi Centres role in enrolment of children:

In order to study this objective one teacher of the educational institution falling within the jurisdiction of an A.W. area was interviewed and the data collected from these teachers has been reflected in table 5.2 as under:-

Table No. 5.2

Out of 90 teachers interviewed only 21 constituting 23% to report that Anganwadi Centres have helped in enrolment while the rest percentage report that enrolment has not been affected by these centres at all. In otherwards only 23% teachers have admitted that these centres have been helpful for enrolment while the rest deny the fact.
D-3 Characteristics of Anganwadi Workers

An attempt was made to study the various characters of the concerned Anganwadi Workers to know how much they are able to perform their duty and the data collected from all corners have been statistically presented in table No. 5.3 as under:

Table No. 5.3

So for the education of these Anganwadi Workers is concerned the table revealed that only 21% of Anganwadi Workers are above matric, 53% are matriculates and 26% are below matric standard in all the six districts.

Regarding training status the table show that 44% of Anganwadi Workers in these areas have been found still untrained. So an untrained A.W.W can not do justice with her job when she is not aware of the basic ingredients of the programme. Similarly 17% Anganwadi Workers have been found non-local. This is also not a good sign because the job of an A.W.W is voluntary in nature and gets a meager honorarium for her duty it is not possible for a non-local worker to attend the centre regularly. This also needs to be looked into and the preference should always be given to a local worker.
E-0: Table 6-0 Category wise Educational status of Pregnant Ladies and Nursing Mothers:

After these primary type of tables the information was analysed more and the secondary type of table were devised indicating the information category-wise of population. Table 6.0 gives the details of educational status of Pregnant Ladies and Nursing Mothers regarding all the 10 categories taken for study. From the table it is quite evident that the Dooms and Moochis have not educational status in case of both Pregnant Ladies and Nursing Mothers, while the percentage regarding Gojjar and Bakerwalls is very low. Only Bands, Kumars and Shakhsaz show a high percentage of education as compared to other 7 groups of population.

E-1: Tables 6.1 Living Conditions of respondents assessed on personal investigation:

The figures reflected in table No. 6.1 it is clear that Dooms, Moochis and Gojjar and Bakerwalls have low percentages regarding better family conditions, road conditions and utensil condition available. Other 7 groups enjoy a better home, road and utensils. For fuel details table 6.1 cited above is for ready reference.

E-2: Table 6.2 Category-wise Pregnant Ladies Nursing Mothers & children receiving SNP from Anganwadi Centres:

Table show that only 17% of Pregnant Ladies Nursing Mothers and children regarding Gojjar and
Bakerwalls have received SNP these Anganwadi Centres which is very low as targeted similarly on 10% of Pregnant Ladies, 20% of Nursing Mothers and 20% of children regarding markabans received SNP from there centres. These two groups have very low percentage as compared to other eight groups.

E-3: Table No. 6.3 Immunizational Status of Pregnant Ladies & children in the age group of 0.6 years.

The table show that 59% of pregnant ladies of Gojjar and Bakerwalls have not been totally immunized which is very high as compared to other 9 groups. The table shows that it is very low in case of Bands, Kumars and Shaksazs (16%, 19% and 25% respectively). Similarly in case of children 56% of sweepers children have not been immunized at all, followed by Doobs and Moochi where 46% regarding both have not been immunized totally which is very high percentage as compared to rest groups. For further details table is kept for ready reference.

E-4: Table 6.4 Health Institutions Facilities available to these Pregnant Ladies and Nursing Mothers:

83% of Pregnant Ladies and 92% Nursing Mothers of Gojjar and Bakerwall groups report that health check-up facilities are not available to these which is very high as compared to other groups. In case of Bands the
figures is only 44%. In case of Kumars and Shakhsaz it is 50%. For further details the table is for ready reference.

E-5: Table No. 6.5 Category-wise Children referred to school for formal education from their Anganwadi Centres:

Table gives clear picture regarding the children of (plus 6 years) referred to schools from these Anganwadi Centres. It is evident that the percentage is very low in case of markabans, Dooms, Sweepers, Gojjar, bakerwalls classes are very low as compared to other six groups.

E-6: Table No. 6.6 Immunizational Status of Pregnant Ladies & children in there Anganwadi Centres:

This table show the immunizational status of total population of pregnant ladies and children 0.6 years of age in selected Anganwadi Centres. For details of percentages category-wise table in quite clear above.

E. Categorywise variation in supplementary Nutrition

Table No. 7.0

Critical Ratio of Pregnant Ladies of various groups on supplementary Nutrition.

The close inspection of table No. 7.0 reveal that differences in the percentages of various groups of
pregnant ladies have come out significant at .01 level of significance in 21 groups and in case of 03 groups the differences were significant at .05 level of confidence. The significant differences have gone in favour of 08 groups namely, Kumar, Bands, Sweepers, Gourkand, Doombs, Moochi, Shacksaz and Black Smith and critical ratios for two groups, viz. Markaban and gojjar Bakarwal have come out non-significant. Comparing gojjar Bakerwals were found in case of all groups excepting one group, viz. Markaban. In case of comparing Kumars with other groups, no significant difference were detected in case of seven groups. In all these were significant differences for six groups, one groups, five groups, one groups, in case of Bands, Sweeper, Markaban, Doombs respectively. In case of Gourkand no significant difference was detected.

Table No. 7.1

Critical Ratio of Nursing Mothers of various groups on Supplementary Nutrition.

Table No. 7.1 reveals that significant difference between various groups of Nursing Mothers show statistically significant differences at .01 level in twenty three groups and at .05 level in eight groups. All the significant differences have gone in favour of high utilization of groups.
Comparing further Gojjar Bakerwal with other groups, significant differences were found in case of all groups. The same was true while comparing Kumars with other groups excepting three groups, viz. Gourkand, Shacksaz and Black Smith, in all these were significant differences for six groups, three groups, four groups, two groups, and one group, one gap in case of Bands, Sweepers, Markaban, Gourkand, Doomb and Moochi respectively.

Table No. 7.2

Critical Ratio of Children (0 - 6) years of various groups of Supplementary Nutrition.

Table No. 7.2 depicts that differences in the percentages of various groups of children (0 - 6 years) have come out significant at .01 level of confidence thirty three groups.

All the significant differences have gone in favour of high utilization of groups comparing Gojjar Bakerwal with other groups, significant differences were found in case of 8 groups. The same results were obtained from comparisons drawn between Kumares with other groups, five groups differs significantly and in case of Markaban with other groups, all the differences have come out significant. In case of Gourkand and
Doombs, two groups each show statistically significant differences.

**Variations in Immunization and Health Check-up.**

**Critical Ratio of Pregnant Ladies of various groups on Immunization.**

**Table No. 8.0**

The table No. 8.0 reveals that differences in the percentages of various groups of pregnant ladies have come out significant at .01 level of confidence in 34 groups and in case of 04 groups the difference were significant at .05 level of confidence. The significant differences have gone in favour of 7 groups namely Kumar, Band, Markaban, Gourkand, Doomb, Shacksaz, Black Smith and critical ratios for three groups, viz. Gojjar Bakerwal, Sweeper and Moochi have come out non-significant. Comparing Gojjar Bakerwal with other groups, significant differences were found in case of all groups except two groups, viz. Sweeper and Moochi. The same was true in comparing Kumars with other groups. Here also in case of the group, i.e. Shacksaz, no significant was detected. The same results have been arrived while comparing Bands, Sweepers, Markaban, Gourkand, Doombs, Moochis and Shacksaz with other groups.
Table No. 8.1

Critical Ratio of Table No. 8.1, Pregnant Ladies of various groups on Health Check-up.

Table No. 8.1 reveals that significant differences between various groups of pregnant ladies show statistically significant differences at .01 level in twenty eight groups and at .05 level in two groups. All the significant differences have gone in favour of high utilization groups comparing further Gojjar Bakerwal with other groups, significant differences were found in case of other groups except Markaban and Shacksaz. The same was true while comparing Kumars with other groups excepting two groups, viz. Bands and Gourkand. In all there were significant differences for seven groups, two groups, four groups, one group in case of Bands, Sweeper, Markaban, Gourkand, Doombs, Mooch and Shacksaz respectively.

Table No. 8.2

Critical Ratio of Nursing Mothers of various groups on Health Check-up.

Table No. 8.2 depicts that differences in the percentages of various groups. Nursing Mothers have come out significant at .01 level of confidence in twenty five groups and at .05 in three groups. All the
significant differences have gone in favour of high utilization of groups.

Comparing Gojjars Bakerwal with other groups, significant differences were found in case of seven groups. The same results were obtained from comparisons drawn for five groups, four groups, three groups, five groups, one group in case of Kumars, Bands, Sweepers, Markaban, Gourkand respectively.

Variation in Immunization of Children (0 - 6) years age group.

Table No. 9.0

Critical Ratio of Children as Immunization

Table No. 9.0 reveals that differences in the percentages of various group of children (0-6) years of age group have come out significant at .01 level of confidence in thirty eight groups and in case of 06 groups the differences were significant at .05 level of confidence. The significant differences have gone in favour of all the groups. Comparing Gojjars Bakerwals with other groups, significant differences were found in case of all the groups. The same was true while comparing Kumar with other groups. In all there were significant differences for seven groups, six groups, five groups, four groups, two groups, two groups and one
groups in case of Bands, Sweeper, Markaban, Gorkand, Doomb, Moochi and Shacksaz respectively.

Variations in Linkage between Anganwadies & Schooling in enrolment of Children.

Table No. 10.0

Critical Ratio of Linkage between Anganwadies and Schooling.

Table No. 10 reveals that difference in the percentages of various groups of children above six years of age have come out significant at .01 level of confidence in twenty nine groups and in case of 06 groups the differences were significant at .05 level of confidence. The significant difference have gone in favour of 08 groups namely Kumars, Bands, Sweeper, Markaban, Gourkand, Doomb, Shacksaz and Black Smith and critical ratio's for one group, viz. Moochi have come out non-significant comparing Gogjar Bakerwal with other groups, significant differences were found all groups excepting one groups, viz. Moochi. The same was true in case of comparing Kumars with other groups. Here also in case of two groups, i.e. Shacksaz and Black Smith, no significant difference was detected. The same results have been arrived at while comparing Bands, Sweepers, Markaban, Gorkand, Doomb, Moochi and Shacksaz with other groups and significant differences for seven groups.
three groups four groups, two groups, two groups, two groups and one group respectively.

Thus, the analysis of utilization of supplementary nutrition, immunization and health check-up and enrolment of children in schools in relation to various groups reveal that:

1) The pregnant ladies differ significantly in their incidence of utilization of supplementary nutrition, immunization and health check-up with respect to their group status.

11) The Nursing Mothers differ significantly in their incidence of utilization of supplementary nutrition with respect to their group status.

111) The children (0-6) years age group differ significantly in their utilization of supplementary nutrition and immunization with respect to their family status.

1IV) Linkage between Anaganwadis and formal schooling differ significantly in their enrolment of children with respect to their group status.
The significant differences have gone in favour of high utilization groups which can be interpreted that the levels of groups status determine the levels of utilization of supplementary nutrition, immunization and health check-up and higher the level of group status, the high will be the level of utilization of services and vice-versa.

The significant differences lead to feel reasonably sure that different samples do not come from a common population with respect to the utilization of supplementary nutrition, immunization of health check-up and enrolment in schools and that there are true differences in the incidence of utilization of such services in various groups.
While placing, analyzing and interpreting the data on basic dimensions of the present project, the investigator has found some significant discrepancies while noting the data from various respondents. It is the objective of this section to highlight some discrepancies and to make some descriptions thereof.

The table No. 11.0 below works out such discrepancies. It is obvious from the table that various categories of respondents show some important differences in their reactions to the services available to them. From all the given categories and Mothers and Anganwadi workers have been taken as major respondents to the basic queries.

The table is addressed to the important services namely, supplementary nutrition and the respondents for various categories show that Mother/ Anganwadi Workers/ Helper differ in their opinion with reference to existing utility of supplementary nutrition programme of supplementary nutrition facility or its utility. Regarding the utility of supplementary nutrition Mother
and Anganwadi Workers show only 1.0% difference. Mother and helper shows 14% differences, in children 1% in NM and 9.1% in pregnant ladies, but Anganwadi worker and helper shows 13% difference in children, 2% in NM and 8.0 in pregnant ladies. Regarding the opinion of its usefulness Mother and Anganwadi Worker show 64% difference which makes a discrepancy of 14 but 64% Mothers and helper gave no opinion regarding its usefulness.

The table addressed to immunization facilities, the respondents of various categories show that mother and anganwadi worker differ in their opinion with reference to existing immunization facilities.

Mother and Anganwadi worker show 1% and 6% difference in regarding children and pregnant ladies which makes a discrepancy of 1 and 6 respectively.

Table addressed to Maternal and child health services, respondents of various categories show that mother and anganwadi worker differ in their opinion regarding the availability of MCH facilities. Mother and Anganwadi worker show 17% difference in availability of services which makes a discrepancy of 17.
Table regarding the enrolment of children in formal schools, respondents show that mother/anganwadi worker and school teacher differ in their opinion regarding the enrolment in school. They show 3% difference in motivation which makes a discrepancy of 3.