



# A STUDY ON INTEGRATED CHILD DEVELOPMENT SCHEMES FOR RURAL DEVELOPMENT.

<sup>1</sup>Mr. Pramod A. Kamble, <sup>2</sup> Mr. S. B. DESAI <sup>3</sup>Mrs. M. P. Jagtap

<sup>1</sup>Scholar, M. Tech, Rural Technology, <sup>2</sup> Assistant Professor, M. Tech, Y.C.S.R. D, <sup>3</sup>Assistant Professor, M. Tech, Y.C.S.R.D, Shivaji University, Kolhapur, Maharashtra, India.

**Abstract:** The Integrated Child Development Services (ICDS) scheme, one of the most prominent and outstanding national human resource development programmes of the GOI, was developed as a result of the decision to create a complete multi-centric programme with a limited number of services. ICDS works to improve child care by promoting the survival and development of children through an integrated strategy for combining essential services. Early stimulation and learning increased enrolment, as well as health, nutrition, water quality, and environmental sanitation. It has been found out that, A significant health issue in developing and poor nations is undernutrition, it is necessary nowadays to determine what sources of food available and whether it is available in all the parts. For that We need to determine the technique to create awareness in public especially in rural areas about importance of nutrition in one's life and problems occur due to deficiency of it. The present study focuses on collection and analysis of the available data on ICDS. The performed survey by using questionnaire and was represented in the graphical format to better understanding and analysis. Also, to provide suggestion on improvement of Integrated women and child development related to nutrition and health. The following study was done to identify the Scope of study which includes study of the present status of the ICDS and Situation Analysis, including baseline surveying and resource mapping. For this study, the data gathered from Shelkewadi village of Taluka Karveer situated in District Kolhapur of Maharashtra state. Census sampling method has been used for the present study. The sample size is 100 respondents and A sample of 100 respondents has been selected the population. For data collection, observation method has also been also been used and the sample data was collected by the Interviewing method. There were two sources of the information and data collection, The respondents serve as primary sources, whereas secondary sources include books, journals, newspapers, reports, records, etc. Interview schedule consisting of 18 questions has been used as a tool for data collection. The analysis and the interpretation of the data was done on age, occupation and education basis. The interview was done to check the opinion of the residents on the quality, concept and focus of the education. A survey on the food quality, diet and vaccination was carried out to study the awareness of ICDS and related programmes, and to get the general idea of these from the resident's perspective.

**Index Terms – ICDS, Nutrition, Childcare. Education, Survey, Data Collection and Analysis.**

## I. INTRODUCTION

Malnutrition in children has always been a serious issue. The target community was not reached by the many vertical health programmes that the Government of India (GOI) occasionally launched. India established a clear national policy for kids in 1974.[1] According to this policy, it was decided to create a complete multi-centric programme with a limited number of services. The Integrated Child Development Services (ICDS) scheme, one of the most prominent and outstanding national human resource development programmes of the GOI, was developed as a result of the decision.

The Integrated Child Development Services Program was put into practice by 33 community development blocks on October 2, 1975. The ICDS is the main illustration of Indians' commitment to their kids. India is aware of the challenges associated with providing preschool instruction. India is striving to address two problems: the issue of preschool education and stopping the vicious cycle of hunger on morbidity, diminished learning capacity, and mortality. Anganwadi schools in the ongoing ICDS project that are additional. ICDS works to improve child care by promoting the survival and development of children through an integrated strategy for combining essential services. Early stimulation and learning increased enrolment, as well as health, nutrition, water quality, and environmental sanitation. ICDS is a programme because of its integrated and cross-sectoral nature coordination method, community involvement in restructure, and monitoring system. The main objectives of the National Plan for Children's nutrition, health, and educational programmes may very well be accomplished by ICDS. By using the communication channels and media as development tools, ICDS seeks to empower the community through its advocacy and social mobilization components. The service gives supplemental diet in order to enhance the health and nutritional status of preschoolers, pregnant women, and nursing mothers. According to the DWCD, GOM's vision statement, the following are the main areas of focus: -By concentrating on the first 1000 days, or 9 months to 24 months, pregnant women and young children can have better nutrition. Implementation of the ICDS through universalization with a focus on the most marginalized and at-risk groups. Maharashtra adopts the standards of New Growth. The Rajmata Jijau Mother Child Health and Nutrition Mission will be established in September 2010, with a renewed focus on the first 1000 days. A take-home rationing option is provided by that programme. The primary focus is on young children under the age of two. In order to break the cycle of intergenerational malnutrition, focus will be placed on the education and nutrition of adolescent females as well as the empowerment of mothers regarding the health and nutrition of their children.

### 1.1 OBJECTIVES OF ICDS SCHEME

1. One of the project's main objectives is to improve the health and nutritional condition of women who are pregnant or nursing as well as children aged 0-6.
2. A decline in their death and dropout rates from school.
3. Establishing a strong foundation for the child's ideal development in psychological, physical and social spheres.
4. Improving maternal education and her ability to take care of her family's nutrition and health as well as her own

### 1.2 SERVICES

- a. Beneficiary supplemental nutrition;
- b. Children's vitamin A;
- c. Iron and folic acid pills;
- d. Immunization programme;
- e. If necessary, health check-ups.
- f. Minor illness treatment.
- g. Emergency medical referral services
- h. Women's non-formal health and nutrition education
- i. Preschool instruction for kids aged 3-6 to lower dropout rates
- j. Convergence of other assistance services, such as water and sanitation.

### II. NEED OF THE STUDY:

A significant health issue in developing and poor nations is undernutrition. Increased maternal mortality, growth retardation, decreases in physical and mental capacity, an increase in infectious illness morbidity, pregnancy mortality, early birth, lower educational attainment, and excess mortality are all effects of the problem of undernutrition and malnutrition. The likelihood of a kid dying in their first year is 10 times higher for those born with low weight than for those born with normal weights. Chronic undernutrition and energy shortage cause a number of health issues, including micronutrient deficiencies, iron and folate deficiency-induced anemia, vitamin A insufficiency, and iodine deficiency illnesses. Hence it is necessary nowadays to determine what sources of food available and whether it is available in all the parts. We need to determine the technique to create awareness in public especially in rural areas about importance of nutrition in one's life and problems occur due to deficiency of it.

### III. RESEARCH ELABORATIONS

#### i. REGION OF STUDY: -

The data gathered from Shelkewadi village of Taluka Karveer, District- Kolhapur

#### ii. SAMPLING AND SAMPLE: -

Census sampling method has been used for present study. A sample of 100 respondents has been selected the population.

#### iii. METHODS OF DATA COLLECTION: -

Interviewing method has been used for data collection observation method has also been also been used for data collection in this research.

#### iv. SOURCES FOR COLLECTING THE DATA: -

Data is collected using both primary and secondary sources. The respondents serve as primary sources, whereas secondary sources include books, journals, newspapers, reports, records, etc.

#### v. TOOLS FOR DATA COLLECTION: -

Interview schedule consisting of 15 questions has been used as a tool for data collection.

#### vi. DEFINITION OF KEY CONCEPT: -

The way of feeling thinking of people toward any issues like government schemes can be called as opinion.

### IV. VISIT OF SHELKEWADI VILLAGE: -

“Shelkewadi” is village in Taluka Karveer, District Kolhapur, State Maharashtra, India. It belongs to Desh or Western Ghats area of Maharashtra State. It is 15 Kilometers southwest of Kolhapur city. The nearby villages are Vashi, Kanadgaon. The river Bhogavati flowing perennially on the west side of village, which is about one kilometer from gaonthan. The nearest Post Office place is 3 Km away in the Vashi having its pin code is 416020. Shelkewadi situated in Karveer Taluka and Kagal Taluka at South-East side, Hatkanagale+ Taluka at East side, Panhala Taluka at North- West side and Radhanagari Taluka at South-West side.

Shelkewadi village is about 21 km from Industrial area on surrounding of Kolhapur city. The Railway and Air lines facility available up to Kolhapur city and village Shelakewadi accessible by bituminous road throughout all seasons. Village Shelakewadi felicitated by state level “Nirmal Gram Prize”.

### V. ANALYSIS AND INTERPRETATION OF DATA

#### 5.1 The Sample's Socio-Economic Characteristics

A socio-economic characteristic helps to understand once social status and economic position in the society of which helps the member. The various socio- economic characteristics that are explained in the study are-

- Age
- Education
- Occupation

The above socio-economic characteristics are having a great importance in the every of individual these factors help to understand once social status and economic condition in the society in which he/she lives. social and economic factors are interrelated towards integrated development of individual that is once social standing depends on the position an individual or family has in terms of supplying average levels of cultural and material goods, income, and involvement in family activities can be characterized as their economic standing.

##### 5.1.1 Age

Age is an important factor as it determines attitudes behavior and perception of people. Age also influences the coping mechanism of person hence the total study subject belong to various groups at every stage are group plays an important role in human life as it examines or divides various tasks of function by their age.

**Table No: - 1. Age Distribution of the Respondent.**

Sr. No.	Particular	Respondent	Percentage
1	18-24 years	16	16
2	25-31years	47	47
3	32-40years	20	20
4	41 and above	17	17
	Total	100	100.00

The table 4. clearly shows that largest number (47%) of the respondents is from age group 25-31 years, while the second largest age group (20%) is of 32- 40 years and third group (17%) is 41 and above years and minimum number (16%) of the respondents are between the ages of 18 and 24. Hence it can be stated that majority of respondents are belonging age group of 25-31years.

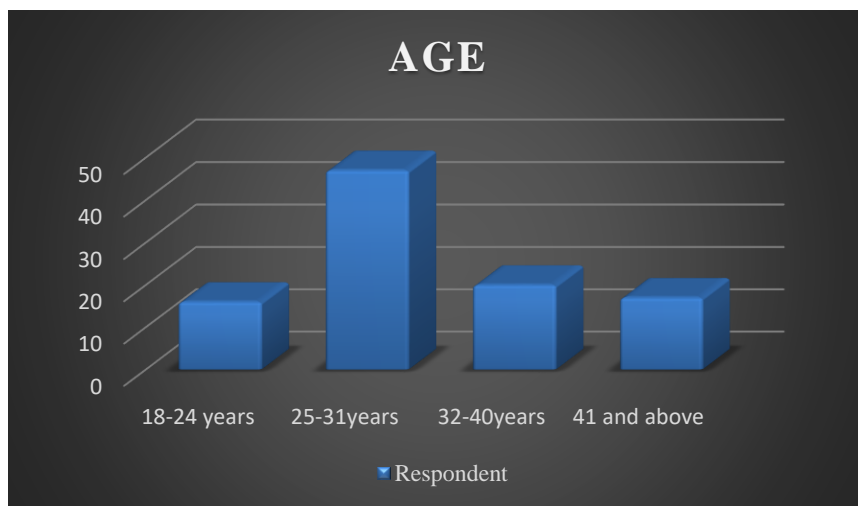


Figure No 1. Age Vs Respondent

5.1.2 Education: -

Knowledge gained via education is crucial for development and socialization. Education helps people become more aware of many global challenges. A college degree serves as a symbol of development and civilization. Here are the total studies subjects are classified in various groups which are shown in table given below table no.2

Table No 2 Distribution of Respondents based on Education

Sr. No.	Particular	Respondents	Percentage
1	Primary	11	11
3	Secondary	22	22
4	H.S.C.	28	28
5	Graduation	22	22
6	Post-Graduation	17	17
	Total	100	100

The table helps us to examine that largest number of respondents are from H.S.C. (28%) education group. The second largest groups (22%) are of Secondary and Graduation education. Third one is of post-Graduation education (17%). And the last one is Primary level that is (11%). It clearly shows H.S.C. further most important factor.

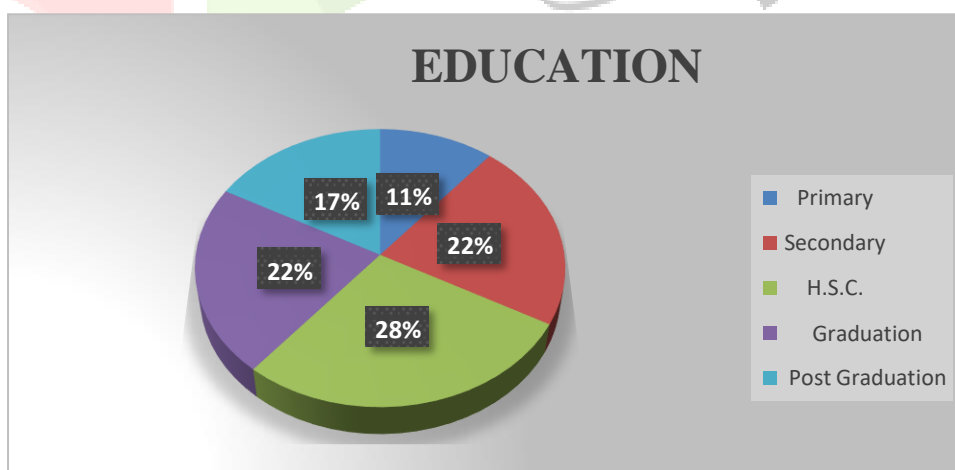


Figure No 2 Pie chart for Education

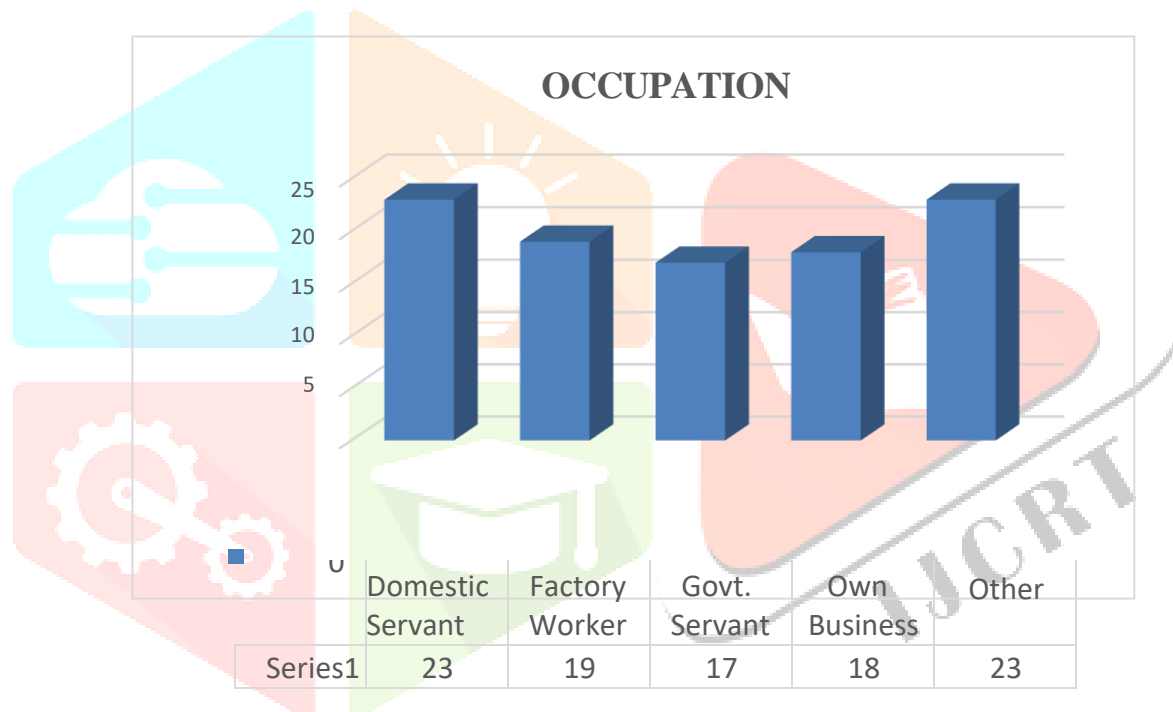
### 5.1.3 Occupation: -

For surviving of each person occupation of every individual plays an important role. Occupation and status of life are two sides of same coin. Occupation helps us to understand about the capacities if individual.

**Table No. 3 Distribution of Respondent by Occupation**

Sr. No.	Particular	Respondents	Percentage
1	Domestic Servant	23	23
2	Factory Worker	19	19
3	Govt. Servant	17	17
4	Own Business	18	18
5	Other	23	23
	Total	100	100

The tables about occupation are to examine the largest number of respondents largest group (23%) are having their domestic servant and other with their work. The tables about occupation are to examine the second largest number of respondents largest group (19%) are having their with their factory worker. And third largest groups (18%) are own business.



**Figure No. 3 Occupation Vs Respondent**

## 5.2 ICDS Related

### 5.2.1 ICDS Services

Central government has been decided certain objective to achieve the child health development to achieve this objective the A comprehensive set of services including supplemental nutrition, immunizations, health checkups, informal preschool education, and nutrition and health education are the goals of ICDS.

The distribution of respondent according to ICDS Service is given in the below table no.4

**Table No 4 Distribution of Respondents Based on ICDS Services**

Sr. No.	Particular	Respondents	Percentage
1	Health and Food	4	4
2	Social Services	0	0
3	Education, Health and Food	96	96
	Total	100	100



Distribution of respondents is shown in the previous table by ICDS Services. The table reveals that largest number of respondents is from third category that is Education, Food and Health (96%), the second largest groups (4%) are of Health and Food.

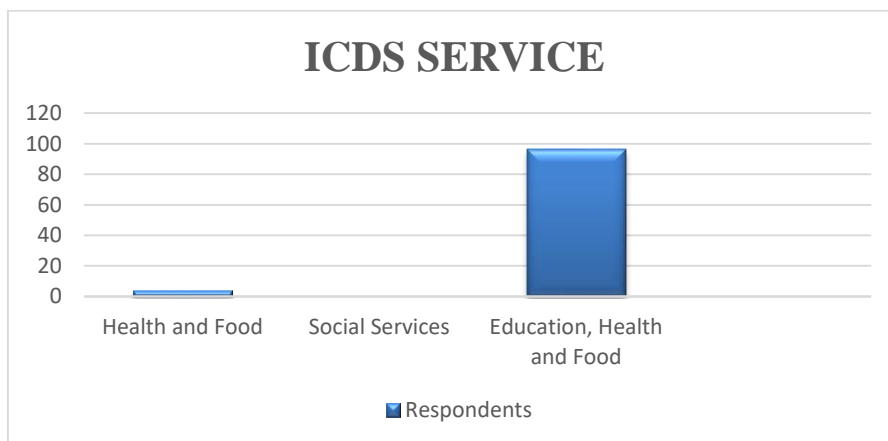


Figure No. 4 ICDS services Vs Respondent

### 5.2.2 Health Service

ICDS focused services related to health and provide nutritious diet from the ICDS health check-up service is given as well as to all children pregnant women and nursing mothers they provide nutritious diet daily these services are provided to all the beneficiaries. The distribution of respondent according to opinion about ICDS activities is given in below table no.5

Table No 5 Distribution of Respondents according to Opinion about ICDS activity

Sr. No.	Particular	Respondents	Percentage
1	Beneficial for poor people	4	4
2	Beneficial for Children and Women	52	52
3	Beneficial for all people	44	44
	Total	100	100

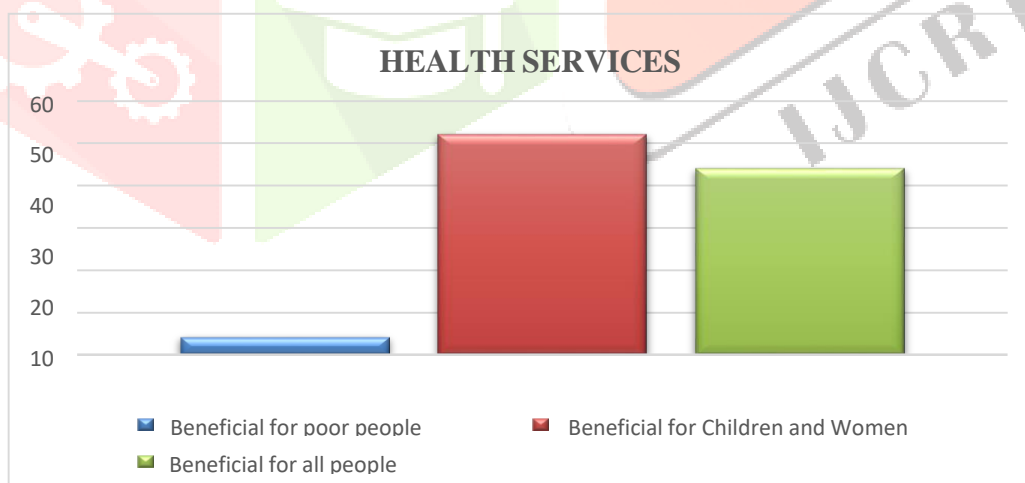


Figure No. 5 Health services Vs Respondent

The table indicates that the largest number of respondents (52%) think that the ICDS activities or services are beneficial for only children and women. But the second largest group (44%) have opinion the ICDS services are beneficial for all people

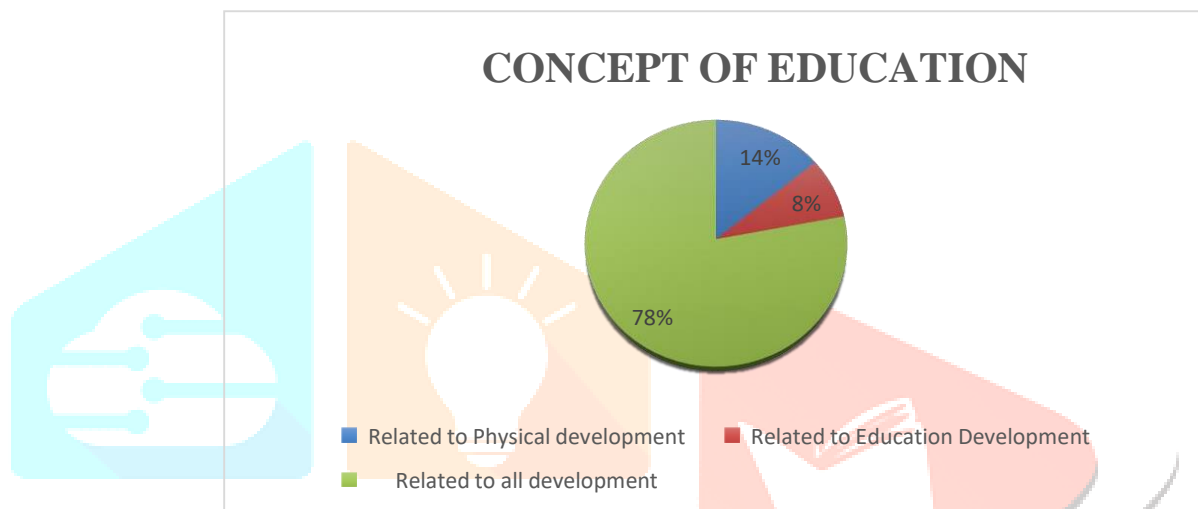
### Concept of Education

There are many concepts about education providing in anganwadis. Some respondent think it should be related with physical development, some respondent think related to education development and some think related to all development. After the survey we got following results.

The distributions of respondents are according to ICDS type of education is given below table no. 6

**Table No.6 Respondents distribution according to type of Education**

Sr. No.	Particular	Respondents	Percentage
1	Related to Physical development	14	14
2	Related to Education Development	8	8
3	Related to all development	78	78
	Total	100	100



*Figure No.6 Pie chart of Education*

From the study, it is cleared that most respondent think (78%) that the education should be related with all kind of development. Another group (14%) thought that education should provide for physical development and the less no. of respondents (8%) thought the education should be the education development.

#### 5.2.3 Vaccination: -

The program's goal is to give pregnant women and children up to age 6 the right and essential vaccinations. When a researcher questioned respondents about whether they had used these programmes, they received the following response.

**Table No.7 Distribution of Respondents according to Vaccination Benefits provides the distribution of respondents based on ICDS benefits.**

Sr. No.	Particular	Respondents	Percentage
1	Taken	86	86
2	Not taken	2	2
3	Sometime taken	12	12
	Total	100	100

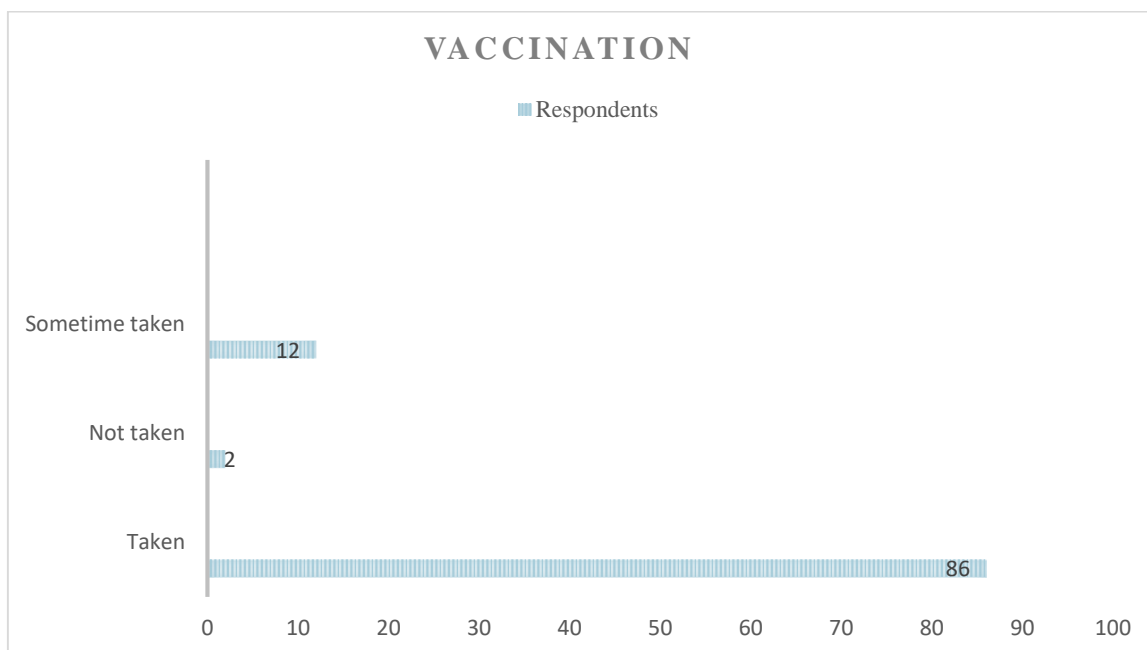


Figure No. 7 Vaccination Vs Respondent

The aforementioned data clearly shows that (86%) respondent use the immunization programme to their advantage. Only (2% of respondents) did not use these programmes to their advantage.

5.2.4 Food Quality

During health check-ups and growth tracking, children who are ill or malnourished and need emergency medical attention are directed to the main health center or its sub-center. The anganwadis worker has also been trained to identify childhood disabilities. All such cases are reported to the ANM and the medical officer in charge of the primary health center, who are then listed and referred to. When we done such survey, we got 100% positive response as yes. As we saw before the respondent knew that ICDS activities improve child health. The question raises that if yes then how they knew it after the survey we got following result:

The distribution of respondents based on their knowledge of ICDS activities is shown in table no. 8 below

Table No. 8 Distribution of Respondent by Opinion about Activities and Programme.

Sr. No.	Particular	Respondents	Percentage
1	Nutritious food to children	40	40
2	Food only fulfills the children's hunger	4	4
3	Provide all health services	56	56
	Total	100	100

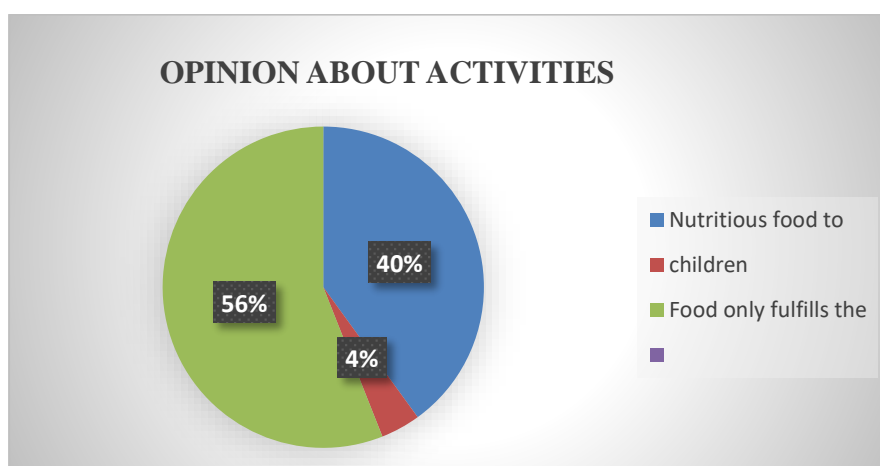


Figure No. 8 Opinion about Activities Vs Respondent



The table reveals that more than half respondent (56%) knew that ICDS activities provide health service. Second largest group (40%) knew that it fulfils children's hunger. Last group think it provided nutritious food to children.

### 5.2.5 Participation in ICDS: -

When any programme is implemented in any community that time people participation is very important to achieve the success of this programme here only the anganwadis worker cannot do any activity but with the help of villagers they achieve the goal people contribution in ICDS the initiative participation in all views is very necessary to conduct any programme not only the financial help is enough but people participation initiative is necessary. The distribution of Respondents is according to participation is given in below Table No.9

**Table no. 9 Distribution of Respondents By way of Participation in ICDS programme.**

Sr. No.	Particular	Respondents	Percentage
1	Giving donation	2	2
2	Taking participation in programme	88	88
3	Only attending the programme	10	10
	Total	100	100

The inset table reveals that 88% respondents participate in anganwadis programme. Only 10 % people are attending the anganwadis programme.



**Graph No. 9 Participation in ICDS Vs Respondents**

## VI. CONCLUSIONS

People often categories a state's wealth in terms of its population health, and one of the most crucial conditions for good health is proper nutrition. People's nutritional status is increasingly understood to be a key determinant of a state's and a nation's progress on a global scale. The health and level of education of a country's population will determine its future power. Every person has a duty to encourage the child's optimal growth. Children vary from adults in that their nutritional needs must support both growth and tissue restoration. From the current project study, it can be inferred that, despite the food supplementation programme being operated by the GOI through the Anganwadi, the nutritional status as determined by underweight and wasting among the 3–6-year-old ICDS Children was satisfactory.

According to the information gathered for the ICDS, the majority of respondents (47%) are in the 25- to 31-year-old age range, and the majority (28%) are in the H.S.C. education group. Education, health, and food responses accounted for 96% of respondents who provided information on ICDS. The majority of respondents (52%) believe that only women and children benefit from the ICDS services. The majority of respondents

(78%) believe that education should be connected to all forms of growth. According to the research, 56% of respondents or more were aware that ICDS activities provide health services. 88% of respondents participate in the anganwadis programme.

The data collected in the anganwadis register should be saved in an electronic manner. An application called e-ILA (e-Incremental learning approach) is beneficial for anganwadis workers and sevika to boost their knowledge. If at all possible, create applications and save information that make it simple to trace beneficiaries for their intended use. Last but not least, if it is able to hire well-educated candidates for efficient work, the workload for anganwadis workers and sevika is reduced.

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