CHAPTER - V

IMPACT OF INTEGRATED CHILD DEVELOPMENT SERVICES ON SOCIAL DEVELOPMENT - AN EMPIRICAL STUDY
INTRODUCTION:

The development and well being of the children helps in the overall development of the society. As such any efforts towards the development of the children can be considered as the efforts in social development. The present chapter aims at understanding the overall impact of ICDS programme. Efforts are made to assess the success or failure of the programme in fulfilling its objectives laid down, and to understand the impact of the programme on the sample respondent families in general and children and mothers in particular.

IMPACT OF ICDS ON MOTHERS:

Under ICDS, the expectant mothers and the nursing mothers have separate packages for the better health of them and for their children. The expectant mothers are given ante-natal care, immunization, supplementary nutrition, nutrition and health education and family welfare services. For nursing mothers, all the above said benefits are given except the immunization. Table 5.1 provides the information about the benefits received by the sample respondent mothers.
Table 3.1

Utilisation of Services by Expectant and Nursing Mothers

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Service Provided</th>
<th>Rural</th>
<th>Urban (slums)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of mothers received the benefit</td>
<td>Percentage of mothers received the benefit</td>
<td>No. of mothers received the benefit</td>
<td>Percentage of mothers received the benefit</td>
</tr>
<tr>
<td>1</td>
<td>Ante-natal care</td>
<td>21</td>
<td>20</td>
<td>41</td>
</tr>
<tr>
<td>2</td>
<td>Immunization</td>
<td>26</td>
<td>21</td>
<td>47</td>
</tr>
<tr>
<td>3</td>
<td>Supplementary Nutrition</td>
<td>--</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>Nutritional education</td>
<td>5</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>5</td>
<td>Family welfare services</td>
<td>--</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

Total expectant mothers 28 22 50
Total Nursing mothers 22 28 50

Source: Field survey data.

There are 50 expectant mothers and 50 nursing mothers in our sample. Among the total expectant mothers of both rural and urban areas, 82.0 per cent received ante-natal care and as may as 94.0 per cent received immunization benefit. In case of the other three components, viz.,
supplementary nutrition, nutrition and health education and family welfare services the benefits are received only by a small section of the sample. (supplementary nutrition 24.0 per cent, nutrition and health education 28.0 per cent and family welfare services 12.0 per cent).

Between rural and urban areas, the benefits received differ substantially, with an edge in favour of urban areas. For example, supplementary nutrition was received by none among the rural expectant mothers as compared to 54.5 per cent receiving the benefit from among the urban sample. In case of family welfare services, none of the rural sample respondents received the benefit as compared to 27.3 per cent receiving it in urban areas.

From among the total 50 nursing mothers, 86.0 per cent received post-natal care, 14.0 per cent received supplementary nutrition, 26.0 per cent received nutrition and health education and 56.0 per cent received family welfare services. In case of post-natal care and supplementary nutrition, the urban respondents are better placed as compared to rural respondents. Only in nutritional and health education and family welfare services, a small percentage edge can be seen in favour of rural nursing mothers as compared to the urban nursing mothers.
The ICDS is expected to educate the women of weaker sections regarding the immediate pre-natal care, peri-natal care and immediate post-natal care and risk factors in deliveries and the practice of hygiene. For achieving success in this area, all deliveries are to be carried out under the medical supervision and guidance of trained doctors, nurses and dais. However, for the best results hospitals are better placed in providing necessary facilities. To find out how far the ICDS has encouraged the women to move to hospitals for delivery purposes, the place of deliveries before the initiation of ICDS and after the introduction of ICDS was prepared and presented in table 5.2.

### Table 5.2

<table>
<thead>
<tr>
<th>Place of Deliveries of ICDS Beneficiaries</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. Place of No. Deliveries</td>
<td>No. of Deliveries</td>
<td>Percentage of deliveries as compared to total</td>
<td>No. of Deliveries</td>
</tr>
<tr>
<td>I Before ICDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Hospital</td>
<td>--</td>
<td>--</td>
<td>2</td>
</tr>
<tr>
<td>2. Home</td>
<td>57</td>
<td>100</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>57</td>
<td>100</td>
<td>23</td>
</tr>
<tr>
<td>II After ICDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Hospital</td>
<td>7</td>
<td>11.5</td>
<td>26</td>
</tr>
<tr>
<td>2. Home</td>
<td>54</td>
<td>88.5</td>
<td>59</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
<td>85</td>
</tr>
</tbody>
</table>

Source: Field Survey data.
It can be observed from table 5.2 that, before the initiation of ICDS no delivery took place in hospitals as compared to 11.5 per cent of deliveries in rural areas taking place in hospitals. In the case of urban areas, only 8.7 per cent of deliveries took place in hospitals before the initiation of ICDS as compared to 30.6 per cent of deliveries taking place in hospitals after it.

The health care received by the mothers at the time of deliveries may be from either trained persons like dais, nurses and doctors or may be from untrained persons like village elder women and untrained dais. To find out the differences in the source of health care received by mothers at the time of deliveries, the deliveries were classified into 'deliveries under trained health care' and 'deliveries under untrained health care' and the same has been presented in table 5.3.

It can be observed from table 5.3 that, only 2.5 per cent of the deliveries have taken place with the help of trained personnel before the introduction of ICDS. Such percentage has increased to 36.3 between the period of introduction of ICDS and the present. Which means, considerable decline of involvement of untrained persons in delivery cases.

Before ICDS, all the deliveries in rural areas took place with untrained persons. But after the
introduction of ICDS, in as many as 29.5 per cent of the deliveries the trained persons have attended.

Table 5.3

<table>
<thead>
<tr>
<th>S. Deliveries attended by No.</th>
<th>Rural</th>
<th>Urban (slums)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of deliveries to total</td>
<td>Percentage of deliveries to total</td>
<td>Percentage of deliveries to total</td>
<td></td>
</tr>
<tr>
<td>1 Before ICDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trained person</td>
<td>--</td>
<td>--</td>
<td>2</td>
</tr>
<tr>
<td>Untrained person</td>
<td>57</td>
<td>100</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>57</td>
<td>100</td>
<td>23</td>
</tr>
<tr>
<td>11 After ICDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trained person</td>
<td>18</td>
<td>29.5</td>
<td>35</td>
</tr>
<tr>
<td>Untrained person</td>
<td>43</td>
<td>70.5</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
<td>85</td>
</tr>
</tbody>
</table>

Source: Field survey data

In urban slum areas only 8.7 per cent of the deliveries were attended by trained persons before the introduction of ICDS. Such percentage has increased to 41.2 per cent after the introduction of ICDS.

During post-natal period, the women are to receive health care guidance regarding hygiene, breast feeding, child health, etc. The ICDS Anganwadi workers are expected to give guidance and help to post-natal mothers in taking
health care instructions from trained health workers. The source of post-natal instructions before and after ICDS introduction will help in understanding the impact of ICDS on health care. Table 5.4 gives the source of the health care instructions to the post-natal mothers.

Table 5.4

<table>
<thead>
<tr>
<th>Source of Health Care During Post-natal Period</th>
<th>Rural</th>
<th>Urban(slums)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. No. Persons</td>
<td>No. of deliveries</td>
<td>Percentage</td>
<td>No. of deliveries</td>
</tr>
<tr>
<td>1. Elderly Women</td>
<td>57</td>
<td>100.00</td>
<td>23</td>
</tr>
<tr>
<td>2. Trained Dai/Health Workers</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>3. Elderly women &amp; Health staff</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>57</td>
<td>100.00</td>
<td>23</td>
</tr>
</tbody>
</table>

II After ICDS

| Source: Field survey data |
|----------------------------------------------|-------|-------------|-------|
| S. No. Persons | No. of deliveries | Percentage | No. of deliveries | Percentage | No. of deliveries | Percentage |
| 1. Elderly woman | 23 | 37.7 | 25 | 29.4 | 48 | 32.9 |
| 2. Trained Dai/Health Workers | 6 | 9.8 | 10 | 11.8 | 16 | 11.0 |
| 3. Elderly woman & Health staff | 32 | 52.5 | 50 | 58.8 | 82 | 56.1 |
| Total | 55 | 100.00 | 85 | 100.00 | 146 | 100.00 |

It can be seen from table 5.4 that, none of the mothers received health care instructions either from...
trained dais or health workers before ICDS introduction. After the ICDS, 30.7 per cent of the rural and 28.9 per cent of the urban post-natal cases received instructions from elderly women. Which means, a substantial decline of elderly women's role in post-natal care.

**EXTENDING SERVICES TO CHILDREN:**

To find out the impact of ICDS in extending services to children, the children were classified into three groups and the impact of the ICDS on the different age groups was analysed separately. The children are grouped into (1) below one year age (2) 1-3 years of age, and (3) 3-6 years of age. Table 5.5 provides the services extended by ICDS to children who are below one year of age.

There are 50 children who are below one year of age in our sample. Of this, 62.0 per cent of the children received supplementary nutrition, 16.0 per cent received the benefit of immunization, 38.0 per cent received health checkup facilities and only 14.0 per cent received referral services from Anganwadi workers.

In the case of rural areas, 55.4 per cent received supplementary nutrition, 72.7 per cent received immunization benefit, 36.3 per cent received health checkup benefit and 9.1 per cent received referral services. In all this four types of benefits, urban children are slightly better, placed as compared to rural children.
| Category          | Total No. of Children | Number of children Receiving the Benefits | |
|-------------------|-----------------------|------------------------------------------|
|                   | Supplementary Nutrition | Percentage to total Children | Immunization | Percentage to total Children | Health Check-up | Percentage to total Children | Referral Services | Percentage to total children |
| Rural             |                       |                                      |              |                             |                |                                |                    |
| Male              | 8                     | 4                                      | 50.0         | 5                             | 3               | 37.5                            | --                  | --                          |
| Female            | 14                    | 8                                      | 57.1         | 11                            | 5               | 35.7                            | 2                   | 14.2                        |
| Rural total       | 22                    | 12                                     | 54.5         | 16                            | 8               | 36.3                            | 2                   | 9.1                         |
| Urban (slums)     |                       |                                      |              |                               |                |                                |                    |
| Male              | 11                    | 6                                      | 54.5         | 8                             | 4               | 36.3                            | 2                   | 18.1                        |
| Female            | 17                    | 13                                     | 76.4         | 14                            | 7               | 41.1                            | 3                   | 17.1                        |
| Urban total       | 18                    | 19                                     | 67.8         | 22                            | 11              | 39.2                            | 5                   | 17.8                        |
| Grand total       | 50                    | 31                                     | 62.0         | 8                             | 19              | 38.0                            | 7                   | 14.0                        |

Source: Field survey data
The children aged between 1 and 3 years are also to be the prime beneficiaries under ICDS. The benefits extended for this age group by ICDS are presented in table 5.6.

There are 47 children who are aged between 1 and 3 years. Of them, 65.9 per cent received supplementary nutrition, 91.5 per cent received immunization benefit, 23.4 per cent received health checkup benefits and only 8.5 per cent received the referral services.

Between rural and urban areas, urban children are slightly better placed in receiving these benefits which can be borne out by observing higher percentages of children receiving the benefits in urban areas.

One important factor that comes out of the table is that, between male and female children, males are receiving better attention in immunization, health check up and referral services irrespective of rural or urban areas.

The impact of ICDS benefits for those children who are between 3 and 6 years of age was also measured and the relevant information is furnished in table 5.7.

There are 64 children in our sample who are aged between 3 and 6 years of age. Of them, 71.8 per cent
### Table 5.6

**Utilization of Services by Children Between 1 and 3 Years of Age.**

<table>
<thead>
<tr>
<th>Category</th>
<th>Total No. of Children</th>
<th>Supplementary Nutrition</th>
<th>Percentage to total Children</th>
<th>Immunization</th>
<th>Percentage to total Children</th>
<th>Health Chek-up</th>
<th>Percentage to total Children</th>
<th>Referral Services</th>
<th>Percentage to total Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rural</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>13</td>
<td>8</td>
<td>61.5</td>
<td>12</td>
<td>92.3</td>
<td>3</td>
<td>23.1</td>
<td>1</td>
<td>7.6</td>
</tr>
<tr>
<td>Female</td>
<td>15</td>
<td>9</td>
<td>60.0</td>
<td>13</td>
<td>86.6</td>
<td>1</td>
<td>6.6</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Rural total</strong></td>
<td>28</td>
<td>17</td>
<td>60.7</td>
<td>25</td>
<td>89.2</td>
<td>4</td>
<td>14.2</td>
<td>1</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Urban (slums)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>5</td>
<td>62.5</td>
<td>8</td>
<td>100.0</td>
<td>4</td>
<td>50.0</td>
<td>2</td>
<td>25.0</td>
</tr>
<tr>
<td>Female</td>
<td>11</td>
<td>9</td>
<td>81.8</td>
<td>10</td>
<td>90.0</td>
<td>3</td>
<td>27.2</td>
<td>1</td>
<td>9.1</td>
</tr>
<tr>
<td><strong>Urban total</strong></td>
<td>19</td>
<td>14</td>
<td>73.6</td>
<td>18</td>
<td>94.7</td>
<td>7</td>
<td>36.8</td>
<td>3</td>
<td>15.7</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td>47</td>
<td>31</td>
<td>65.9</td>
<td>43</td>
<td>91.5</td>
<td>11</td>
<td>23.4</td>
<td>4</td>
<td>8.5</td>
</tr>
</tbody>
</table>

*Source: Field survey data*
## Table 5.7
Utilization of ICDS Benefits by Children Between 3 and 6 Years of Age

<table>
<thead>
<tr>
<th>Category</th>
<th>Total No. of Children</th>
<th>Supplementary Nutrition</th>
<th>Percentage to total Children</th>
<th>Immunization</th>
<th>Percentage to total Children</th>
<th>Health Check-up</th>
<th>Percentage to total Children</th>
<th>Referral Services</th>
<th>Percentage to total Children</th>
<th>Pre-school Education</th>
<th>Percentage Non-formal Education</th>
<th>Percentage Non-formal Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rural</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
<td>6</td>
<td>50.0</td>
<td>8</td>
<td>66.6</td>
<td>3</td>
<td>25.0</td>
<td>--</td>
<td>--</td>
<td>6</td>
<td>50.0</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
<td>9</td>
<td>64.2</td>
<td>11</td>
<td>78.5</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>9</td>
<td>64.2</td>
<td></td>
</tr>
<tr>
<td>Rural total</td>
<td>26</td>
<td>15</td>
<td>57.6</td>
<td>19</td>
<td>73.1</td>
<td>3</td>
<td>11.5</td>
<td>--</td>
<td>--</td>
<td>15</td>
<td>57.6</td>
<td></td>
</tr>
<tr>
<td><strong>Urban</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>21</td>
<td>17</td>
<td>80.9</td>
<td>19</td>
<td>90.4</td>
<td>2</td>
<td>9.5</td>
<td>2</td>
<td>9.5</td>
<td>17</td>
<td>80.9</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>17</td>
<td>14</td>
<td>82.3</td>
<td>15</td>
<td>88.2</td>
<td>3</td>
<td>17.6</td>
<td>--</td>
<td>--</td>
<td>14</td>
<td>82.3</td>
<td></td>
</tr>
<tr>
<td>Urban total</td>
<td>38</td>
<td>31</td>
<td>81.5</td>
<td>34</td>
<td>89.4</td>
<td>5</td>
<td>13.1</td>
<td>2</td>
<td>5.2</td>
<td>31</td>
<td>81.5</td>
<td></td>
</tr>
<tr>
<td>Grand total</td>
<td>64</td>
<td>46</td>
<td>71.8</td>
<td>53</td>
<td>82.8</td>
<td>8</td>
<td>12.5</td>
<td>2</td>
<td>3.1</td>
<td>46</td>
<td>71.8</td>
<td></td>
</tr>
</tbody>
</table>

Source: Field survey data
received supplementary nutrition, 82.8 per cent received immunization, 12.5 per cent received health checkup benefits and only 3.1 per cent received referral services and 71.8 per cent received 'non formal pre-school' education.

Between rural and urban areas, urban children are better placed in receiving ICDS benefits as compared to rural children who are aged between 3 and 6 years.

ACCEPTABILITY OF SUPPLEMENTARY NUTRITION:

The supply of supplementary nutrition is the main component of ICDS. The poor mothers and the children are to be given these supplementary nutrition. The supplementary nutrition supplied is normally prepared at Anganwadi centres. The Anganwadi helper cooks this food. The supplementary nutrition food is prepared by using locally available nutritious food items. These raw material for the food preparation are supplied to Anganwadi centres by the concerned officials. The supplies will be made at least one month in advance. This advance supply is expected to avoid any disruption of supply of nutritious food. But this advanced supply of food items may lead to distruption of the raw materials by rats and rodents, white ants and many other insects. Further, if the people know about the conditions of these raw food materials, they hesitate to consume when the same raw material in cooked and supplied. Some times the
food supply may not fall into their consumary tastes and habits. Any word about uncleanliness of utensils used for the cooking purpose and unhygienic atmosphere at the Anganwadi centre also will have a negative impact on the consumption of supplementary nutrition by mothers and children. An open ended question was framed to seek information about the acceptability of the supplementary nutrition supplied by ICDS functionaries. The answers given are framed into six opinions and the same have been classified and presented in table 5.8.

Table 5.8
Acceptability of Supplementary Nutrition

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Quality</th>
<th>Rural</th>
<th>Urban (slums)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of Respondents</td>
<td>No. of Response</td>
<td>No. of Response</td>
<td>No. of Response</td>
</tr>
<tr>
<td></td>
<td>Percentage to total</td>
<td>Percentage to total</td>
<td>Percentage to total</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Not tasty</td>
<td>6 12.0</td>
<td>12 24.0</td>
<td>18 18.0</td>
</tr>
<tr>
<td>2</td>
<td>Poor quality</td>
<td>5 10.0</td>
<td>6 12.0</td>
<td>11 11.0</td>
</tr>
<tr>
<td>3</td>
<td>Difficult to digest</td>
<td>6 12.0</td>
<td>2 4.0</td>
<td>8 8.0</td>
</tr>
<tr>
<td>4</td>
<td>Causes Diseases</td>
<td>5 10.0</td>
<td>4 8.0</td>
<td>9 9.0</td>
</tr>
<tr>
<td>5</td>
<td>Not fit for consumption</td>
<td>9 18.0</td>
<td>8 16.0</td>
<td>17 17.0</td>
</tr>
<tr>
<td>6</td>
<td>Not cooked properly</td>
<td>9 18.0</td>
<td>8 16.0</td>
<td>17 17.0</td>
</tr>
<tr>
<td>7</td>
<td>Acceptable</td>
<td>10 20.0</td>
<td>10 20.0</td>
<td>20 20.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>50 100.0</td>
<td>50 100.0</td>
<td>100 100.0</td>
</tr>
</tbody>
</table>

Source: Field survey data.
Only 20.0 per cent of the total sample has said that, the supplementary nutrition food supplied is acceptable. The rest 80.0 per cent expressed different reasons for not showing their acceptability for supplementary nutrition. The reasons they have sighted in the descending order are not tasty, not fit for consumption, not cooked properly, poor quality of raw materials, causes diseases and difficult to digest. Between rural and urban areas, not much of a difference can be observed regarding the acceptability of nutrition food.

KNOWLEDGE ABOUT IMMUNIZATION SCHEDULE:

The Anganwadi workers of ICDS are to educate the poorer sections of the women regarding the importance of immunization and schedule of immunization to the mothers and the children. Unless success is achieved in educating the women on the importance of immunization and the time frame of immunization, the immunization component of ICDS is bound to fail. Based on the level of knowledge of the sample women on the importance of immunization and its schedule, they have been classified into four groups. The group-wise distribution of rural and urban women was presented in table 5.9.

It can be seen from table 5.9 that, only 32.0 per cent of the sample are completely informed of the types of
Table 5.9
Level of Knowledge about Immunization Schedule

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Level of Knowledge</th>
<th>Rural</th>
<th>Urban (slums)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of women</td>
<td>Percentage to total</td>
<td>No. of women</td>
<td>Percentage to total</td>
</tr>
<tr>
<td>1</td>
<td>Nil</td>
<td>3</td>
<td>6.0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Low</td>
<td>14</td>
<td>28.0</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Medium</td>
<td>25</td>
<td>50.0</td>
<td>22</td>
</tr>
<tr>
<td>4</td>
<td>High</td>
<td>8</td>
<td>16.0</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td>50</td>
</tr>
</tbody>
</table>

Immunization scale was developed on the following lines:

High: When both types of immunization and period of immunization are given correctly.

Medium: When they know types of immunization only.

Nil: When they know neither the types of immunization nor months of immunization.

Source: Field survey data.

...immunization and time frame of immunization to the mothers and children. There are 47.0 per cent of the respondents who have medium level of knowledge, 17.0 per cent have low level of knowledge and 4.0 per cent have no knowledge about the immunization schedule.

Between rural and urban areas, the level of knowledge is less among rural women as compared to urban women. This can be noticed by observing that, 92.0 per cent...
of the urban women are either highly informed or are got medium level of knowledge either on the importance of immunization or its schedule. Such percentage was only 66.0 per cent among rural women.

NUTRITION AND HEALTH EDUCATION:

The ICDS functionaries are expected to educate the women regarding nutrition and health. To know the impact of nutrition and health education imparted by ICDS functionaries, the level of knowledge of sample women on causes of few important child diseases, preventive methods and curing methods have been enquired and presented in table 5.10.

It is pertinent to note from table 5.10 that, 31.0 per cent of the sample respondents still believe that the diarrhoea occurs due to change of months in age of the child and 'local god' beliefs. According to 57.0 per cent of the sample respondents, the diarrhoea occurs due to dehydration. As many as 10.0 per cent of our sample expressed no knowledge regarding the causes for the occurrence of diarrhoea.

Between rural and urban areas, urban women are better informed of reasons for diarrhoea, which can be observed as higher percentage of them referring to
Table 5.10

Mothers Knowledge Regarding the Causes of Diarrhoea Disorders, Source of Curing Methods and Curing Methods.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Category</th>
<th>Rural</th>
<th>Urban (slums)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No. of women</td>
<td>Percentage to total</td>
<td>No. of women</td>
</tr>
<tr>
<td></td>
<td>A Causes of Diarrhoea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Traditional beliefs</td>
<td>18</td>
<td>36.0</td>
<td>13</td>
</tr>
<tr>
<td>2</td>
<td>Dehydration problems</td>
<td>26</td>
<td>52.0</td>
<td>31</td>
</tr>
<tr>
<td>3</td>
<td>Infection</td>
<td>--</td>
<td>--</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>No knowledge</td>
<td>6</td>
<td>12.0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>B Source of curing methods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>T.V</td>
<td>--</td>
<td>--</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>By Doctor</td>
<td>8</td>
<td>16.0</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>Elder</td>
<td>26</td>
<td>52.0</td>
<td>16</td>
</tr>
<tr>
<td>4</td>
<td>AMW &amp; Helpers</td>
<td>16</td>
<td>32.0</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>C Curing methods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Ready made oral rehydration</td>
<td>11</td>
<td>22.0</td>
<td>18</td>
</tr>
<tr>
<td>2</td>
<td>Home made sugar and salt solution</td>
<td>14</td>
<td>28.0</td>
<td>23</td>
</tr>
<tr>
<td>3</td>
<td>Crude village medicines</td>
<td>15</td>
<td>30.0</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Doctors</td>
<td>10</td>
<td>20.0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: Field survey data.
dehydration as a probable cause for the disease. The main source of knowledge of curing methods are available from television, doctors, ANMs, elders and Anganwadi workers and helpers. In the total sample, only 37.0 per cent have received diarrhoea curing instructions from Anganwadi workers and helpers. The urban women have benefited more due to Anganwadi workers and helpers as compared to rural women.

The curing methods of diarrhoea have been classified into four groups based on the methods adopted in curing. As many as 29.0 per cent of the sample have expressed their preference for ready made oral rehydration mixture available in the market. The home made sugar and salt solution was preferred by 37.0 per cent of the sample. Crude and village medicines were preferred by 16.0 per cent of the sample and 18.0 per cent of the sample preferred directly approaching the doctors.

Among urban women, 46.0 per cent preferred home made solution and 36.0 per cent preferred ready made oral rehydration mixture. In rural areas 28.0 per cent preferred home made solution and 22.0 per cent preferred ready made mixture available in market.

FAMILY WELFARE COMPONENT OF ICDS:

The ICDS aims at family welfare through family planning, health services, health education etc. For family
planning the methods ordinarily preferred are tubectomy, vesectomy, pills and IUD. The Anganwadi workers are given oral or written targets regarding this family planning operations. In this context, it is to be recognised that the men do not prefer an easy vesectomy and prefer their spouses to undergo tubectomy. It is analysed here, the role of ICDS personnel in propagating family planning through all these methods. Table 5.11 gives the particulars of family planning methods adopted by sample respondents.

Table 5.11
Adopted Family Planning

<table>
<thead>
<tr>
<th>No. of children at the time of Family planning operation</th>
<th>Rural</th>
<th>Urban (slums)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Through ICDS</td>
<td>Without ICDS involvement</td>
<td>Through ICDS</td>
</tr>
<tr>
<td>1 Two</td>
<td>4 (3)</td>
<td>1 (1)</td>
<td>4 (3)</td>
</tr>
<tr>
<td>2 Three</td>
<td>4 (3)</td>
<td>1 (1)</td>
<td>4 (3)</td>
</tr>
<tr>
<td>3 Four</td>
<td>1 (1)</td>
<td>-</td>
<td>2 (1)</td>
</tr>
<tr>
<td>4 Five</td>
<td>2 (1)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>10 (7)</td>
<td>2 (1)</td>
<td>10 (7)</td>
</tr>
</tbody>
</table>

Note: 1) Figures in brackets indicate Tubectomy cases.

2) None of the husbandes of are sample have undergone vasectomy operation.

Source: Field survey data.
It can be seen from table 5.11 that, of the total 50 post-natal mothers 31 have adopted family planning methods. Of them, 22 have gone for tubectomy operations and none of the husbands of our sample have undergone vesectomy operation.

Of the 31 respondents adopting family planning methods, 20 have gone for the family planning through ICDS functionaries and 11 on their own initiative, without the prompting of ICDS functionaries. Between rural and urban areas, the tubectomy operations among the sample were 7 each. But in urban areas more people have gone for tubectomy on their own without involving ICDS personnel. It has to be noted in this context that, though some of them are adopting family planning methods independent of ICDS personnel, their names were involved in ICDS achievements. This is what our 11 sample respondents have told to the interviewer. Perhaps this may have been done to meet to targets set for Anganwadi workers.

Though 22 people have undergone tubectomy operations, only 10 people have undergone the tubectomy operation with two children. All the other 12 respondents have undergone operations with three or more children. This indicates the failure of ICDS personnel, to some extent, in educating the small family norm.
LEVEL OF KNOWLEDGE AMONG RESPONDENTS ABOUT ICDS PROGRAMME:

The success of any of the development or welfare programme for women depends on the knowledge and involvement of women in the programme. To understand the level of knowledge among the respondents about ICDS programme, the respondents were classified into four groups. The same information has been provided in table 5.12.

Table 5.12

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Level of Knowledge</th>
<th>Rural</th>
<th>Urban (slums)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of women to total</td>
<td>No. of women to total</td>
<td>No. of women to total</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Nil</td>
<td>13 26.0</td>
<td>11 22.0</td>
<td>24 24.0</td>
</tr>
<tr>
<td>2</td>
<td>Low</td>
<td>21 42.0</td>
<td>12 24.0</td>
<td>33 33.0</td>
</tr>
<tr>
<td>3</td>
<td>Medium</td>
<td>11 22.0</td>
<td>17 34.0</td>
<td>28 28.0</td>
</tr>
<tr>
<td>4</td>
<td>High</td>
<td>5 10.0</td>
<td>10 20.0</td>
<td>15 15.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>50 100.0</td>
<td>50 100.0</td>
<td>100 100.0</td>
</tr>
</tbody>
</table>

Nil : When beneficiaries are ignorant of ICDS programme and its objectives and Anganwadi centre activities.

Low : When beneficiaries know the existence of Anganwadi centre only

Medium : When beneficiaries know the activities of Anganwadi centre and nutrition programme.

High : When beneficiaries know the objectives of ICDS, activities of Anganwadi centre and Anganwadi worker.

Source : Field survey data.
It is surprising to note that, 24.0 per cent of the ICDS beneficiary women's knowledge about the programme is nil and 33.0 per cent have only low level of knowledge. This leaves with only 15.0 per cent having high level of knowledge and 28.0 per cent having medium level of knowledge. Which mean, the ICDS beneficiaries themselves are not fully aware of this scheme, indicating failure of propaganda machinery in providing necessary public awareness campaign about the programme.

Between rural and urban areas, the urban women are better informed of ICDS programme as compared to rural women. This point may be borne out by observing the fact that, 54.0 per cent of the respondents in urban areas are informed of either moderately or highly about the programme. By comparison such percentage was only 32.0 among rural women.

**KNOWLEDGE ABOUT ICDS FUNCTIONARIES**

The success of any development programme depends on the involvement of ground level workers among the beneficiaries. To find out the knowledge of the respondents about ICDS functionaries, the respondents were asked to tell how many of the different categories of ICDS functionaries are known to them either by person, by name or through their
functions. Table 5.13 gives the level of respondents knowledge about ICDS functionaries.

**Table 5.13**

<table>
<thead>
<tr>
<th>S. Category</th>
<th>Rural</th>
<th>Urban (slums)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of</td>
<td>Percentage</td>
<td>No. of</td>
</tr>
<tr>
<td></td>
<td>women to total</td>
<td>having knowledge</td>
<td>women to total</td>
</tr>
<tr>
<td>1 ANMs</td>
<td>38</td>
<td>76.0</td>
<td>43</td>
</tr>
<tr>
<td>2 Helpers</td>
<td>33</td>
<td>66.0</td>
<td>39</td>
</tr>
<tr>
<td>3 ANMs</td>
<td>21</td>
<td>42.0</td>
<td>30</td>
</tr>
<tr>
<td>4 Supervisors</td>
<td>-</td>
<td>-</td>
<td>14</td>
</tr>
<tr>
<td>5 CDPO</td>
<td>-</td>
<td>-</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: Field survey data.

From table 5.13 it can be observed that, from among the ICDS functionaries field level workers are more known to respondents as compared to district level officials. In our sample, 81.0 per cent of the sample knew about Anganwadi workers, 72.0 per cent knew the helpers, 51.0 per cent knew the ANMs. Only a small percentage of the sample women knew about the supervisors and the child development project officers.
Between rural and urban areas, urban respondents are better informed of ICDS functionaries as compared to rural respondents. This can be borne out by observing higher percentage of sample respondents knowing ICDS functionaries from under slum areas.

LOCATION OF ANGANWADI CENTRES:

The location of Anganwadi centres is very important in spreading the message about aims and objectives of ICDS programme and the successful implementation of the same. If the centre is located amidst people, it becomes easy for both the functionaries of the programme in discharging their duties and the beneficiaries in involving themselves in the programme and receiving the benefits. To know the locational advantage or disadvantages to the people, the sample respondents were asked to give their opinion about the location of Anganwadi centres and the same was presented in table 5.14.

It can be seen from the table 5.14 that, about half of the respondents have said that the Anganwadi centres are conveniently located. As many as 19.0 per cent of the respondents have said that Anganwadi centres are located at far away places to their place of residence. Between rural and urban areas, almost similar trends can be observed. It has to be kept in mind that, unless the centres are located conveniently people cannot easily use the services of the
### Table 5.14

Location of Anganwadi Centre

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Distance Description</th>
<th>Rural</th>
<th>Urban (slums)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No. of women</td>
<td>Percentage to total</td>
<td>No. of women</td>
</tr>
<tr>
<td>1</td>
<td>Conveniently located</td>
<td>25</td>
<td>50.0</td>
<td>26</td>
</tr>
<tr>
<td>2</td>
<td>Located at a small distance</td>
<td>15</td>
<td>30.0</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>Located at a faraway place</td>
<td>10</td>
<td>20.0</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>

Source: Field survey data.

ICDS. The basic reason for this being that, the receipt of ICDS benefits can be postponed and are not direct and time bound. If the scheme is giving direct, recognisable and monitory benefits, the respondents would have visited the Anganwadi centre regularly. As the ICDS benefits are not visible, the centres are to be taken to the people rather than people coming to the centres.

The visits of respondents to the Anganwadi centres depend on distance of the centre and purpose of the visit. Based on the frequency of visits, the respondents were asked to give their opinion about the frequency of the visits. The respondents were classified and are presented in table 5.15.
Table 5.15

Visiting of Anganwadi Centre by Respondents

<table>
<thead>
<tr>
<th>S. No</th>
<th>Frequency</th>
<th>No. of women</th>
<th>Percentage to total</th>
<th>No. of women</th>
<th>Percentage to total</th>
<th>No. of women</th>
<th>Percentage to total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regularly</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Not regularly</td>
<td>6</td>
<td>12.0</td>
<td>14</td>
<td>28.0</td>
<td>20</td>
<td>20.0</td>
</tr>
<tr>
<td>3</td>
<td>Once or twice</td>
<td>3</td>
<td>26.0</td>
<td>19</td>
<td>38.0</td>
<td>32</td>
<td>32.0</td>
</tr>
<tr>
<td>4</td>
<td>Never</td>
<td>31</td>
<td>62.0</td>
<td>17</td>
<td>34.0</td>
<td>48</td>
<td>48.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td>50</td>
<td>100.0</td>
<td>100</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Field survey data.

It can be observed that, none of the respondents have regularly visited the Anganwadi centres. As many as 48.0 per cent of the sample respondents never visited the centres. Of the rest 22.0 per cent said that, they did not visit the centre regularly and 32.0 per cent said that they have visited the centre only once or twice. Between rural and urban areas, the difference is clearly seen as we observe that, 34.0 per cent of the urban respondents never visited the Anganwadi centre as compared to 62.0 per cent never visiting the centre in rural areas.