CHAPTER 1

INTRODUCTION
STATEMENT OF THE PROBLEM:

In India two-fifths of country’s population are children. They are not only the development agents of the country but also the human capital of the future. The future of the country depends on the children who are physically strong, mentally alert and intelligent. The children’s development, however, invariably depends on the family conditions of the society. Infact the plight of the children is a reflection of a nation’s poverty or prosperity.

Most of the Indian children are born with multi-dimensional problems. Most of the children are born and live in absolute poverty. Absence of nutritional food, hygienic living conditions, medical care, introduction to good education and protection from several deadly diseases are the major problems faced by the children in India. As many as 39.9 per cent of the rural and 27.7 per cent of the urban population are below the poverty line in India. The infant mortality in India is as high as 80 per thousand. In rural areas it is much higher and is 86 per thousand. It is estimated that in India, 57.0 per cent of the cases

2. Ibid. p. 8
of child death in general occur due to lack of any medical treatment. Few fatal diseases like typhoid, anemia, phueumonia are also causing severe child loss. Only 16.2 per cent of rural children are enjoying the normal nutritional food. Rest of them are facing either mild, moderate or severe malnutrition. Further, only about 41.2 per cent of the child births are attended by trained persons. It must be recognised here that, most of the problems faced by the children are the reflections and consequences of socio-economic standards of the people of the country.

Women represent 50 per cent of the total population. But they are still considered a weaker sex. They are assetless. They are bounded by traditions and cultural practices and are basically confined to household activities, specifically for kitchen. Though Hindu traditions, literature and the religion offers a unique place to women, in practice they remain relegated to only third place. The men occupy the first place, male children occupy the second place, women of the family occupy the third place and female child the fourth place. The condition of widows and infirm women are worse than even the fourth category. Many of the problems faced by children are either directly or indirectly related to the problems faced

3. Ibid. p. 16
by the women. The issues and the problems of children start even before they take shape in their mother's womb.

Considering the seriousness of the problems faced by the children. The Government of India has introduced several programmes for the betterment of the child. Integrated Child Development Scheme (ICDS) is the largest ever programme initiated for the welfare of the children on an holistic approach. This programme aims at improving the nutritional and health status of the children, to lay the foundation for proper psychological, physical and social development of the children, help in reducing the incidence of mortality and morbidity and malnutrition and school dropout rate. The scheme further aims to achieve effective coordination of policy and implementation among the various departments to promote child development and enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

This ICDS programme is under implementation since two decades in India. The programme was started in Anantapur too at the same time. Any welfare programme needs to be assessed continuously so as to identify any mistakes in the policy, planning, implementation and in achieving better results. The present study aims to assess the working of ICDS programme and its impact on the social development of children and women in Anantapur district.
Anantapur district is a severely drought prone area. This drought proneness and its consequent effects on poverty, unemployment, under employment, illiteracy, lack of dependable assets and income results in more severe problems to children as compared to their counterparts in well endowed regions. Which means the impact of ICDS programme necessitates a separate assessment in the district as compared to other regions. The present study aims to do the needful in this context.

The impact of ICDS programme is assessed by several individual researchers and organisations. The important individual researchers who have made significant studies are Sundar Lal⁴, A.B. Dasai et al⁵, P.N. Tandan et al⁶, Ananta Krishna and Suseela⁷ and Narmada⁸. These

---


experts have analysed the general nutritional status of children in India, nutritional status of ICDS beneficiaries, and infant feeding practices etc.

Majumdar, Baxi and Modi have studied the immunization practices under ICDS Programme. The health status of ICDS beneficiaries were analysed by Kamalnathan and Godavari and Prabhakara et al.

The impact of ICDS programme on infant mortality rate was analysed by K.G. Kamala, Sundar Lai and Suri and Manwathi et al. The component of health and


11. Prabhakara et al, "A study on the Health Profile of the Beneficiaries Under ICDS Scheme in Slums of Bangalore", Department of Preventive and Social Medicine, Medical College Bangalore, Bangalore, 1984.


nutritional education in ICDS programme was analysed by Prameela, Kittu and Gopalakrishna\(^{15}\) and Vasudeva\(^{16}\).

Apart from these studies by individual researchers few institutions have also conducted few studies. Important among them are conducted by National Institute of Public Cooperation on Child Development (NIPCCD). NIPCCD has analysed the working of this programme thrice with different objectives and the geographical coverage. NIPCCD in it's latest study\(^{17}\) has included five ICDS blocks of Anantapur District in the sample. However, since the analysis is done at aggregate level, (Country as a whole) the main findings regarding the working of ICDS programme in Anantapur district was not separately analysed and assessed. Our effort is to meet these lacunae.

**SCOPE AND LIMITATIONS OF THE STUDY:**

The impact of ICDS programme on social development is analysed with few restricted objectives. The study is

---

15. Pramila, Kittu and Gopalkrishna, "Health Education for Success of ICDS programme", Department of Pediatrics, Institute of Child Health and Hospital for Children, Egmore, Madras.


confined to Anantapur district alone. The impact of ICDS programme on social development is analysed from social science angle only. As far the limitations are concerned, this study is based on sampling technique. Any resulting error in our sample in the sample methodology creeps into our main findings also. Though ICDS programme aims at the betterment of the children of rural, urban slums and tribal areas, the study is confined to only to rural and urban children. Further, medical equipment have not been used to measure the exact impact of ICDS programme on each of the children. The clinical aspects of ICDS programme have also not been analysed.

OBJECTIVES:

To assess the working and impact of ICDS programme the following objectives have been adopted.

1. To understand the basic components of ICDS programme.
2. To examine the impact of ICDS programme on the nutritional status of the target children and mothers.
3. To assess the impact on immunization practices.
4. To assess the impact on health awareness through ICDS, and
5. To examine the attitudes of the people towards ICDS.
SAMPLE METHODOLOGY:

To assess the impact of ICDS programme at field level, sample households were interviewed with the help of a pre-designed schedule. For canvassing the schedule, the following methodology was adopted in selecting the sample.

A total of hundred households have been selected for the purpose of the study. These households were represented by women alone as respondents. The methodology adopted in choosing the households is multi-stage random sampling. Anantapur district is purposefully chosen for the study. In Anantapur district, there are three divisions. The northern most division (Anantapur) is again purposefully chosen for the study. This purposive selection is done as the present researcher is aware of the region. From this selected region, one urban ICDS block and one rural ICDS block are randomly chosen. Again from each these two blocks, ten Anaganwadi centres are randomly identified. The ten centres selected from rural areas are 1) Chinna Kunta, 2) Uppara Palli, 3) Pulakunta, 4) Itukala Palli, 5) Akuthota Palli, 6) Somuladoddi, 7) Almuru, 8) Nagireddi Palli, 9) Kurugunta and 10) Rachana Palli. Ten urban centres selected are 1) Narayana Puram, 2) Janashaktinagar, 3) Kakka Palli, 4) Ballari Road, 5) Rudram peta, 6) Ambedker Nagar, 7) Rani Nagar, 8) Amudala Veedhi, 9) Yerranala Kottalu and 10) Industrial estate. All the beneficiaries of twenty centres
were listed out. From each centre five beneficiary households have been selected through random sampling. The total sample beneficiaries selected on this basis work out to hundred.

CHAPTER SCHEME:

The study is presented in six chapters. The first chapter is concerned with methodology. The second chapter discusses the problems faced by children and women in India. The genesis of ICDS, its objectives, organisation and its working at macro level is presented in chapter three. Chapter four is devoted to furnish the socio-economic profile of the sample beneficiaries. Chapter five is devoted to assess the impact of ICDS programme on social development and in achieving the specific objectives of the ICDS programme. The last chapter concludes by summarising the major findings of the study.