Chapter-I

CHAPTER-I

INTRODUCTION

Child Welfare in India

The concern of the Indian people for the upbringing of children went back to many centuries. The ancient Indian texts called *Grihyasutras* contained *Sanskaras* or concepts in child-rearing practices. *Sanskaras,* a Sanskrit word, connoted socio-religious activities aiming at the intellectual and physical development of an individual throughout life. Based on sound principles of health and hygiene, those *Sanskaras* dealt with many stages of an infant's life, ranging from conception till the age of six.

It was interesting to note that solid food was first administered to a baby at five months of age in a ritual called '*Annaprasan*', a practice fully endorsed by modern scientists.

In ancient India, rearing of a child was the basic responsibility of the family. Mothers and Grandmothers accumulated knowledge on child development through study, practice and observation. They had the knowledge about the time when a child achieved control of neck or was able to turn from back to front or when could sit up without support or could crawl.

A thrilling day for a household was when the child could cross the threshold. That occasion was celebrated by the breaking of a coconut or by distribution of sweets. Again the old *Samhitas* had laid down in details the type of toys that could be fabricated and used to help child growth.

During the Aryans times in ancient India, the attitude to children was reflected in a passage from the *Atharva Veda.* It was interesting to note that Kautilya's *Arthasastra* also mentioned in detail about the care of mother and child. Child labour was discouraged and provision was made for maternity benefits to female slaves and labourers. Full facilities, concessions and aids were afforded during confinement of needy pregnant women, and their infants were carefully nursed. Besides, there were orphanages where food was given and children were educated.

For a long time, helpless and destitute children had been the object of ancient religious charity. But the recognition that all the children were in need of help including the destitute was a much later development.

Nevertheless, the history of the child welfare in India was relatively recent. The only evidence of concern for a sector of children's needs, the care of pre-school child, as described by the former President, International Union for Child Welfare, Tara Ali Baig(1979) went back to 1874 with experiments in some missionary schools in Lucknow and Poona. The missionaries in different parts of India were the pioneers in the educational field, like Rabindranath Tagore in Bengal and Annie Besant who started a new educational movement in South India.

Balkan-Ji-Bari with headquarters in Bombay was perhaps the first child organization to be created in 1920. In the same year, it appeared that a number of experiments were started by pioneers like Gijubhai who set up the Nutan Bal Sikshan Sangh in Gujarat and Maharashtra and the Guild of Service which had built-up excellent child welfare organizations throughout South India. Those not only cared for large numbers of orphan and destitute children living together naturally as in families in homely atmosphere, but

were also excellent technical schools and training centres provided for them to get properly nurtured. They created the first centre in Madras for training of women as house-keepers and properly trained nurses for taking care of babies. Homeless boys had been given employment in their bakeries and industry had helped set-up of advanced centres for employment for such children. In 1927, the Children's Aid Society in Bombay was founded for helping and taking vagrant and street children and put them into residential care. The society, since its inception, had helped thousands of children settle in productive occupations. In Bengal the Moni Mela movement was started. In Bihar, the Kishori Dal that maintained excellent services and training programmes for Pre-School Children.

In Assam another child welfare organisation named Maina Parijat was set-up, and in Andhra Pradesh the Balananda Sangam. Many small centres which did not develop into any notable movement but took care of some of the immediate problems of children in Karnataka, Kanpur and Dehra Dun, were an indication of the trend in public consciousness to undertake activities that improved the life and entertainment of children. In this way, small libraries and play centres and later on holiday homes by many different small and local agencies were established ... A very important creative centre was the Children's Theatre Movement in Bengal which pioneered programmes that made adults realizes the creative genius of children.

In short, during the pre-independence era, the state was mainly a Police State Charged with functions of law and order, security and defence. The welfare of the millions of children and other people of this country was left only to the voluntary organizations that collected donations for supporting them. It was estimated that at the time of Independence there

were about 500 voluntary organizations providing educational, nutritional, health, psychological and recreational services for normal children, welfare services for handicapped children and also maternity services. Some of them even undertook research in the field of child welfare.

Emergence of Integrated Approach to Child Development

After Independence, India became a welfare state. The Government took many new steps for the welfare of children and a new era in the field of child welfare ushered in based on the reality that today's children is the responsible citizen of future.

The Constitution of India was adopted in 1950 in which economic and social planning was kept as a concurrent subject. The Directive Principles of State Policy provided the beacon light for formulating various socio-economic programmes for women and children.

There was another dimension which could not be ignored. It was rightly stressed by Joost Kutten Brower (1972) that an illiterate disease ridden population could not be expected to raise productivity to the extent considered necessary by the planners quite apart from the question of social justice.

But for separating children for special inputs, the planners incurred the wrath of more traditional social workers who were sure that only family services were right and enough for the child. It has been mentioned by a former secretary to The Government of India, since India has the ultimate goal of a Socialist Society, the ultimate aim of economic development is the welfare of the family. And, in the family, the most precious asset is the child. Therefore, in the strategy of planned national development, India

focused its foremost interest in the young child. And the very First Five Year Plan document for the period 1951-56 contained the observation; "considering the number involved, the need of children should receive much greater consideration than is commonly given to them". That was commendable. But even if it was present in the minds of the planners, it was certainly not evident and not reflected in their planning.

Nevertheless, the Government of India, Indian Council of Child Welfare and the Central Social Welfare Board had done important pioneering work in the field of women and child welfare. Since the number of women and children was very large in the total population, owing to financial, administrative and other limitations, their efforts had hardly touched the fringe of the problem, even after 49 years of the independence. Regarding integrated services for children, Ika Paul Pont (1963) had also first emphasized "piece meal services have to give place to an integrated approach. Mere excellence of isolated service will obviously not be effective. Child Welfare Services, therefore, to be planned and organized on a comprehensive basis, taking all aspects of child's personality into account, care being taken to ensure that the child is not isolated from the family and the community to which he belongs.

D. Paul Chowdhury,(1963) an eminent social scientist had a similar view when he pointed out that child welfare comprises totally of measures—administrative, technical, educational or social intended to give each individual an equality of opportunity of growth and development. In 1972, he had again observed; if the country has to aim at laying a sound foundation for the next generation, it would be extremely necessary to work a country-wide programme of integrated child development by bringing together not only various departments of the Government but also voluntary

organization". But it was not until 1952 that some of the voluntary actions became centralized in the Indian Council for Child Welfare, which remained the major national organization for child welfare today with branches in every state. The Indian Council for Child Welfare (ICCW) grew out programme to assist children during terrible famine in Bengal in 1942, perhaps the first major United Nations (U.N) action for children in India. it also anticipated the great world agency of United Nation International Children Emergency Fund (UNICEF) established in 1946.

Some other important development related to children also needed to be mentioned here. In 1949, New Delhi was selected as a centre for establishing the World Health Organisation (WHO) Regional Office for the South-East Asian countries which incidentally was the first regional office to be set-up by the World Health Organisation (WHO). That facilitated direct communication with World Health Organisation (WHO) of Maternal and Child Health (MCH) besides health problems and assistance for the purpose.

Then in 1953, in order to coordinate the activities of private organizations and give them assistance the Central Social Welfare Board (CSWB) was established at union level. The Board was also charged with the responsibility for preparing programme for women and children in rural areas.

Apart from aiding institutions working for the welfare of destitute, neglected and handicapped children the Board through grants-in-aid sponsored a programme of Welfare Extension Project and started a network of Balwadis in villages and urban areas for the Pre-School children. Crèches were also run by industrial undertakings as part of their statutory

responsibility and mobile crèches for children of construction workers by voluntary agencies.

Later, the Integrated Child Demonstration Projects were launched during the Third Five Year Plan period. That was followed by Family and Child Welfare Projects by the Central Social Welfare Board. The Ministry of Education started a programme of Providing Mid-Day Meals to the schools children with the help of Cooperative for American Relief Everywhere (CARE).

In 1966 the setting up of the National Institute of Public Cooperation and Child Development (NIPCCD), New Delhi was another significant development. The Institute is the country's apex organization for training of the Integrated Child Development Services (ICDS) functionaries and in Fifth Five Year Plan a new Division of Child Development was added to the Institute in 1975. In 1968, the Government of India issued the Resolution on National Policy on Education which recommended that suitable programmes should be developed to reduce the prevailing wastage and stagnation in schools.

On 22nd August, 1974, in the 27th year of its independence, India adopted a momentous resolution—the Resolution on National Policy for children. The Resolution organized children as the nation's supremely important asset and declared that the government should take over the responsibility for their nature and solitude. The Resolution urged that a children's programme should find a prominent part in the national plans for the development of human resources. The adoption of the Resolution followed in the wake of the United Nations Declaration of the Rights of the Child to which India was a party. In pursuance of the National Policy for

children as "the nation's supreme important assets" the Government of India constituted the National Children's Fund.

The emergence of the Integrated Approach to Child Care and development could be traced through the various Five Year Plans and it appeared that child was never given a high priority in the early Five Year Plans and only for the first time in our country, a programme for child welfare was included in the Social Welfare Plan during the Third Five Year Plan (1961-1966). The Third Five Year Plan emphasized the need for integrated development of children which were necessary for the total development of child, such as health and nutrition, education and training, recreation and social welfare. In order to demonstrate that Integrated Approach to the total development of the child, Demonstration Projects for Integrated Child Welfare Services were started by the State Governments in 17 Community Development Blocks, under a centrally sponsored scheme.

In 1968, the committee for the preparation of a programme for children under the chairmanship of Mr. Ganga Sharan Sinha recommended the provision of integrated services of health, nutrition, education and welfare of children and mothers through the family and the community.

The Fourth Five Year Plan (1969-1974) drawn attention to the new area of destitute children who had not received due attention hitherto. The Plan also reiterated certain gap in social welfare planning such as the lack of statistical data, absence of counselling and advisory services and the need for better management and supervision at the field level.

Some major Programmes before launching of the Integrated Child Development Services (ICDS) Programme may be read as hereunder.

1. (a) Welfare Extension Project (1953-1954)

   (b) Welfare Extension Project (Urban) 1958

   (c) Welfare Extension Project in Border Areas

2. Applied Nutrition Programme (ANP) 1960

3. Integrated Pre-School Projects (Urban Neighbourhood) 1961-1962

4. Tamil Nadu Pre-School Project (1962)

5. Balwadis Erstwhile Integrated Child Welfare Demonstration Project (1964)

6. Indo-Dutch Project (1966)

7. The Balwadi Programme in Pondicherry in 1966

8. Family and Child Welfare Project (1967)

9. Balwadi Nutrition Programme (1970-1971)

10. Supplementary Nutrition Programme (1971-1972)

11. Comprehensive Rural Health Project (1970)

12. Integrated Mother-Child Health Nutrition Project, Kasa (1972)

13. Integrated Health Services Project Miraj (1973)

14. Child Welfare Programme of Child in Need Institute (CINI), West Bengal (1974)

15. Prevention of Blindness due to Malnutrition and Rehabilitation Centre, Chikhodra (1975)

16. Composite Programme for Women and Pre-School Children (1975-1976)

17. The Integrated Child Development Services (ICDS) Project (1975-1976)

A critical assessment of the efforts made during the first four Five Year Plan Periods (1951-1974) to promote child welfare gave indication that the shortcomings in achievement of the goals emphasized in the plans were due to a variety of factors such as :

Lack of Adequate Resources

Right after independence, emphasis was naturally laid on certain core sectors of National Development to which major share of limited resources were allocated. The allocation of social welfare, comprising mainly child welfare schemes, was less than 0.5 percent of the total provisions in those Five Years Plans.

Lack of Trained Personnel

Child Development was a specialized field for which knowledge of subjects such as Child Psychology, Cognitive Psychology, Education, Nutrition, Home Science, Paediatrics, etc., was essential. But manpower so trained was missing.

Poor Economic Condition of the People Stood in the Way of Success

The per capita income of the people in India in 1951 stood at Rupees 265. Child Welfare services could not be properly provided for in the institutions run by the Government or those by the voluntary agencies mainly due to financial constraints.

The family did play a vital role in child care but due to their limited means they could not do justice to it.

Deficiency in Administrative Machinery

A major deficiency was the lack of adequate administrative machinery at the centre and state levels. Until 1964, there was no separate Department of Social Welfare which could provide the coordinating mechanism for the integrated efforts of all other departments providing services for children and their welfare and development. During this period Social Welfare Services were confined mainly to the provision of relief to the handicapped and the under privileged sections of the Society. And it was only during the Fifth Five Year Plan (1974-1979) that a shift in the approach and strategy to social welfare emerged. Greater emphasis was laid on the expansion of preventive and development programmes of social welfare, integration between social and economic aspects of planning and expansion of basic health services, nutrition, child care, functional literacy etc.

A strong recommendation for integrated programmes was made by the Study Group on the Development of the Pre-School Child (1972) appointed by then Ministry of Education and Social Welfare in the following words : "*Services for the Pre-School Child began in an isolated and piecemeal fashion. Some concentrated on education, others on nutrition and still others on social welfare. It has had been realized, however, that such piecemeal efforts do not produce the best results and that only a programme of integrated services which combines education, health, nutrition, and welfare (including parent and community education) can yield the desired result. We, therefore, recommended that integrated*

programmes for total development of the Pre-School Child should receive high priority and adequate resources".

Moreover in the Fourth Five Year Plan, the programme of Family Planning assumed national importance and was accorded the highest priority. But it was soon realized that family planning would be more effective and acceptable, if the maternity and child health care services were to be integrated with it. Likewise it was felt that the organizational base for the nutrition feeding programme was inadequate and it would have to be integrated with other programmes for deriving maximum benefits. Therefore the integration of social services for rural and urban communities, and particularly children and mothers, was assumed urgency.

The Sixth Five Year Plan also pointed out that child welfare was to be accorded high priority within the overall frame of social welfare and as per its strategy: The Child Care Services to the most vulnerable group 0-6, will be strengthened to provide linkage with other inputs like health and hygiene, education and water supply.

During the Seventh Five Year Plan and Annual Plans (1990-1992), the Integrated Child Development Scheme (ICDS) continued to be the main integrated national approach for early childhood survival and development. In 1991, the numbers of sanctioned ICDS Projects were 2,594, of which 1,656 were in rural areas, 71 in tribal areas and 227 in urban slums. And in the Eighth Five Year Plan (1992-1997) too emphasis was given on integration and convergence of services. The total number of ICDS Projects sanctioned shot up to 5584 in January 1996 in India.

Problem of the Study

Motherhood and childhood are universal; transcend all nationality and all religions with no artificial boundaries. Within them human nature is enveloped. Both periods are extremely vulnerable in their beginning years and deserve the utmost attention for their optimum development. They have no second chance to blossom. Still they do not get the best attention in the developing countries and to some extent in the developed world too due to lack of sensitization in parents, especially in mothers about the child development. Later on, it will be definitely too late for any policy initiative, strategy or intervention to make up for the loss. This vicious inter-generalization cycle of neglect has to be broken. Ultimately it is the human being, who pays the price of such a recurrent oversight. If countries do not act in the initial stages at the right time, then the only chance to strengthen sustainable human development will be missed forever.

Women and child development counts maximum both in sustainable development and sustainable human development policies and programme in every country. Their sheer members and rising population especially in the third world exert an added pressure on the already seemingly mountable problems.

Programme administration through sensitization with varied objectives, coverage and scope exists in several areas, ranging from the welfare and care of specific target groups to the development of women and children. There is a long way to go as most of the time, as women lost in the daily struggles for survival, steeped in poverty, illiteracy, alienated from the decision making process, lacking in economical useful skills and having low employment potential and combined with a low self-image and in the

developing world they are caught in a vicious self-perpetrating cycle. Sustainable development is more than just valid economic growth and should involve improving the status of women, their empowerment through sensitization on different aspects of life.

The situation cannot be allowed to go on like this especially when the means and methods altogether to affect immediate improvement in several areas of concern that already exists. After all, it is the quality of women, mothers or would be mothers, adolescent girls and children of TODAY that would determine whether human development would be sustainable and what sort of human quality would be there to inhibit and take care of the world and its environment in the next millennium.

India acceded the Resolution taken in the United Nation (UN) Convention on the Rights of the Child on 11 December, 1992 to reiterate its commitment to the cause of children. The objective of the convention was to give every child the right to survival and development in a healthy and congenial environment. The member countries that had acceded to the convention on the Rights of the Child were required to submit a periodical report about the status of the implementation of the convention in their country. Accordingly, the first India Country report was submitted to UN in 1997. The second country report was submitted on the rights of the child in 2001, which was discussed in an oral hearing in Geneva on 21st January 2004. The UN Committee appreciated the Report and gave its comments and observations. The next country report is due in 2008 by "creating" intelligence or by laying the foundation for proper intellectual development during the earliest years of life; a "superior quality" human resource has to be ensured by the third world countries not only for sustainable human development but to face a new or entirely 'Modern"challenge.

The realization that greater attention is necessary for the period when the child is in the making, i.e., preparation of a programme not only for the pre-school children in the age group of 0-6 years, but also of the pregnant and nursing mother. Here it is important to mention that health status of women and children, who together comprise two third of Indian population, continues to be unsatisfactory.

Therefore, in any effective programme the total need of the mother and the child have to be met. A programme which has a long term objective must provide facilities for the physical, educational, health, nutritional and social well-being of the mother and the child. These services have to be provided concurrently so that a systematic effect can really take place. Finally, the Government of India launched a programme of the Integrated Child Development Services (ICDS) in 1975.

The strategy in programme of Integrated Child Development Services (ICDS) to promote the welfare of the preschool child is two-fold. On the one hand, it aims at reducing nutritional, medical and educational disparities as much as possible by concentrating effort on this most vulnerable section where the possibility for damage to development is greatest. On the other community awareness specially mothers and crewing on community resources, both human and others, to build the necessary service as an integral part of life and thus to create the forces which will lead to the expansion of programme.

During the period 1975-1976, 33 experimental Integrated Child Development Services (ICDS) projects were launched in India and it was a centrally sponsored scheme with a view to all round development of the children. In an Anganwadi Centre (AWC) a child spends three to five hours

in the centre and rests at home. This is the first experience of the child with strangers, away from home regularly. At this age the child is generally dependant on his mother to a large extent. Therefore, what the parents like, what their ideas are, how they handle the child are important facts an Anganwadi Worker Anganwadi Worker (AWW) should know in order to understand the child as a total human being. Parents, especially mothers also need to have some knowledge and must be aware about what the Anganwadi Worker (AWW) is like. How she handles the children and the ways she does, the community mothers should understand and realise.

It also promotes a healthy pre-natal and post natal environment for the young child and is likely to reduce the incidence of low birth weight, thereby promoting child survival and development. In addition, there is coverage of other important supportive services such as safe drinking water, environmental sanitation, women's development and educational programmes.

Services under Integrated Child Development Services (ICDS) scheme are presently being made available to about 452.36 lakhs beneficiaries comprises of about 371.11 lakhs children (0-6) years and 75.24 lakhs pregnant and lactating mothers through a network of 76.98 lakhs Anganwadi Centre under 5418 operational Integrated Child Development Services (ICDS) projects (as per 31st December, 2004).

The Integrated Child Development Services (ICDS) Scheme will be 31 years old this year. It has achieved some success, yet the problems which are meant to address remain substantial. By many accounts, thus far the scheme has been a success. Most of the studies conducted on the functioning of the Integrated Child Development Services (ICDS) have

recognized its positive role in the reduction of infant mortality rate, improving immunisation rate, increasing the school enrolment and reducing the school drop-out rates. Nevertheless, it is also clear that for a scheme that has been in operation for more than three decades, the benefits are still too concern for policy makers. Even today, around one-third of Indian children and more than half in rural areas are born with low-birth weight. The high incidence of premature births, low birth weight, neonatal and infant mortality can attribute to poor nutritional condition of the mothers. The majority of women still do not get proper nutrition and health care during their pregnancy. In some areas, 60-75 percent of pregnant women receive no antenatal care at all. More than 85 percent of women in rural areas and 95 percent in the remote areas give birth at home. Only 42 percent of women of the country have access to safe delivery facilities.

In addition, surveys indicate that even the immunization services were still well below minimally acceptable norms in the 1990s and most children in the age group 1-2 years were not adequately immunized. 'What explains this even 30 years after what is one of the more successful government schemes are launching to address these problems'? The basic answer must be that not enough resources have been devoted to this scheme to meet the huge requirement. However, it has been seen that the way the programme has been implemented; it effectively ends up concentrating mainly on the 3-6 years age group. While children under three years are usually enrolled in the programme, their involvement remains nominal and there are no facilities to allow for reaching out to such children and their mothers in an effective way.

Nevertheless, despite mothers' sensitization on various aspects of child development, what is the present status of women and children vis-a-

vis some significant indicators, why early intervention to improve their lot through creating awareness is of utmost and immediate importance, why investing in early child development is the same as investing in the future humankind is very important to find the answer. Moreover, why the period before birth, infancy, early childhood or the under three age group is off special significance to the mother, what major policy initiatives, programmes and schemes to attain gender balance in different areas empowerment of women and care and development of girl-child, adolescent girls and children as exists mainly in India, is very important subject matter for the policy makers in future.

Moreover, it is also clear that for a scheme that has been in operation for more than three decades in all over the country by the government of India, for the benefit of the children and women needs intervention in its successful implementation. The reason behind is quite simple. There are not enough Anganwadi Workers, and they do not have adequate resources to meet all the nutritional requirements of those pregnant and lactating mothers, infants and small children who need them. If the declared norms of one Anganwadi Centre per 1,000 population is to be made, there should be 14,00,000 Anganwadi, as against the current 65 lakhs such centres, of which only around 6 lakhs centres are operational.

There is further problem of overloading the tasks assigned to engaged Anganwadi workers in a wide range of other public interventions such as creating awareness of diarrhoea and ORS, upper respiratory infections, directly observed treatment system tuberculosis AIDS Awareness, motivation and education on birth control methods, Total Literacy Programmes, Sarvashiksha Avijan, Non-Formal Education and so on. The worker and helper in such centres are paid so little that they are no more

than voluntary workers who received paltry 'honorarium' and are called 'part-time workers' in the centres which are supposed to open for only four hours a day. It is easy to say that all these amount to more than a fulltime activity, yet the Anganwadi workers and the helpers are hardly use to compensate for all this. In many cases there are simply not enough for them to cater all of these varied demands even within small population. Moreover, there are frequent complaints of the delay by Central Government in transfer of resources for this programme, while State Government differ substantially in the amount and quality of supplementary nutrition provided for the programme. This makes the scheme uneven and sometimes even problematic in terms of the quality of food provided and its acceptability to small children.

Therefore, the basic innovation should be to look at the children and mother as a single entity each reinforcing the other in sustainable symbiotic relationship for the ultimate development of the child. This can happen only when mothers are taken into confidence while developing programme for the children. The central theme in implementing Integrated Child Development Services (ICDS) should be to building up of a coalition of mothers with the project functionaries through a regime of dialogue and discussion if necessary, which leads to conscientisation of the mother.

Rationale of the Study

While the ultimate success of the Child Development Programme through ICDS can be judged by the impact they made on the health of the beneficiaries, mother's sensitization plays an important role in building attitude, formation and modification of behaviour patterns and practice of early life of every children. It needs to realize that efficient delivery of benefits; services and guidance from mother are essential pre-requisites for ensuring the desired impact on health of the children as well as mother sensitization on child development. The implementation of even a 'very' well conceived programme of Integrated Child Development Services (ICDS) in Kolkata may pose problems and difficulties which may impede efficient delivery of benefits and sensitization of mothers on child development and their proper utilization by the beneficiaries. It is therefore, necessary that the implementation of these programmes and at the same time the extent of mother sensitization is necessary to be observed and systematic studies to have a realistic assessment of the manner in which the benefits are actually being delivered and being utilized. Such efforts may be made with a view to identifying the point of divergence between what is entitled in the programme and what is obtained in the field and the problems being experienced by Anganwadi Centres (AWC) and beneficiaries as well as their mothers. Empirical studies on these lines may also suggest modification in the policies of implementation and the strategies employed or needed to be developed to sensitize mothers for child development. The present study is an effort in this direction.

Review of Literatures

To review the literature on Integrated Child Development Services (ICDS) is very difficult as there are hardly any studies available in this area. Under the present context whatever studies are available on ICDS have been reviewed here.

Sen Benoo (1996) in his article emphasized the essential of harmonizing the expansion of ICDS Programme and the enrichment of Package of Services, i.e., services provided under the ICDS programme. He felt the need for advocacy, social mobilization and awareness building community; so that demands for the programmes comes from the community itself and they Are motivated to sustain the programme. In this article, instrument of community participation is more significant than the creating awareness and the sensitization of mothers on child development, as the mothers are closely related to the child, especially in the early part of 'the child's life'.

In the study of Integrated Child Development Programme Services Administration, **Ratan (1997)** has shown that for the success of any Child Development effort, the inherent unity of the child, personality and the need to consider young in their complexity during the early part of their life and in all biological, psychological and social aspects of their personality has to be recognized through the involvement of mothers as the mother plays significant role in the process of socialization of child, whose thoughts, attitudes, behaviour patterns are moulded and take shape through the guidance of the parents, specially mothers. Further Ratan has emphasized that the programme has to be prepared not only for the pre-school child in the age of 0-6 years, but also for the pregnant and nursing mothers. If the

mother give birth a healthy child, the family as well as the Nation will be more strengthened in future. Moreover, if the mother is aware about the care of herself from the conception and during pregnancy she will share her experience and knowledge to others who will be going to be mother soon.

It has been experienced that Welfare of the Child means all around development of the child. So it should include all kinds of services that are essential and needed to provide guarantee for the total well-being of physical, intellectual, emotional, educational and social potentialities of the child. Lacking of one component of the package of services may result in deficiency in total development of a child. A package of services should be provided to all the children before 6 years of age **(Government of India, 1968).**

Now-a-days Pre-School children have been considered as an instrument for future national development if they are moulded through proper care in the early childhood stage. Today providing nutritional education to the parents and making them aware about proper child care is a pre-requisite for socializing the Child. Therefore, pre-school education has a significant role for the promotion of proper leadership among the children. This helps for the emerging nationalist movement in future. At the same time care of pre-school children is very important for their socialization and for that the parents should be provided with needful education with regard to childcare.

It is shown that mother can be at risk during pregnancy if she suffers from malnutrition. It is dangerous as it seriously affects the health of both mother and child. The link between malnutrition disease and poverty seems to be difficult to break. The only way to prevent is to ensure the

arrangement of adequate nutrition to the mother. For that, the mother, especially the family members should be made conscious about it. **(chauhan1993).**

It is realised that during each stage of development of child, parents have much more influence on the children than the teacher. Through love and affection they can guide their children on the right way as the children spend much more time with their parents than teacher, and 'Parents' company leads to develop strong emotional bond that exists between them and helps n socialization process. **(Haxton, 1982).**

In **Kohan's study (1972)** importance has been given to the relationship between parents and the teachers. It has emphasized the direct relationship between the two parties which brings them close each other. If they are close each other, they can exchange their views, share their experiences. They will be able to familiar and aware of each other's problems. This understanding will help in reducing the inconsistency in adult behaviour that confronts the child.

The practices of mother and childcare should start from the very beginning, i.e., from the conception, and it should continue after the birth also. In future life it will contribute to the maintenance of Nutritional and Health Status of the Child. Therefore mother should be aware properly about it. **(Park and Park, 1972).**

According to the study of **Chandrasekhar and Gosh (2006)** it is clear that the Scheme (ICDS) is running for more than three decades, but the benefits of the scheme are still far too limited and maternal and child health and nutrition are still areas of major concern for policy. Because even today, around one-third of Indian Children—and more than half in rural areas—are

born with low birth weight. The majority of women still do not get proper nutrition and health care during their pregnancy. More than 85% of women in rural areas and 95% in the remote areas give birth at home and in some areas 60-75% of pregnant women receive no antenatal care at all. Moreover many studies have pointed out that the programme mainly concentrated on the 3-6 years age group. The children under three years are usually enrolled in the programme, their involvement remains nominal and there are no facilities to allow for reaching out to such children and their mothers at home in an effective way. So it is clear that mothers are not properly conscious about their health and child care. If they are aware about it they must be able to enjoy the benefits of the scheme where it is implemented.

Majumder (2007) has suggested that in remote areas it is really hard nut to crack to ensure serious delivery through the system of scheme delivery packages. Here the only available alternative is to motivate and gear up newly form Self Help Groups (SHGs) to take the ownership of the programme. Training of mothers for regular monthly weighting of their children by their own initiative under the supervision of Anganwadi Worker (AWW) and install a healthy competition among themselves regarding their matter, spreading the message of immediate and exclusive breastfeeding, total immunization, along with the distribution of monthly immunization schedule as (fixed in the joint meeting at Gram Panchayet (GP) level) to each and every household through them, using Self Help Group (SHG) clusters as the depot holder for contraceptive pills, Oral Rehydration Solution (ORS), for the critical need of the mother and children of the community, spreading no lost no teach message for maternal and neonatal care are the initiatives that can be adopted and performed by the all stake holders for better out come.

According to a study it is learnt that the care of young children is best left to the family. Parents are indeed best placed to look after young children and generally do care for them. Many parents are unable to take adequate care of their children as they have limited knowledge of matters relating to childcare and nutrition. Moreover, social norms are very important in this field, the inclination of parents to immunize their children often depends on whether 'other people' in their family, community or village do it. So lack of awareness and prejudices are playing a significant role in this respect. **[NFHS-3, 2005].**

Another study on Children under six shows that the slow progress in the field of child nutrition is all the more striking as the Indian economy is one of the fastest growing in the world. During the last 15 years, India's GDP has been growing at about 6 percent per year on average and per capita income has been more than doubled. Yet the progress of child development indicators has been much slower in India than in many countries with comparable or even much lower rates of economic growth. **(NFHS, Dec., 2006).**

It has been envisaged that women are the bearers and main care givers of all children, male or female. After a child reaches the age of six months, the mother need not be main caregiver, but she usually is. Thus, it is self-evident that, the health women maintain, the power they yield, the decision they are able to take, the support they receive as child caregivers while balancing onerous roles as workers and home makers, their self-esteem and values, all make impact on children. The impact on the girl child is even greater because patriarchy is transmitted from women to women and social conditioning created at early ages **(Report of Focus, October 11, 2006).**

Prime Minister, Dr. Monmohon Singh has expressed concern over poor implementation of the Integrated Child Development Services (ICDS) Scheme. He wrote to the all State Chief Ministers to carry out a detailed assessment of the Programme, focusing on areas with concentration of minority communities and Schedule Caste and Schedule Tribes and the States must apprise him of the action taken every three months. He said unless lacuna is removed now, universalisation of the Scheme would remain on paper and not ensure a brighter future for children as the core objective of the Integrated Child Development Services (ICDS) Scheme. In the 11th Plan should be the universalisation with quality. He expressed serious concern over under nutrition in the 0-6 age group and poor immunization status under Integrated Child Development Services (ICDS). Evidence shows that the programme had not led to any substantial improvement in the nutritional status of children under six. The prevalent rate of under nutrition in the age (0 – 6) group remains one of the highest in the World. **(The Telegraph, January 17, 2007).**

As per the latest data from the ICDS, more than half of the country's children below the age of 6 are malnourished. From the progress report of the State Governments and Union Territories, it is envisaged that 49.61% of the children are moderately malnourished and 0.06% are severely malnourished. **(The Telegraph, 5th December, 2006).**

From the experience it is seen that if mother is healthy and does not have anaemia, her baby will not have low birth weight. If she has been cared for as an adolescent and got married after her teens, she will be a healthy mother and if she is given adequate food and health care as a little girl, she will not be a malnourished adolescent. (31 years of ICDS, The Telegraph, **2nd October, 2006).**

The studies on the various aspects as shown in the above paragraphs reveals that mother can be at risk during pregnancy, if they suffer from malnutrition. It is dangerous because it seriously affects the health of both mother and child. The link between malnutrition disease and poverty seems to be difficult to break. The scheme is running for more than three decades but the benefits of the scheme are still far behind the target and maternal and child health and nutrition are still areas of major concern for policy makers. During each stages of child development, parents have much more influence on children than teacher as they spend much more time with their parents than teacher which helps to develop strong emotional bond between them. Therefore importance should be given on the relationship between parents and teacher which make them able to be familiar with and aware of each other's problems through sharing of experiences and exchange of thoughts. **(Cauhan,Haxton,Kohan,Chandrasekhar and Ghosh)**

Several studies have explored that for the success of any child development effort, the biological, psychological and social aspects of the child's personality has to be recognised through the involvement of mothers as they play significant role in the process of socialization of child whose thoughts, attitudes, behaviour patterns are moulded and take shape through the guidance of parents, specially mothers. They also viewed that the pregnant and nursing mothers should be included in the ICDS Programme because if the mother give birth a healthy child, the family and the Nation will be more strengthened in future. Pre-school children have been considered as an instrument for future national development. Therefore, pre-school education has a significant role for the promotion of proper leadership among the children. It is better to practices of mother and child care should start from the very beginning, i.e., from the conception and

should continue after the birth also. **(Ratan,Park and Park,Reports of the Government of India).**

Some studies have focussed the essentials of harmonising and enrichment of services under ICDS programme. Also emphasized on the need for advocacy, social mobilization to ensure community participation especially mothers, as they are closely, related to children. The programme should include all kinds of services for the total well-being of the child. Lacking of one component of the package of services, there may be deficiency in total development of child. Moreover, many parents are unable to take adequate care of their children as they have limited knowledge of matters relating to child care and nutrition. Social norms are one of the importance factors that inclination of parent to immunize their children often depends on whether other people in their family, community or village do it or not. **(Sen,Benoo, Park and Park, Sing, Reports of NFHS, Newspaper article)**

In the remote areas of rural India it is really hard to crack to ensure serious delivery through the system of scheme delivery of packages. Here the only alternative is to motivate and gear-up newly formed SHG(s) to take the ownership of the programme. Using SHG clusters as the depot holder to provide services to meet the critical needs of the mother and children and the initiatives can be adopted and performed by the all stake holders for better outcome. It has been envisaged that after a child reaches the age of six months, the mother need not be main care giver, but she usually is. Thus, it is self-evident that the health of the women maintain, the power they yield, the decision they are able to take, the support they receive as child care givers while balancing their roles as workers and home makers, their self-esteem and values, all make impact on children, especially on the girl child as patriarchy is transmitted from women to women and social conditioning

created at the early ages. Experience shows that if mother is healthy and does not have anaemia her baby will not have low birth weight. If she has been cared properly, she will be a healthy in future. (**Mazumder ,Reports of Focus ,Newspaper article**)

Objective of the Study

The study will be taken up with the following as the main ob

- To assess how far the parents as well as community are aware about the programme and their attitude towards the programme as a whole.
- To make an in depth study of the effectiveness of the strategy employed in the field level implementation of the programme Integrated Child Development Services (ICDS) in the slums of Kolkata, West Bengal.
- To identify the problems experienced by the implementing agency in delivering of benefits and the services to the beneficiaries as well as barriers and bottle necks to sensitise mothers as well as community as a whole.
- To find out the pattern of utilization of benefits of the programme as it is obtained in the field and to discuss the point of divergence from what is envisaged in the programme.
- To suggest, if necessary, modification in the implementation strategy for making the organisation for delivery of benefits more effective through sensitization of mother and active participation of community for ensuring proper utilization of the benefits by the beneficiaries.

We shall compare awareness and acceptance of the programme in respect of social variables like Hindu-Muslim and Bengali-Bihari. Economic variable is not important, since slums population belongs to the same economic category.

Method of the Study

The data have been collected from both primary and secondary sources. The primary sources of data covers 120 Anganwadi Centres run under the Integrated Child Development Services (ICDS) Project in the slums of Kolkata which are being implemented jointly by the Government of India, the State Government, the United Nations International Childrens Emergency Fund (UNICEF) and the Ramakrishna Missioin Loksiksha Parishad, Narendrapur. The Loksiksha Parishad (ISP) is perhaps the first Non-Governmental Organisation (NGO), to get the responsibility of running the scheme outside the Government infrastructure and has undertaken this scheme since 1986 in 16 slums of North Kolkata, out of them 6 slums are dominated by Muslim inhabitants comprising Bengali and Bihari Muslim families. The centre of the project are located at Kalabagan, Raja Bazar, Narkeldanga, Phoolbagan, Park Circus, Topsia and rest 111 slums are full of Hindu habitants comprising Bengali and Bihari Hindu families living in Goabagan, Bagbazar, Canal East, Manicktala, Ultadanga, Muchipara Slum, Manicktala Slum, Sahitya Parishad Street Slum, Dal patty Slum, R.G. Kar Canal East and Hatibagan Slum. The scheme covering a package of services provided to 18,000 children and their mothers. Out of total 120 centres, 19 centres are located in Muslim belt and rest 101 centres are in Hindu belt of Kolakta Municipal Corporation. The main sources of primary information for the study are Mothers of the beneficiary children from the two respective belts. The secondary sources of data are available from various libraries and government records.

Universe of Study

The universe of the study covers a total population of 1,08,000 having 57,000 males and 51,000 females. Total number of Anganwadi Centres run under the North Kolkata ICDS Project is 120. Supervisors of these centres are headed by one Child Development Project Officer.

Sampling Frame

The sampling frame is 3,800 mothers of the children of 38 Anganwadi Centres. Out of total 120 centres run under this scheme all 19 centres have been selected in Muslim belt and also another 19 centres have been selected from Hindu belt randomly for the study.

Sampling Procedure

The selection of informant is based on random sampling method from 38 Anganwadi centres, 19 from Muslim belt and 19 from Hindu belt to keep the Hindu-Muslim sample size equal. Each centre have more or less 100 beneficiary children. Out of them 10 beneficiary children have been selected and their mother have been interviewed for the study. The samples have been drawn according to the Random Table 6 of the basic statistics. By applying this method each sample has a probability of being selected and hence it is believed that all samples are free from any bias.

Unit of Observation and Sample size

The units of observation and sample size are 380 mothers of the beneficiary children (190 from Hindu belt and 190 from Muslim belt) of the North Kolkata ICDS project. Each unit of the sample have observed during the course of data collection.

Tools and Techniques of Data Collection

Necessary data and information have been collected through direct contact with the mother of the child, 190 mother from the Muslim belt and 190 from the Hindu belt who are under ICDS programme are interviewed through a schedule. Observation method also used as a tool for data collection. Data also are collected from secondary sources for the fulfilment of the study. The primary sources of data are the mothers of the beneficiary children and data have been collected through face to face interview using semi-structured schedule.

Data Collection

Data and necessary information have been collected by home visit and face to face interview, using schedule and observation. Data are also collected from secondary sources. The secondary sources of data have been collected from books, journals, government records, published reports of the various committees and records of the centres of ICDS project. The interview schedule which was used as a tool for data collection, comprises various section, such as background information about the mother respondents and beneficiary children, level of awareness regarding services among the parents and community people, mothers knowledge about pre-natal and post-natal care, sensitization of mothers with regards to effectiveness and impact of the programme on children, problems and suggestion to improve the condition.

Analysis of Data

The data collected through primary and secondary sources have been analysed and the thesis have been written qualitatively. Qualitative analysis involves logical interpretation and explanation of data.