

Chapter-III

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IMPACT OF INTEGRATED CHILD DEVELOPMENT SERVICES

Integrated Child Development Services is one of the most comprehensive schemes for early childhood care and development. It aims at increasing the survival rate and enhancing the chances of optimal and all round development of the children from the vulnerable sections of society.

Under the Integrated Child Development Services (ICDS) programme a package of services is provided to children below six years of age and expectant and nursing mothers.

The concept of providing a package of services is based primarily on the consideration that the overall impact would be much greater if the different services are delivered in an integrated manner, as the efficiency of a particular service depends upon the support it receive from the related services. ICDS therefore takes a holistic view of the development of the child and attempts to improve both his pre-natal and post-natal environment.

There are several good points of the programme, but there are some loop holes, bottle necks and there are also many areas that need a fresh look. The present chapter, which contains an elaborate and comprehensive analysis of the information collected from 380 mothers (190 Hindu mother Plus 190 Muslim mothers), local people, and officials of the implementing agency. The main focus of the study is to compare between Hindu and Muslim with regard to the three following aspects (i) the facilities and resources utilized and the strategy employed at the field level for delivery of benefits to the beneficiaries of the programme and the problems experienced by them (ii) the pattern of utilization of benefits of the programme as

obtained in the field and points of divergence from what is envisaged in the programme (iii) degree/extent to enhance the capability of the mothers to look after the health and nutritional needs of the child through proper nutrition and health education.

A section of the schedule has dealt with socio-economic background of the Hindu-Muslim families of the beneficiaries, sensitization of mothers about the programme, its impact on children etc. A brief analysis of the data collected on this aspect will not only give a profile of the beneficiaries of the programme, but will also help to make a better appreciation of the responses and reactions of mothers to many questions related the working of the programme, utilization of benefits and its impact on children.

The surroundings of most of the Anganwadi centres were unhygienic because of the dust, dirt, stanch and filth around them. One of the centre is located at a distance of only $\frac{3}{4}$ metres from corporation drain and the adjoining area used by the residence for dumping rubbish. The food distributed at such centre may expose to all possible infection in the absence of suitable arrangements to protect it against contamination.

The mothers, both from Hindu and Muslim beneficiary child are asked whether they are satisfied with the location of the centre in their locality and the accommodation available for it. About two third of the mother expressed their satisfaction with regard to the location of the respective centre as they are very much aware about the problems to find a proper place for Anganwadi centre in the slums. The reason of dissatisfaction mentioned by the remaining one-third of them included long distance between the centre and their homes, unhygienic surroundings of the centre. The latter are dissatisfied because of the roof of the accommodation

to give protection to the children in summer and rainy seasons and lack of open space.

The officials of the implementing agency also agree more or less with the reasons given by the mothers. Officials reported that they are making efforts to persuade the appropriate authority, but they are unable to succeed. Now they are trying to solve the problems with the help of local people and they are getting success by and by specially with regards to unhygienic surroundings.

The data in relation to the beneficiary children are generally collected from the mothers and only in some cases from grandmothers. Such cases are three in number. As regards relationship of the respondents to the beneficiary children covered under the study, there are 376 mothers, 3 grandmothers and 1 fufi (Muslim grandmother).

Social and economic background of the respondents:

Religion and age of the respondent

Age and religion of the mother respondents is very important while assessing the impact of the programme on beneficiaries. Therefore, the data has been collected for the study, have been classified and represented into tabular form to analyse in terms of age, religion, education, occupation, etc. to compare between Hindu and Muslim slum dwellers on various aspects and to examine the impact of the programme. The table no.2 shows the age groups – religion wise distribution of the respondents.

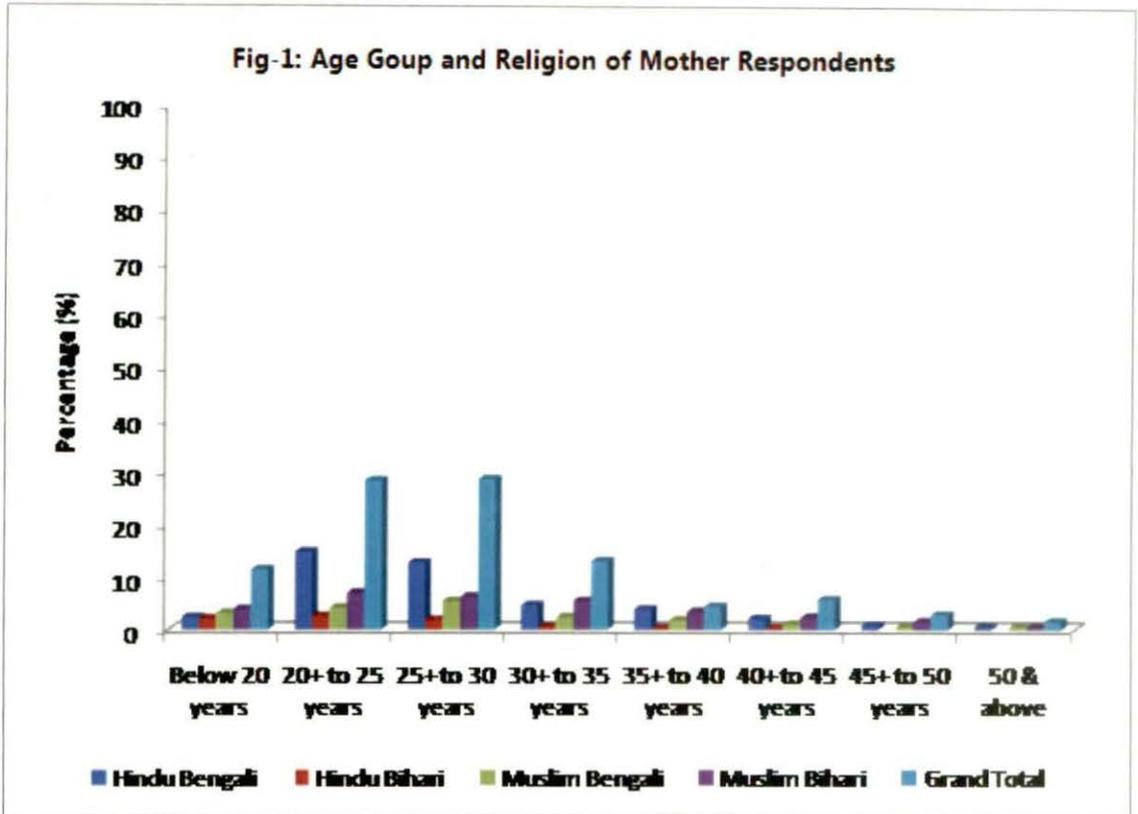
It is envisaged from table no.2 that out of total 190 Hindu respondents interviewed for the study 17.63 percent mothers belongs to the 20+ to 25 years of age, among them 15 percent mothers are Bengali and 2.63 percent

are Bihari mothers, followed by 14.74 percent are within the age group of 25+ to 30 years, out of which 12.89 percent are Bengali mothers and 1.85 percent are Bihari mothers. 5.26 respondents are in the age group of 30+ to 35 years and among them 4.74 percent are Hindu Bengali mother and 0.53 percent are Bihari Hindu mother, followed by 4.47 percent Hindu mother respondents fall is below 20 years; and among them 2.37 percent are Bengali mother and 2.10 percent Bihari mother; 4.21 percent Hindu mother respondents belongs to the age group of 35+ to 40 year, and among them 3.95 percent are Bengali mothers and 0.26 percent (1 respondent) is Bihari mothers, followed by 2.37 percent Hindu respondents in the age group of 40+ to 45 years. Out of this 2.37 percent respondents 2.10 percent are Bengali mothers and 0.26 percent (one respondent) is a Bihari grandmother of the beneficiary. Again 0.79 percent and 0.53 percent Hindu Bengali mother respondents belongs to the age group of 45+ to 50 years and 50 years and above age group respectively, but there are two grandmother respondents in that category. There is no Bihari mother respondent in these age categories.

So it is clear that most of the Hindu mother respondents (17.63 percent and 14.74 percent) belong to the age group of 20+ to 30 years. The percentage is higher in these two age groups (20+ to 25 years and 25+ to 30 years) in the case of respondents belonging to Hindu religion.

Table 2: Religion and Age of the Respondents

Religion	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
Below 20 years	9 (2.37)	8 (2.10)	17 (4.47)	12 (3.15)	15 (3.95)	27 (7.09)	44 (11.56)
20+ to 25 years	57 (15.00)	10 (2.63)	67 (17.63)	16 (4.21)	27 (7.09)	43 (11.31)	110 (28.60)
25+ to 30 years	49 (12.89)	7 (1.85)	56 (14.74)	21 (5.53)	24 (6.32)	45 (11.85)	111 (28.86)
30+ to 35 years	18 (4.74)	2 (0.53)	20 (5.26)	9 (2.37)	21 (5.53)	30 (7.90)	50 (13.16)
35+ to 40 years	15 (3.95)	1 (0.26)	16 (4.21)	7 (1.84)	13 (3.42)	20 (5.26)	36 (9.47)
40+ to 45 years	8 (2.10)	1 (0.26)	9 (2.37)	4 (1.05)	9 (2.37)	13 (3.42)	22 (5.79)
45+ to 50 years	3 (0.79)	-	3 (0.79)	2 (0.53)	6 (1.58)	8 (2.11)	11 (2.90)
50 & above	2 (0.53)	-	2 (0.53)	2 (0.53)	2 (0.53)	4 (1.06)	6 (1.59)
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)



The study also reveals the age category of Muslim mother respondents, both Bihari and Hindus. Out of 190 mother respondents interviewed for the purpose of study, 11.85 percent are in the age group of 25+ to 30 years, consists of 6.32 percent Bihari Muslim mothers and 5.53 percent Bengali Muslim mothers, followed by 11.31 percent in 20+ to 25 years age group and among them 7.09 percent are Bihari Muslim mothers and rest 4.21 percent Bengali Muslims. 7.90 percent Muslim mothers are in the age group of 30+ to 35 years; which includes 5.53 percent are Bihari Muslim mother and 2.37 percent Bengali Muslim mothers. Further among all respondents (190) 7.09 percent Muslim mothers said that their age is below 20 years, and out of them 3.95 percent are Bihari Muslim mothers and 3.15 percent are Bengali Muslim mothers. 5.26 percent respondents are in the age group of 35+ to 40 years, consist of 3.42 percent Bihari Muslim

mothers and 1.84 percent Bengali Muslim mothers, followed by 3.42 percent in the age group of 40+ to 45 years, consist of 2.37 percent Bihari mothers and 1.05 Bengali Muslim mothers. Again among 2.11 percent Muslim mothers, 1.58 percent is Bihari mothers and 0.53 percent Bengali Muslim mothers, followed by 1.06 percent Muslim respondents consist of 0.53 percent Bihari Muslim and an equivalent percent of Bengali Muslim in the age group of 50 years and above which includes one Fufi (grandmother of Muslim child beneficiary) respondents also.

It is clear from the above table that most of the Muslim mother respondents (11.85 percent + 1.31 percent) belong to the age group of 20+ to 25 years and 25+ to 30 years respectively and a large portion of them (7.90 percent) are in the age group of 30+ to 35 years. It is also revealed that 7.09 percent Muslim mother's age is below 20 years. 3.42 percent respondents are in the age group of 40+ to 45 years.

While comparing the age category between the Hindu and Muslim Mothers, it is reveals that 7.09 percent Muslim mothers age is below 20 years of age, among them 3.95 percent are Bihari Muslim and 3.15 percent Bengali Muslim mothers while in the same age group, the percentage (4.47 percent) of Hindu mothers are lower than Bihari respondent mothers.

Secondly, the percentage of Hindu Bengali mother respondents (42.37 percent) is higher than the percent (7.63%) of Bihari Hindu mothers, the reasons may be that most of Bihari people don't bring their family to the work place. Comparatively in Muslim area, the percentage of Bihari Muslim Mothers (30.79 percent) are higher than the percentage of Bengali Muslim Mothers (19.21%), the reasons may be that, most of the Bengali Muslim families lived in the rural areas, having own cultivated land, business, etc.,

and the Bengali Muslims in slum area came from Bangladesh as refugees or other reasons.

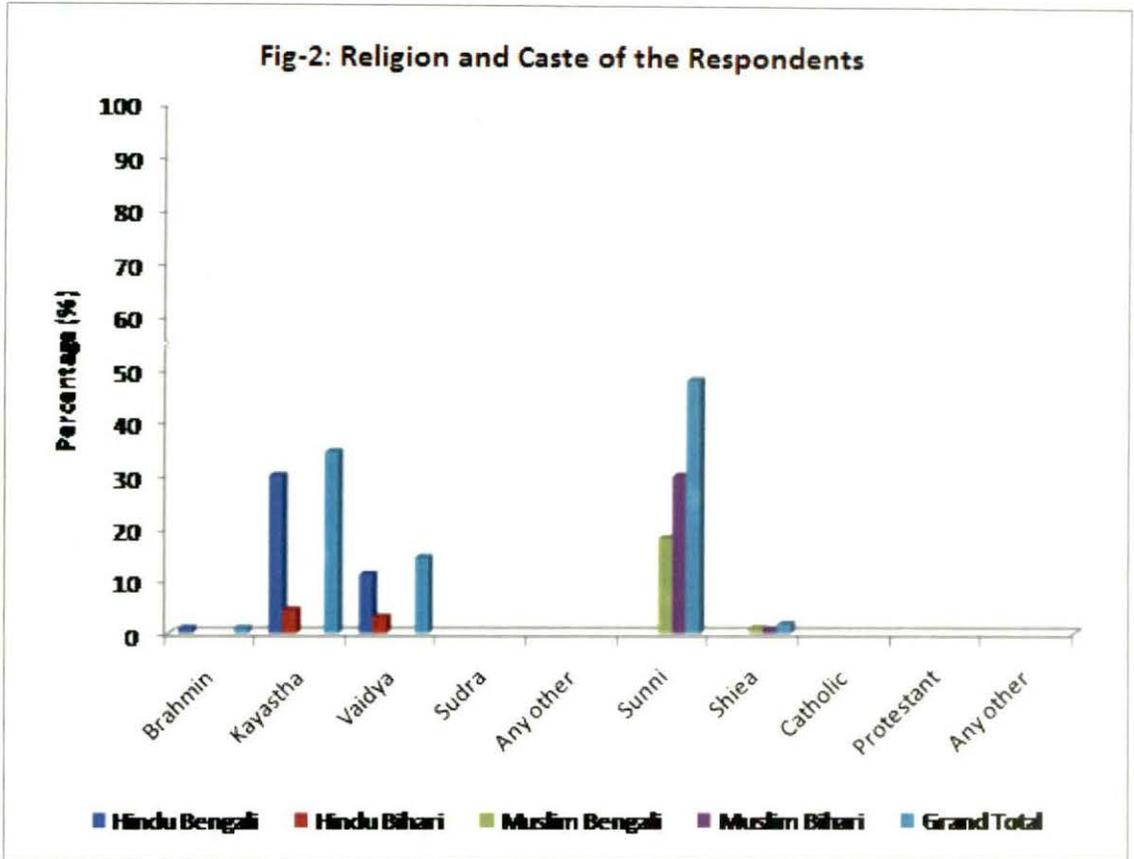
Religion and caste of the respondents

Religion and caste are the two important factors in the Indian Social Structure which not only explain the composition of the population but also have a bearing on other sociological aspects. Among the ten slums of North Kolkata under study, five are predominantly Muslim slums and rest five are predominantly Hindu slums where Bengali Hindu and Bihari Hindu live in cohesion and Bengali Muslim and Bihari Muslim live in Muslim slums for a considerable period. No other religion people live in these slums. Table 3 shows the religions and caste wise composition of sample group of respondents.

It is envisaged from the above table that 30 percent Bengali Hindus belong to Kayastha, followed by 11.32 percent Vaidya and 1.05 percent are Brahmins. Out of 42.37 (161 cases) Bengali Hindu mothers interviewed for the study. It also appears that 4.47 percent Bihari Hindu mothers belong to Kaystha followed by 3.16 percent are Vaidya in caste out of 7.63 percent Bihari respondents. It is also revealed from the study that 30 percent Bihari Muslim respondents belong to the Sunni community of Muslim followed by 18.16 percent Bengali Muslims mothers are in the same category. Only 1.05 percent Bengali Muslim mothers and 0.79 percent Bihari Muslim mothers belong to Shea Community.

Table 3: Religion and Caste of the Respondents

Religion	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
Brahmin	4 (1.05)	-	4 (1.05)	-	-	-	4 (1.05)
Kayastha	114 (30)	17 (4.47)	131 (34.47)	-	-	-	131 (34.47)
Vaidya	43 (11.32)	12 (3.16)	55 (14.48)	-	-	-	55 (14.48)
Sudra	-	-	-	-	-	-	-
Any other	-	-	-	-	-	-	-
Sunni	-	-	-	69 (18.16)	114 (30.0)	183 (48.16)	183 (48.16)
Shiea	-	-	-	4 (1.05)	3 (0.79)	7 (1.84)	7 (1.84)
Catholic	-	-	-	-	-	-	-
Protestant	-	-	-	-	-	-	-
Any other	-	-	-	-	-	-	-
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)



So it is clear from the study that most of the Bengali community (34.47 percent) belong to the Kayastha in caste under Hindu religion and at the same time 48.16 percent Bengali Muslims and Bihari Muslim respondents belong to the Sunni Community of Muslim Religion.

Literacy level of the respondents

The study collected information about the literacy level of the Hindu and Muslim mothers which is very important factor with regard to awareness about child care, effects of the programme, involvement of mothers and impact of the programme on children, and many other aspects. Table No.4 shows the literacy level of the Hindu and Muslim mothers.

It appears from the study that out of total Hindu mother respondents (190 cases) 20.26 percent of respondent mothers studied up to primary standard followed by 8.95 percent Bengali Hindu mother respondents read

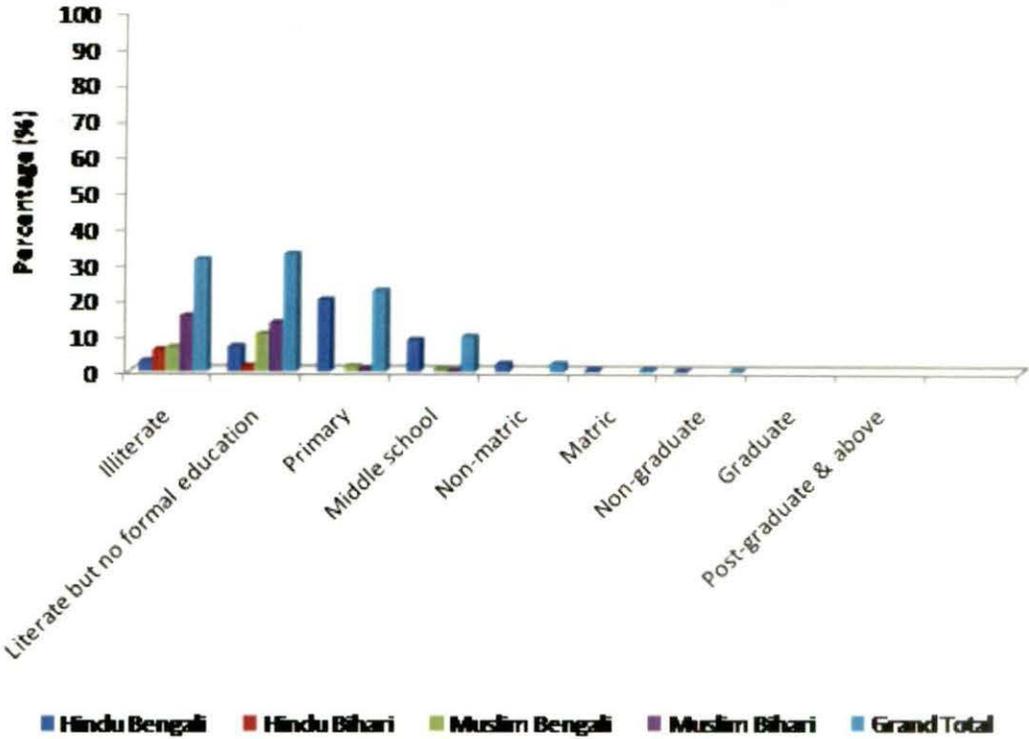
up to middle class level of education and an equal percentage of mothers are known to be illiterate. Among them 6.05 percent are Hindu Bihari mothers and 2.89 percent are Bengali Hindu mothers. 8.69 percent Hindu mothers said that they are literate, only can write their names but they don't have formal education, among them 7.11 percent are Bengali Hindu mothers and 1.58 percent are Bihari Hindu mothers. Further 2.37 percent Hindu mothers are non-metric, 0.53 percent is metric and 0.26 percent (one) is non-graduate.

So, it reveals from the study that regarding the level of education, out of total Hindu mother respondents (50%) a large section of Bengali Hindu mothers read up to primary level but no Bihari Hindu mother read up to this primary level. Again a noticeable portion of Bengali Hindu mothers have studied up to middle standard, 2.37 percent are able to read up to Matric, and two Bengali mothers up to Metric and one is undergraduate, but no Bihari Hindu mother came up to this level. Most of the Bihari mother respondents (6.05 percent) are illiterate and few respondents (1.58 percent) can write their name but don't have formal education. The respondents are asked why their education level is so poor, they replied in their childhood they had no opportunity for going to the School, especially for the girl children of Bihar.

Table 4: Literacy of the Respondents

Religion	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
Illiterate	11 (2.89)	23 (6.05)	34 (8.94)	26 (6.84)	59 (15.53)	85 (22.37)	119 (31.32)
Literate but no formal education	27 &.11)	6 (1.58)	33 (8.69)	40 (10.53)	52 (13.68)	92 (24.21)	125 (32.89)
Primary	77 (20.26)	-	77 (20.24)	6 (1.53)	3 (0.79)	9 (2.37)	86 (22.63)
Middle School	34 (8.95)	-	34 (8.95)	3 (0.79)	1 (0.26)	4 (1.05)	38 (10.00)
Below Madhyamik	9 (2.37)	-	9 (2.37)	-	-	-	9 (2.37)
Madhyamik	2 (0.53)	-	2 (0.53)	-	-	-	2 (0.53)
Higher Secondary	1 (0.26)	-	1 (0.26)	-	-	-	1 (0.26)
Graduate	-	-	-	-	-	-	-
Post-Graduate & above	-	-	-	-	-	-	-
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)

Fig-3: Literacy of the Hindu-Muslim Mother Respondants



In the case of Muslim mother respondents, out of 190 cases interviewed for the study, 24.21 percent Muslim mothers reported that they can write. They can be said as literate but they do not have any formal education. Among them 13.68 percent are Bihari Muslim mothers and 10.53 percent are Bengali Hindu mothers. 23.37 percent Muslim mother respondents are illiterate, out of which 15.53 percent are Bihari Muslim mothers and 6.84 percent Bengali Muslim mothers. It is also learnt from the study that 2.32 percent Muslim mothers read up to primary level, out of which 1.53 percent are Bengali Muslims and a very nominal (0.79) percent Bihari Muslims are there, followed by 1.05 percent read up to Middle school out of which 0.79 percent are Bengali Muslim mothers and 0.26 percent (one) is Bihari Muslim mothers.

So, it is clear that, a large portion of Muslim mothers are illiterate (23.37 percent) but they have no formal education (24.21 percent). This is due to lack of opportunity in their childhood, and at the same time Muslim community people are very conservative in respect of female education. They are not interested to send their girls to school, but want to send to the children to Madrasa, if environment permits.

The educational level has been compared between the Hindu mother respondents and Muslim mother respondents and it reveals that most of the Muslim mother respondents (24.21 percent) are literally literate, can write their names, having formal education and among them number of Bihari Muslim mother is high, whereas the number of Hindu mothers in this category is low (8.69 percent). Moreover 23.37 percent Muslim mothers are illiterate, among them the number of Bihari mothers (59) is high than Bengali Muslim mothers. The rate of illiteracy is higher among the Muslim mothers than Hindu mothers, especially in the case of Hindu Bihari mothers. The respondents were also asked the reasons behind it, they replied that their family is very poor and they had no opportunity to go to the school as their parents don't like it.

Occupation of the respondents

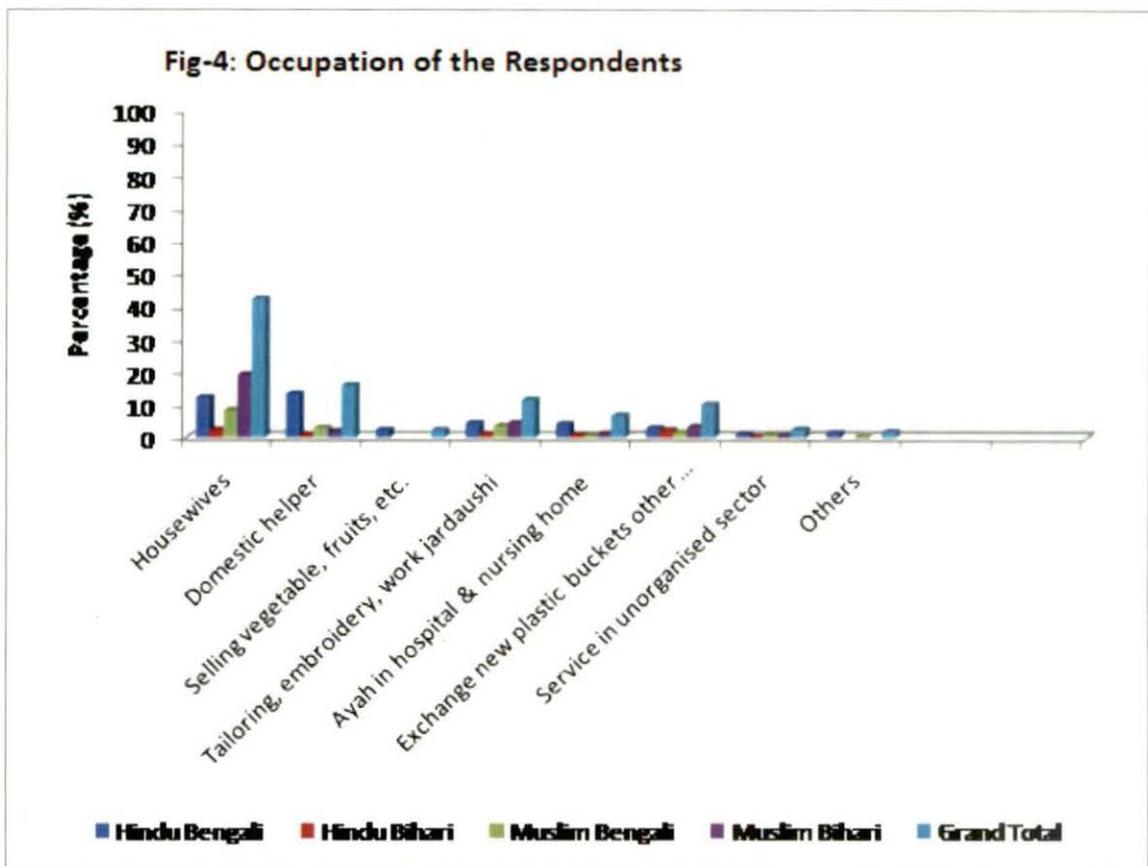
The Hindu-Muslim respondent mothers of the selected slums under study work in a wide range of occupations, servicing the urban middle-classes, working as domestic helpers, traditional services (Dhobi, Tailor), wage labourers, small business, services and other types of work. Some of them are engaged in piece rate work in nearby manufacturing units etc.

The table-5 focussed on the occupational status of the Hindu-Muslim mother respondents interviewed for the study. It reveals that 14.74 percent

Hindu mothers are house wives, they keep themselves busy in their domestic household work; out of them 2.37 percent are Bihari mothers, followed by 14.21 percent work as domestic helpers in the nearest locality to earn some money. Among them 13.43 percent are Bengali Hindus and rest 0.79 percent Bihari Hindu, 5.26 percent Bengali Hindu mothers sales new plastic items, like bucket, mug, tools, etc. and collect old cloths instead of money, and later they sold the old cloth at old cloth market in front of Liberty Cinema hall in the morning. Among them 2.37 percent are Bihari Hindu mothers. Another 5 percent Hindu mothers use to work as Ayah in the Hospital and Nursing Home on daily wage basis and among them 4.21 percent are Bengali Hindu and 0.79 percent Bihari Hindu mothers followed by 3.42 percent are self-employed and engaged themselves in tailoring, embroidery, jardaushi work, etc. and sale in their locality, Out of this figure, 2.37 percent are Bengali Hindu and 1.05 percent are Bihari Hindu. Few mothers (1.30 percent) engaged in some unorganised units in the locality of them, 1.04 percent are Bengali Hindu and 0.26 percent is Bihari Hindu. The rest 1.58 percent Hindu mothers sale vegetables, fruits, etc., and they all Bengali Hindu mothers. So, it is learnt from the above analysis that now a days the women are also coming out to earn money by engaging themselves in various activities to give some economic support to their families.

Table 5: Occupation of the Respondents

Religion	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
House wives	47 (12.37)	9 (2.37)	56 (14.74)	32 (8.43)	73 (19.21)	105 (27.64)	161 (42.38)
Domestic helper	51 (13.43)	3 (0.79)	54 (14.21)	11 (2.89)	7 (1.84)	18 (4.73)	72 (16.05)
Selling vegetable, fruits, etc.	9 (2.37)	-	9 (2.37)	-	-	-	9 (2.37)
Tailoring, embroidery work jardaushi	17 (4.47)	4 (1.05)	21 (3.42)	14 (3.68)	17 (4.47)	31 (8.15)	52 (11.57)
Ayah in Hospital & Nursing Home	16 (4.21)	3 (0.79)	19 (5.00)	2 (0.53)	5 (1.32)	7 (1.85)	26 (6.85)
Exchange New Plastic Buckets other things with old cloth	11 (2.89)	9 (2.37)	20 (5.26)	6 (1.58)	13 (3.42)	19 (5.00)	39 (10.26)
Service in unorgani-zed sector	4 (1.04)	1 (0.26)	5 (1.30)	3 (0.79)	2 (0.53)	5 (1.32)	10 (2.62)
Others	6 (1.58)	-	5 (1.58)	1 (0.26)	-	1 (0.26)	7 (1.84)
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)



Whereas in case of Muslim mother respondents, 27.64 percent are reported that they are engaged in doing domestic work, cooking, cleaning, child rearing etc., and among them 19.21 percent are Bihari Muslim mothers and 8.43 percent are Bengali Muslim mothers, followed by 8.15 are self-employed. Their work relates to cutting and stitching, jardaushi work in shari, salwar, etc., and they use to work at their own house. Among them 3.68 percent are Bengali Muslim and 4.47 percent are Bihari Muslim mothers. 5 percent Muslim women engaged in selling plastic articles with the exchange of old cloth, and among them 1.58 percent Bengali Muslim and 3.42 percent Bihari Muslim mothers, 1.85 percent use to work as Ayah in Hospital and Nursing Homes, out of which 0.53 percent are Bengali and 1.32 percent are Bihari Muslim mother. 1.32 percent Muslim mothers use to work in the small units of unorganised sector on daily wage basis, and

among them 0.79 percent Bengali Muslims, 0.53 percent are Bihari Muslims and rest 0.26 percent are engaged in any other activities.

In comparing occupational status between Hindu and Muslim respondents, it was found that most of the Muslim mothers (27.64 per cent) use to stay at their homes and engage themselves with household work, and among them most of them (19.21 percent) are Bihari Muslim mother, comparatively among the Hindu mothers, the percentage of housewives is less (14.74 percent). Maximum Hindu mother respondents are engaged in some earning activities to give financial support to their family but Muslim mothers are not so advanced in these kinds of activity due to norm of the Muslim community and conservativeness.

Income of the families of the respondents

Size of the household generally shows the load and burden on the head of the household, although there could be more than one earner in a household. Here, size of the household stands for the number of persons living together in a family. The average has been found to be 5.05 people with different household types, although it varies with religious groups. It is 5.9 percent for Muslims, both Bengali and Bihari. It is to be noted that there are some large size of households with 8+ members are in Muslim families. Likewise some household with smaller sizes are of the Hindus. The larger size of the Muslim households indicates that the Muslims generally have larger family members; the number of children is higher than the Hindu households.

Income is very important to know the impact of the programme on the beneficiaries and therefore examination has been made about the monthly income of the households of selected slum dwellers in selected

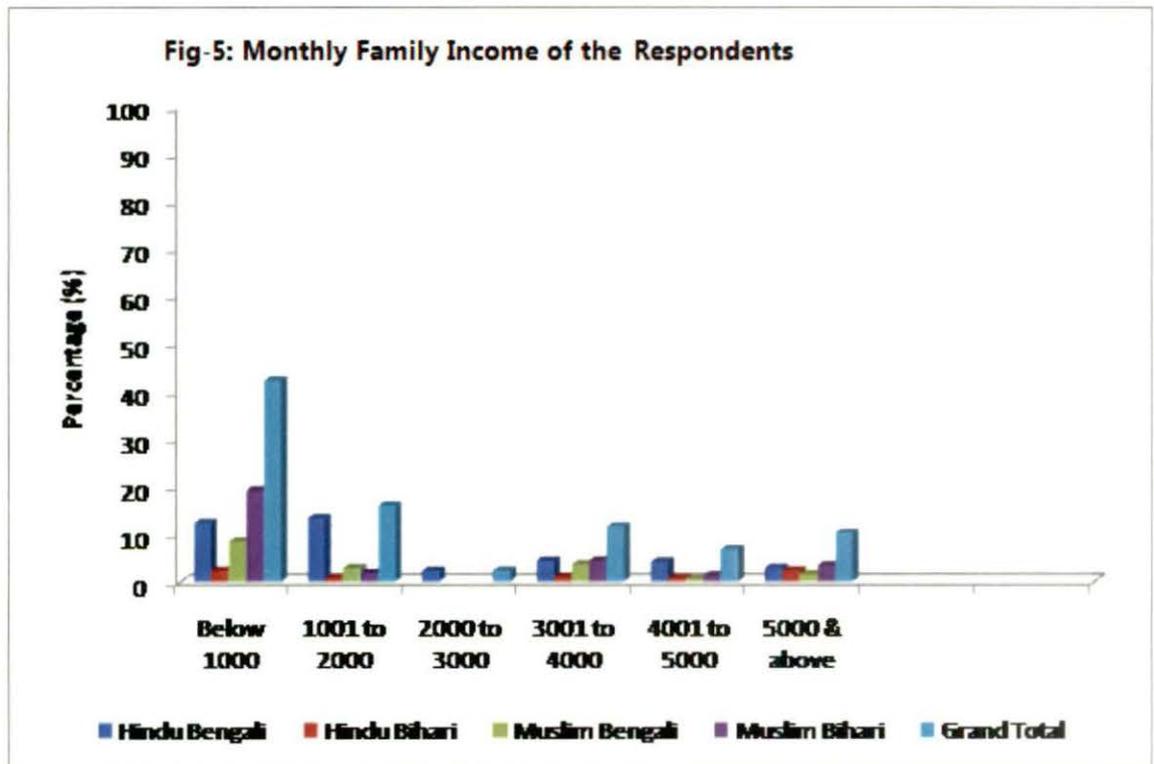
Hindu Muslim slums of North Kolkata. Table 6 points out the monthly income structure of the respondent's family.

The selected Hindu and Muslim respondents are asked about their monthly family income for the purpose of the study and it reveals that 17.63 percent Bengali Hindu mothers out of 42.37 percent Bengali Hindu mothers selected for study reported that their family income ranged between Rs.1001 to Rs.2001, followed by 13.69 percent told that their family income is below the Rs.1000/- per month and they are facing problems to maintain their family, 1.05 percent told that their family income ranged between Rs.2001 to Rs.3000/-. Among the Bihari Hindu mothers, 7.63 percent available for interview, shows that 5 percent mother's family income is below Rs.1000/- per month and 1.58 percent said that their family income is between Rs.1001/- to Rs.2000/- and according to rest 1.05 percent, their family income stood between Rs.2001/- to Rs.3000/-.

While interviewing the mother respondents both Bengali and Muslim mothers, they told that their family income is below Rs.1000/- per month (7.11 percent), followed by 4.21 percent reported, to have income ranged between Rs.1001/- to Rs.2000/- and according to 3.95 percent, their family income is between Rs.2001/- to Rs.3000/- per month and 1.95 percent Bengali Muslim mothers told that their family income is between Rs.4001/- to Rs.5000/- as their husbands are working in shoes making units and plastic articles manufacturing units in the unorganized sector.

Table 6: Monthly Family Income of the Respondents

Religion	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
Below Rs.1000	52 (13.69)	19 (5.00)	71 (18.69)	27 (7.11)	31 (8.16)	58 (15.27)	129 (33.96)
1001-2000	67 (17.63)	6 (1.58)	73 (19.21)	36 (4.21)	37 (9.73)	53 (13.94)	126 (33.15)
2001-3000	23 (6.05)	1 (1.05)	27 (7.10)	4 (2.89)	28 (7.37)	39 (10.26)	66 (17.36)
3001-4000	17 (4.47)	-	17 (4.47)	15 (3.95)	21 (5.53)	36 (9.48)	53 (13.95)
4001-5000	2 (0.53)	-	2 (0.53)	4 (1.05)	-	4 (1.05)	6 (1.58)
5000 & above	-	-	-	-	-	-	-
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)



As regards to the Bihari Muslim mothers 9.73 percent told that their family income ranged between Rs.1001 to Rs.2000/- per month and

according to 8.16 percent respondents their family income is below Rs.1000/- per month, followed by 7.37 percent mothers told that their family income vary between Rs.2001 to Rs.3000/- per month and according to 5.53 percent, their family income is between Rs.3000/- to Rs.4000/- per month as some of them having laundry (washing and ironing) and first food stall in the footpath, tea shop etc.

While comparing the income between Hindu and Muslim slum dwellers, it has been found that most of the respondent familie's monthly income is less than Rs.1000/- per month. The percentage is higher (18.69 percent) among the Hindu families than the percentage of Muslim families(15.27). Bengali Hindu (13.69 percent) and Bihari Muslim (8.16 percent) are the worst suffers. In the income category of Rs.1001/- to Rs.2001/-, it is found that most of the Hindu families (19.21 percent) belong to the income group, and it is higher than the Muslim families (13.94 percent). It is also noticed that in the income category of Rs.2001/- to Rs.3000/-, the percentage of Muslim famies is 10.26 percent among them 7.37 percent are Bihari Muslims. It is high than the Bengali Hindu family (7.10 percent). 9.48 per Muslim respondents monthly family income ranged between Rs.3001/- to Rs.4000/- and which is higher than the Hindu family's month income (4.47 percent). Further there are 1.05 percent Muslim families whose monthly family income stood between Rs.4001/- to Rs.5000/- whereas there is no Hindu family in the income category.

Source of income of the respondents

The Hindu and Muslim slum dwellers work in a wide range of occupations, servicing the urban middle-classes by way of selling variety of items in the footpath, working in small business, garment production units,

etc. Some small production units are located within the slums itself. The self-employed men are among the better off section in the slums, with manual labours such as rickshaw pullers, thelawala, selling sugar cane juice and construction labourers being among the lowest paid.

Again other occupational opportunities for employment in the informal sectors such as manual labourers (unskilled and semi-skilled), casual labourers (e.g., construction workers seasonally unemployed during the monsoon), hawkers and vendors the higher income groups tend to be factory workers whose wages are low but whose income is regular and secured.

The majority of households of both Hindu and Muslim slum dwellers selected for the study appears to have sales related occupation with its share of 36.5 percent. The data reveals that 22.1 percent Hindu and Muslim slum dwellers are engaged as daily wage labourers in cottage and small scale industries like tailoring, carpentry, blacksmiths, manufacturing shoes and sports goods, detergent washing powder, handicrafts and other petty trades. The production activities of many of these entrepreneurs appears to be seriously crippled for lack of capital and working space, obsolete production technique, difficulties in procuring raw materials and getting markets for the products, and specially for heavy power cuts.

In the marginal sector on the other hand, the major occupational group is 'casual labour' constituting 32.2 percent and they do not have any regular or steady source of income. These labourers often become victims of exploitation. The remaining category includes domestic servants, beggars, rag-pickers, etc. This group which is the poorest among the urban poor

constitute near about 6.8 percent. It was seen that the Bihari Hindus and Bihari Muslims are the worst sufferers with regards to income.

It is known that almost half the numbers of women are engaged fully or partly as domestic servants, labourers, rag –pickers and the like. In such cases the mother is always away from home from 9-00 AM in the morning to 4-00/5-00 PM in the evening and children grow up without any parental supervision whatsoever. These domestic helpers cook the morning meal, pack it up for their husband and school going children, feed the younger ones and leave them to play in front of their dwellings before going off for the morning session. In the afternoon, they come back and do their own washing, cleaning and bathing their children, if water is available. Again they went out for afternoon session around 4.00 P.M. and returned at about 6.00 P.M. or so, and get busy with preparation of evening meal for themselves. Such women have little time for gossip or idle talk except when they sit outside their huts cleaning food grains or doing their washing in afternoon.

While these earning women in the slum spend all their money in meeting the food and others needs of the family with rarely spending any money on buying something for themselves, the men spend two to three rupees daily on tea, and 5-6 rupees on betel leaves, bidi, tobacco and the like. The men who are habituated to liquor – there are many in the slum – keep much more for themselves, thus reducing further their contribution towards the up keep of the family. Most of the women reported that inadequate housekeeping allowances given by their husband is the most common cause of friction between husband and wives. Many husband beat their wives in the evening either because there is not anything nice to eat. Next day morning when she protests the husband told “I thrashed you for no

reason, isn't it? Now take this stick and beat me", knowing that a Hindu woman would never raise her hand against her husband whatever his faults.

Types of construction of the houses of the respondents

Every migrant Hindu-Muslim slum dwellers is quite content having a hut of his own which he puts up with a few poles and plated bamboo mates. With the passing of years, most of them tried of repairing it before every monsoon. Apart from this, there are encroachments on the roadside (locally called jhupri), canals (called khal dhar), or any vacant place (called udbastu) by the poor people either displaced from the city itself or retrenched from their work place.

It has been found that the predominant structure type of dwellings are very much prevalent in both the slum areas. These were pucca, semi-pucca and kuccha (crude or imperfect). The percentages of the structural types in 16 slums of North Kolkata are pucca 55.1 percent, semi pucca 27.4 percent and kuccha 17.5 percent. There are houses with roof made of tiles, asbestos or tins which have floors which are kuccha or pucca both. It is also observed that 90 percent of these slum dwellers have only one room for them to live. Any one making improvement or repairs to his dwelling rouses environs glances from neighbours. In the course of renovation or repair, should the neighbour feel that the dwelling is occupying even an inch of space more than it did previously? It is enough to spark of a bitter quarrel with the owner being encroaching upon other peoples land. Momentarily, they saw to forget that they are all squatters on unauthorized land.

Assets of the respondents

Family assets are being one of the important indicators of economic status. Among the all reported cases (380) of both the Hindu and Muslim mother, 54.0 percent are found to have assets which include T.V., Radio, Sound System, Tailoring Machines, etc., and the remaining have no assets at all. Among those who have assets, the majority are Muslims. 27.8 percent of the Muslim as against 22.3 percent Hindus are found to have assets. This has been shown that the Muslim dwellers have the superior economic status in the slums than Hindus.

Ultimately child development is family based and more so mother based, who holds key position to make decisions and provide stimuli for all round development of child in the family and community.

Development, protection and survival of children below 6 years of age and adolescent health is completely family based and mother centred. Response and decisions of parents and mother in particular is vital for their survival and development.

However, under Integrated Child Development Services (ICDS) programme families, community participation and empowerment of women has been a neglected area. Therefore, the whole programme should be focussed on to sensitize family – the mother – the women which will form the basis of child development.

IMPACT OF INTEGRATED CHILD DEVELOPMENT SERVICES:

The mothers of the Hindu-Muslim beneficiary children are asked to respond to different types of questions to find out their level of awareness and sensitization about the Integrated Child Development Services (ICDS)

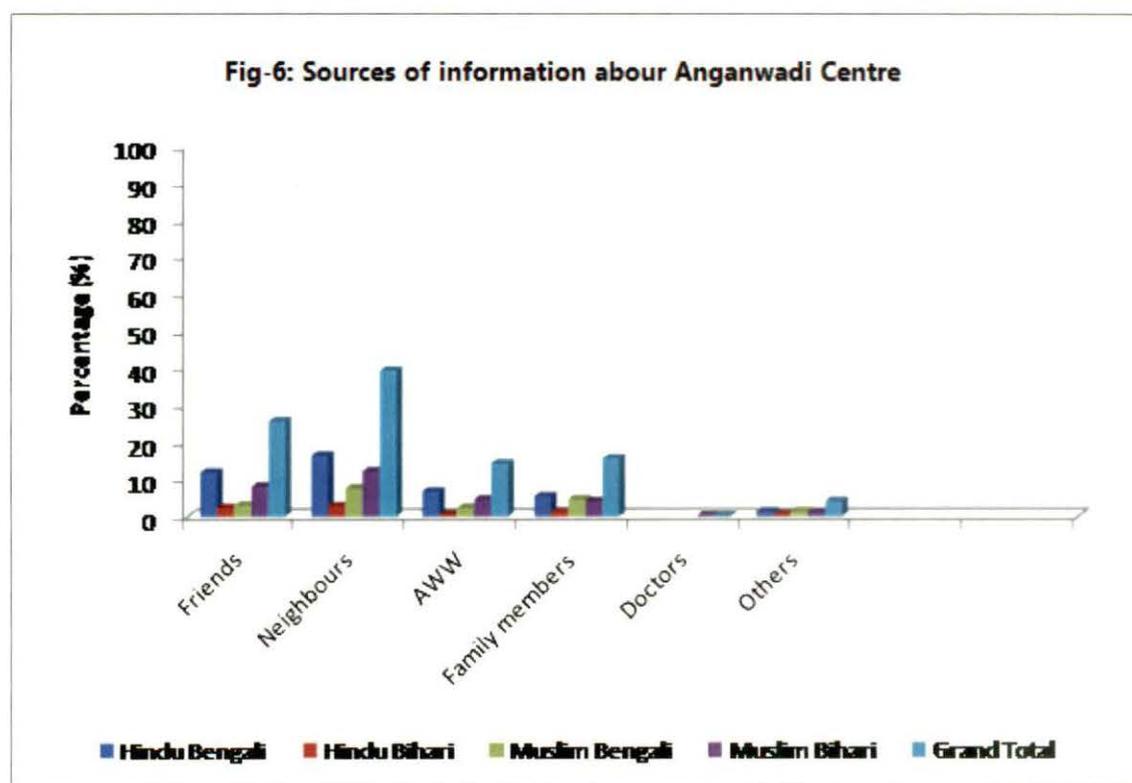
programme. The information collected on these aspects have been analysed in the following. Table No.7

Sources of information about Anganwadi centre

With regard to the source of information about the Integrated Child Development Services (ICDS) programme, it appears from the study that 16.58 percent Hindu Bengali mother respondents have told that they have come to know about the programme from the neighbours that a child development centre has been started in their locality for the slum children from where the children will get food, medicine and education free of cost and after being informed of this, they started to send their children to the centre. 12.10 percent respondent mothers out of 42.37 percent Hindu mother selected for the study replied that they heard about the centre from their friends and 6.84 percent have been informed by the Anganwadi worker during home visits, 5.53 percent learnt about the centre from their family members and remaining 1.32 percent from others, i.e., local people. Thus most of the respondents come to know about the Anganwadi centres from their neighbours and friends and most of the Bihari mothers (2.89 percent) out of 7.63 percent Bihari Hindu mothers interviewed for the study come to know about the centre from their neighbours, 2.37 percent Bihari mothers from their friends, 1.32 percent from their family members and an equal percentage (0.52 percent) said that they learnt about the centre from Anganwadi workers and others from local people respectively. Like Bengali Hindu mothers, Bihari Hindu mothers also learnt about the centre from neighbours and friends.

Table 7: Sources of information about Anganwadi Centre

Sources	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
Friends	46 (12.10)	9 (2.37)	55 (14.47)	12 (3.16)	31 (8.16)	43 (11.32)	98 (25.79)
Neighbours	63 (16.58)	11 (2.89)	74 (19.47)	29 (7.63)	47 (123.37)	76 (20.00)	150 (39.47)
AWW	26 (6.84)	2 (0.53)	28 (7.37)	9 (2.37)	18 (4.74)	27 (7.11)	55 (14.48)
Family members	21 (5.53)	5 (1.32)	26 (6.85)	18 (4.73)	16 (4.20)	34 (8.93)	60 (15.79)
Doctors	-	-	-	-	1 (0.26)	-	1 (0.26)
Others	5 (1.32)	2 (0.52)	7 (1.84)	5 (1.32)	4 (1.05)	9 (2.37)	16 (4.21)
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)



The same question has been asked to the Bengali and Bihari Muslim mothers selected for study and out of 19.21 percent Bengali Muslim mothers interviewed, 7.63 percent Muslim respondent mothers told that they got the information from their neighbours, and 4.73 percent got the

information from their family members, particularly from husband as the Muslim mothers are not always going out of their houses without work. 3.16 percent told that they come to know about the centre from their friends and 2.37 percent reported that they have knowledge of Anganwadi Centres from the home visit made by the Anganwadi workers of the centres and others from local people. Among the Bihari Muslim mothers (30.79 percent) interviewed for the study, 12.37 percent said that they come to know about the centre from their neighbours, followed by 8.16 percent from their friends, and 4.74 percent from Anganwadi worker, 4.21 percent got information from their husband, 1.05 percent from others and 0.26 percent, i.e., one respondent from the local doctor. So like Bengali Muslim mothers, Bihari Muslim mothers also mostly got information about the centre from their neighbours.

The study compares between Hindu and Muslim mothers interviewed for the study regarding the source of information and the study reveal that out of total 380 respondents, 39.47 percent got the information about the existence of Anganwadi centres from their neighbours, 25.79 percent from their friends 15.79 percent from their family members. Muslim mother respondents (8.93) have information from their husband; it is higher compared to Hindu mothers (6.85 percent). 14.48 percent Hindu and Muslim mothers come to know about the centre from Anganwadi worker, 4.21 percent from other local people and only one respondent reported that she came to know about the functioning of such centre in their locality from doctor. It is interesting to note that comparatively most of the Muslim mothers got information from their husband, as they have less opportunity to go around than the Hindu mothers. Therefore, the percentage of Muslim mothers (8.93 percent) is higher than Hindu mother (6.85 percent).

Motivation for sending children

As stated earlier, the Hindu-Muslim mothers of the slums know about the centres functioning in their localities, yet they have been motivated by different people. Table No.-8 shows the reason for sending their children to Anganwadi Centre.

It is known that 39.47 percent respondents from Hindu and Muslim belt send their children to the Anganwadi Centre by getting motivated by their neighbours, 25.79 percent of respondent mothers are motivated by their friends, followed by 15.79 percent by family members, and 14.48 percent mother are have been motivated by the Anganwadi workers when they go around the localities to enlist the names of the target group children and 4.21 percent are motivated by other, i.e., local leaders and relatives. Some of them motivated more by their personal observation.

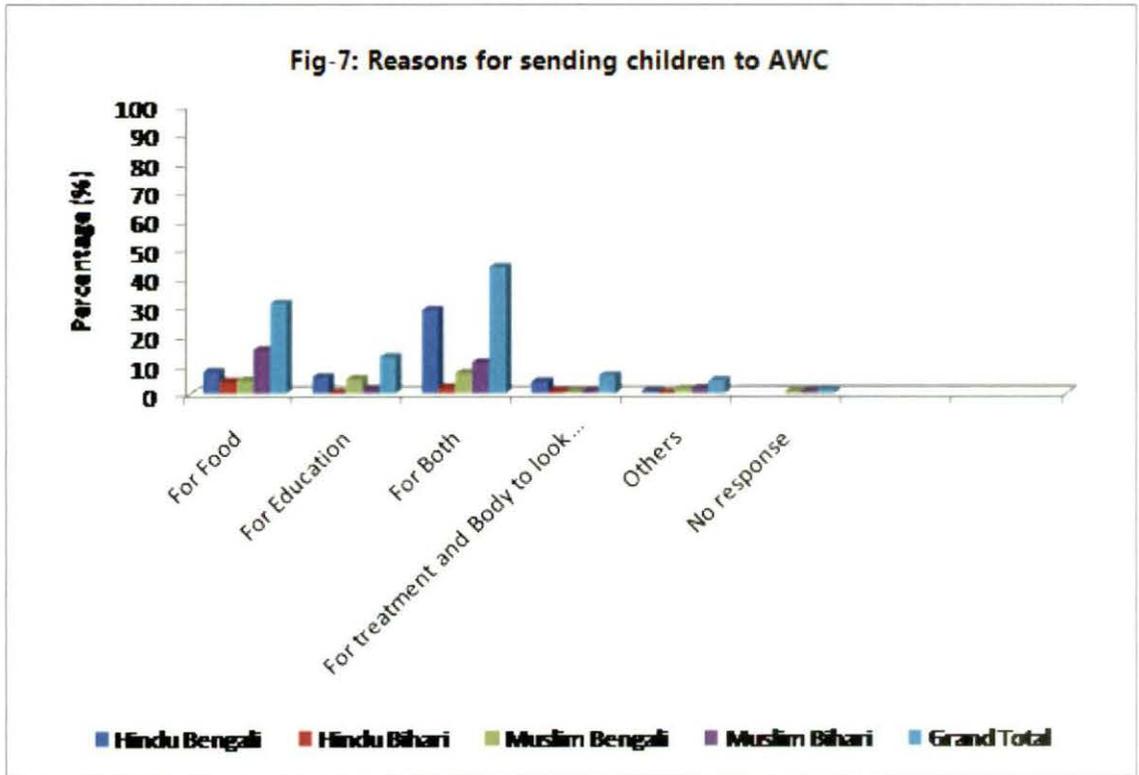
Moreover, when the centres started distributing foods, the news went round the whole locality without any organized publicity.

The study also attempted to find out the reasons behind sending the children to the Anganwadi Centre (AWC) and as per their replies it is envisaged that out of total 42.37 percent Bengali Hindu mothers interviewed for the purpose of the study, 28.95 percent said that they send their children to the Anganwadi Centre (AWC) both for food and a little education as they are very poor, they are not able to afford the same always to their children. Their children will get the food and education from the Anganwadi Centre (AWC) in free of cost, therefore they send. 7.63 percent mothers reported that the main reason for sending their children to the Anganwadi Centre (AWC) is for food. They generally go out for work for earning money, nobody at home available to provide food or cook for them in time. 5.79

percent mothers said that they are sending for education as the tuition fees of private nursery school is very high and they cannot afford it. 4.21 percent respondents told that both husband and wife go out for work to earn money for the whole day and do not have any fixed time to return, therefore they are sending their children to the centre. Moreover, their children will get treatment and some common medicines without any cost. The main reason is that nobody remains at home to look after and cook for them. Only one respondent mother could not show any reason. For Bihari Hindu mothers, out of 7.63 percent interviewed for study, 4.21 percent send their child to centre for food, 2.11 percent for both food and education and 0.79 percent told no body remains at home to take care of them as they use to go for work outside and an equal percent of respondent (0.26) told that for education and other reason for sending their children to Anganwadi Centre (AWC). Among the Hindu Bengali and Bihari mothers, most of the Bengali Hindu mothers send their children to Anganwadi Centre (AWC) for food and education, whereas most of the Bihari Hindu mothers for food, only one Bihari Hindu mother reported that she send her children to Anganwadi Centre (AWC) for education.

Table 8: Reason for sending children to Anganwadi Centre (AWC)

Sources	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
For Food	29 (7.63)	16 (4.21)	45 (11.91)	17 (4.47)	57 (15.1)	74 (19.47)	119 (31.31)
For Education	22 (5.79)	1 (0.26)	23 (6.05)	19 (5.00)	6 (1.58)	25 (6.58)	48 (12.63)
For Both	91 (28.95)	8 (2.11)	99 (31.06)	27 (7.10)	41 (10.79)	68 (17.89)	167 (43.95)
For treatment and Nobody to look after at home	16 (4.21)	3 (0.79)	19 (5.00)	2 (0.53)	3 (0.79)	5 (1.32)	24 (6.32)
Others	3 (0.79)	1 (0.26)	4 (1.05)	6 (1.58)	7 (1.84)	13 (3.42)	17 (4.47)
No response	-	-	-	2 (0.53)	3 (0.79)	5 (1.32)	5 (1.32)
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)



On the other hand, according to the all Bengali Muslim mothers interviewed for study, 7.10 percent told that they send their children to the centre both for food and study, followed by 4.47 percent only for food as their children use to go to Madrasha for study in the noon time. 5 percent for education as their children will learn English from the centre, 1.58 percent for other reasons and an equal percent (0.53) replied that nobody at home to take care and there was no response from the respondent. Bihari Muslim mothers also (19.47 percent) send their children to Anganwadi Centre (AWC) for food, followed by 17.89 percent for both food and education and 6.58 percent Bihari Muslim mother send for education. 3.42 percent Bihari mother having other reasons for sending their children to centres and 1.32 percent told nobody at home to take care the children, again 1.32 percent not shown any reasons for sending their children to centre.

On the basis of analysis of the collected information, the study compares between Hindu and Muslim respondents regarding the reasons for sending their children to the Anganwadi Centre (AWC) and found that out of total Hindu-Muslim mother respondents (380) interviewed for the study, 43.95 percent mothers from the both religion use to send their children to Anganwadi centres for food and education and among them 31.06 percent were Bengali and Bihari Hindu, and 17.89 percent Bengali and Bihari Muslim. Here, the percentage of Hindu Bengali and Bihari Mother is comparatively higher than the Bengali and Bihari Muslim mothers, followed by 31.31 percent Hindu-Muslim mothers send their children to Anganwadi Centre (AWC) for food only, among them 19.47 mother respondents belongs to Muslim community and 11.91 percent belong to Hindu community. It reveals that the percentage of Muslim mothers is higher than the Hindu mothers, same constitutions, which were sending their child to

Anganwadi Centre (AWC) for food only. Almost equal percentage of Hindu and Muslim mothers reported that they are sending for studies and 5 percent Hindu mothers, both Bengali and Bihari, told they don't have anybody at home to take care of their children at home. In other reasons the percentage of Muslim mothers (4.47 percent) is higher than the Hindu mothers (1.05 percent) and 1.32 percent Muslim mothers did not respond to the question.

Moreover, the Hindu and Muslim mother respondents of the Hindu and Muslim belt have been asked how many hours their children use to stay at the Anganwadi Centres. Most of them replied 2½ to 3 hours per day. More or less every mother respondent knows the timings of the Anganwadi Centre (AWC).

Views of the respondents regarding functions of the Anganwadi centres

The Integrated Child Development Services (ICDS) Team comprises the grass root level worker, namely, Anganwadi worker (AWW) and helper who provide the services, the supervisor and the Child Development Project Officer (CDPO) who is the team leader. The Medical Officer, Lady Health Visitor (LHV) and Female Health Worker (FHW), from the health sector work in close collaboration with ICDS team in providing health services.

The Anganwadi worker plays a crucial role in providing the services as the actual services are provided through her. She is often selected by local community with which she is supposed to maintain a close and continuous contact with the community and serves as a crucial link between villagers and the Government administration. At the same time she needs to open the centre regularly in time.

The mother respondents of the Hindu-Muslim belt have been asked whether the centre opens regularly in time or not. The mother respondents of the beneficiary children reported that the centre opens regularly in time as the key of the centre is kept with the helper who is a local inhabitant. But the Anganwadi workers come late in the centre most of the days and leaves centre within 2-3 hours, as most of the workers generally come from distance. The mother respondents also asked are they kept informed about immunization date, most of the mothers replied that they have been informed by the helper and Anganwadi workers about the immunization date. In a question on home visit by the Anganwadi worker for counselling during last 30 days – all of the respondent mothers told that when the centre started functioning, the anganwadi worker frequently visited their homes to collect children, but after that nobody visits their homes. This may not be the fault on the part of the Anganwadi worker because they are not treated as full time workers and minimum salary as well as the service conditions are denied to her. No wonder they are agitated about it.

Knowledge of respondents regarding package of services

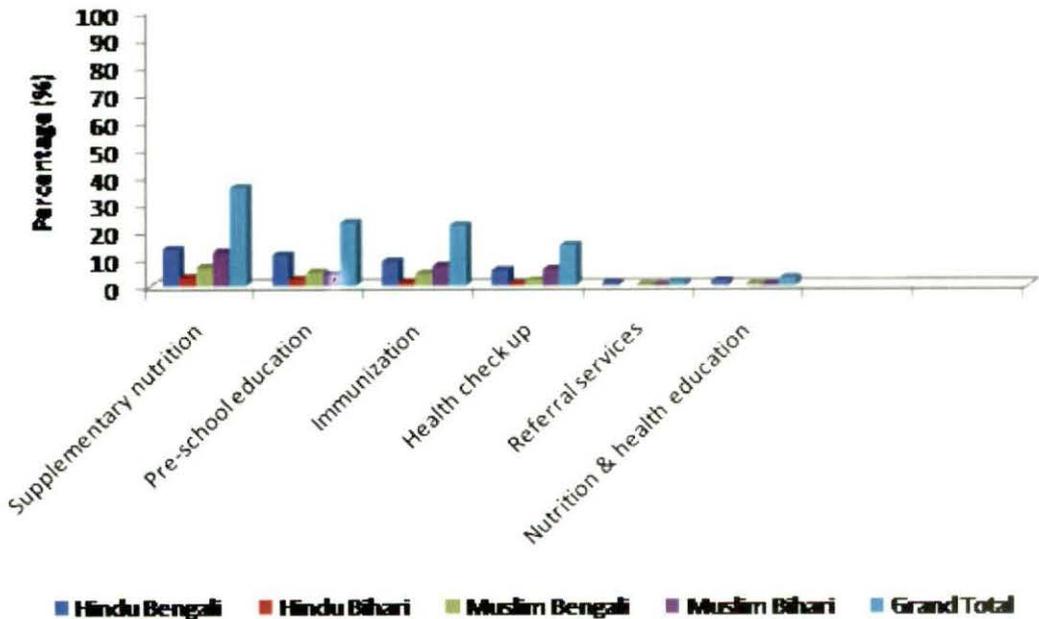
Under ICDS Scheme, a package of services including supplementary nutrition, immunization, health check-up, referral services, non-formal pre-school education and nutrition and health education to mothers is provided to children below six years of age and pregnant and nursing mothers. The idea of providing a package of services is based primarily on the consideration that the overall impact would be much greater if the different services are delivered in an integrated manner. Table No. - 9 shows about the knowledge of package of services under Integrated Child Development Services (ICDS).

As regards to the services available from the centres and the knowledge of Hindu-Muslim mother respondent about it, the study reveals that most of the mothers are not aware of all items of the package of services. Out of 42.37 percent Bengali Hindu mothers interviewed for the study 13.42 percent mentioned about supplementary nutrition, followed by 11.31 percent pre-school education, 8.94 percent mothers about immunization and 5.78 percent mentioned about Health check up 1.84 percent told about nutrition and health education while 1.5 percent mentioned about referral services. But most Bengali Hindu mother also mentioned three items of the package of services, i.e., supplementary nutrition, pre-school education and immunization but among them somebody given importance on supplementary nutrition, somebody on preschool education, or immunization. But nobody among the mothers have been able to mention six items of the package of services provided under Integrated Child Development Services (ICDS) programme through Anganwadi centres. Bihari Hindu mothers (3.15 percent) also told (*khana milta hai*) supplementary food is available from the centre. 2.36 percent replied (*porai hota*) about study and 1.31 percent about immunization (*doctor babu sui deta*), 0.78 percent Bihari Hindu mothers mentioned about health check-up. But most of them mentioned about supplementary nutrition and immunization.

Table 9: Knowledge of the Respondents about package of services under Integrated Child Development Services (ICDS)

Sources	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
Supplementary Nutrition	51 (13.42)	12 (3.15)	63 (16.57)	26 (6.84)	47 (12.36)	73 (19.21)	136 (35.78)
Pre-School education	43 (11.31)	9 (2.36)	52 (13.68)	19 (5.0)	16 (4.21)	35 (9.21)	87 (22.89)
Immunization	34 (8.94)	5 (1.31)	39 (10.26)	17 (4.47)	28 (7.36)	45 (11.84)	84 (22.12)
Health check-up	22 (5.78)	3 (0.78)	25 (6.57)	8 (2.10)	23 (6.05)	31 (8.15)	56 (14.73)
Referral Services	4 (1.05)	-	4 (1.05)	1 (0.26)	1 (0.26)	2 (0.52)	6 (1.58)
Nutrition & Health Education	7 (1.84)	-	7 (1.84)	2 (0.52)	2 (0.52)	4 (1.05)	11 (2.90)
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)

Fig-8: Knowledge of the Respondents about the package of services under ICDS



Among Bengali Muslim mothers 6.84 percent were also well familiarized with 'Khana' or supplementary nutrition as they come to know about food from their children, 5 percent mentioned preferably about study at the centre as their children are learning English from the centre. 4.47 percent given priority on immunization as they think it will prevent diseases, followed by 2.10 percent given their view on health check up, 0.52 percent on Nutrition and Health Education and remaining 0.26 percent on referral services. But like Hindu Bengali and Bihari mothers, more or less all the respondents could mention two or three items easily, but not all items. As such 19.21 percent Bihari Muslim mothers mention about supplementary nutrition. 11.84 percent knows about immunization, followed by 9.21 percent pre-school education and 8.15 percent about health check up. Bihari Muslim mothers also mentioned about nutrition and health education as they prepared "Chappati" (*thick roti*) on a demonstration day at Anganwadi Centre (AWC). 0.52 percent mentioned about referral services, during stomach trouble of her children, Anganwadi Workers (AWW) advised her for admission at Medical College.

On the basis of information collected and analysis made, it is found that 19.21 percent Muslim mothers knows about supplementary nutrition, comparatively the percentage is higher than the Hindu mother respondent (16.56 percent). Food is a important and attractive item among all package of services under Integrated Child Development Services (ICDS) to the children of the slum mothers. The response of Bengali and Bihari Hindu mothers relating to pre-school education is higher (13.18 percent) than the percentage (9.21 percent) of Bengali Bihari and Muslim mothers. Among them most of the Hindu mothers feel their children are learning Bengali language at home, but if they send their children to Anganwadi Centre

(AWC) they will learn English. With regard to immunization, health check up, referral services, nutrition and health education, it is found that comparatively the percentage between Hindu Bengali – Bihari mothers and Muslim Bengali and Bihari mothers are more or less same, but none of the respondent mothers interviewed for the study could mention all items of the package of services. They don't know the utility of these items that provided to their children from Anganwadi Centre (AWC) especially the Bihari Hindus and Muslim respondents.

Views of respondents on pre-school children

Non-formal pre-school education is an important component of Integrated Child Development Services (ICDS) programme for the children between the age group of 3-6 years. They are provided with learning experiences at an Anganwadi. The main objective of the pre-school education (PSE) is to prepare children for formal education at the elementary school and formation of behaviour for the smooth adjustment with the larger group in the later part of the life. It also aims at reducing the school dropout rate and retention in Class I & II. Pre-School Education (PSE) of Integrated Child Development Services (ICDS) programme has been envisaged as an effective strategy for enhancing enrolment to promote universalisation of primary education.

As regards the availability of pre-school education at the Anganwadi centres, the Hindu and Muslim mothers of the beneficiary children know very little. They know their children are taught writings and learning rhymes at the centre. But they don't know the main purpose of pre-school education component which is meant for overall development of the child. There is no formal structured curriculum in Anganwadi Centre (AWC) and no

flexibility which can encourage the child. Now the Anganwadis were reduced to just feeding centre or “Kichuri Centre” with some automatic and mechanical activities such as songs, rhymes, etc., taught primarily to please the visitors. Mothers also don’t know what kinds of teaching aids they should use for teaching to their children even they reported that their children are not providing any slate or book for their children and not given any home tasks by the Anganwadi workers.

The study reveals that out of all Hindu-Muslim mothers interviewed for the study, 46.84 percent of the total mother respondents of the beneficiary child reported that they know about the pre-school learning but the children are not benefitted from this as the Anganwadi workers are not enough knowledge to arouse interest among the children. Moreover, the workers are not interested to teach the children. Few respondent mothers are happy with the pre-school learning as their children can speak rhymes to others. The mother of Hindu and Muslim beneficiary children also asked whether their children are able to read simple words and count numbers at home or not. All most all Hindu and Muslim mothers reported that they are unable to do this but they can distinguish colour and various objects but unable to describe properly.

Opinion of the respondents regarding behavioural change

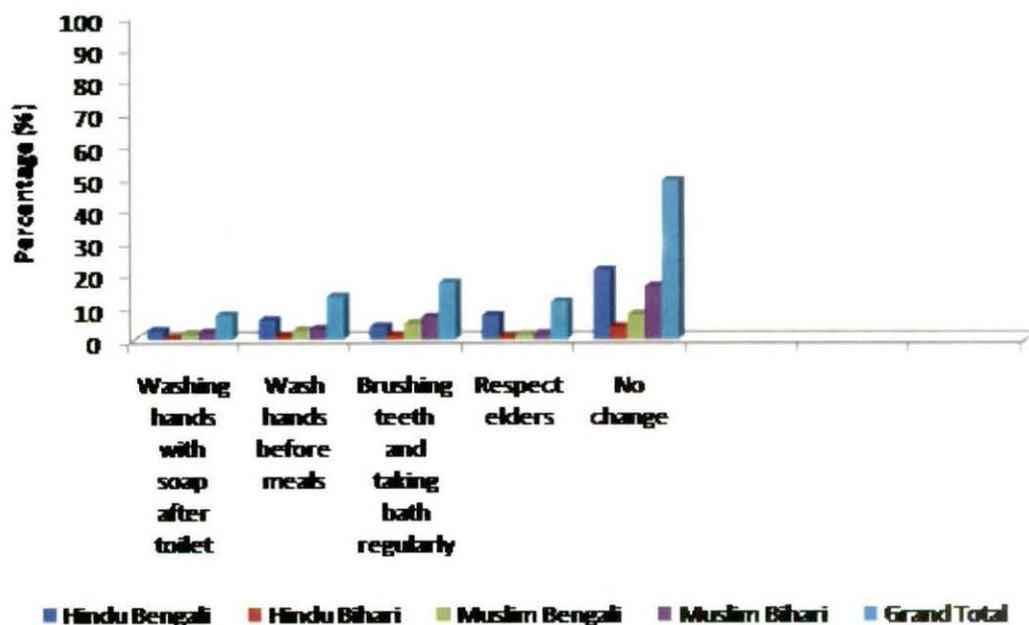
The Hindu and Muslim respondent mothers of the beneficiary child has been asked whether they observed any behavioural change, like washing hand after using toilet, wash hands before and after meals, use soap to wash hands, brushing teeth regularly, respect elders after attending the pre-school learning. Table No. 10 shows the impact of pre-school education on children.

The respondent mothers of the child beneficiaries expressed their opinion regarding the development of behaviour pattern after going to Anganwadi centre for a course of time. According to the opinion of the 2.57 percent Bengali Hindu mothers, there were no changes in the behaviour pattern of their children in their daily practices and it was same as before attending the Anganwadi Centre (AWC). 7.63 percent Bengali mothers told that their children use to give respect to the elderly people in their family as well as in the community also, but it may be due to fear, 6.05 percent mothers replied that their children washes their hands before taking meals as they learn it from the other family members and Anganwadi Centre (AWC) and according to 4.21 respondent mothers their children brushes their teeth regularly in the morning, 2.89 percent mother answered in favour of washing hands with soap after toilet, which they learn from their parents. Among the Bihari Hindu mothers 3.93 percent out of total 7.63 percent Hindu mothers selected for the purpose of the study, said that they do not notice any change in behaviour and practices of their children in the day to day life, 1.31 percent mother replied that their children are very regular in brushing the teeth and 1.05 told that they are very formal to wash their hands before meals and 0.78 percent expressed their happiness as their children show due respect to the elderly people. Only 0.53 percent Bihari Hindu mothers told their children were habituated with washing hands with soap after using toilet. It is clear that most of the Hindu Bengali and Bihari mothers found no change among their children in their daily practices.

Table 10: Opinion of the Respondents regarding behavioural changes of their children

Sources	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
Washing hands with soap after toilet	11 (2.89)	2 (0.53)	13 (3.42)	7 (1.84)	9 (2.36)	16 (4.21)	29 (7.63)
Wash hands before meals	23 (6.05)	4 (1.05)	27 (7.10)	11 (2.89)	13 (3.42)	24 (6.31)	51 (13.42)
Brushing teeth & taking bath regularly	16 (4.21)	5 (1.31)	21 (5.52)	19 (5.0)	27 (7.10)	46 (12.10)	67 (17.63)
Respect elders	29 (7.63)	3 (0.78)	32 (8.42)	6 (1.57)	7 (1.84)	13 (3.42)	45 (11.84)
No change	82 (21.57)	15 (3.93)	97 (25.52)	30 (7.89)	61 (16.52)	91 (23.94)	118 (49.47)
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)

Fig-9: Opinion of the Hindu-Muslim mothers regarding behavioural changes of their children



According to Bengali and Bihari mothers, 7.89 percent Bengali Muslim mothers out of total 19.21 percent Bengali-Muslim mothers

interviewed for study, express their views that they did not observe any change in the behaviour and practices of their children after attending the Anganwadi Centre (AWC), followed by 5 percent also not found any change in the daily practices of their children, 2.89 percent reported that their children are habituated with washing hands before meals and 1.84 percent said that their children washes hands with soap after using toilets. 1.57 percent mother said they taught their children to respect the elderly people. As per the 16.52 percent Muslim Bihari mothers they did not see any change in talking, gesture, practices among their children, 7.10 percent reported their children to brush teeth every morning, 3.42 told in favour of washing hands before meals, and 2.36 percent said about washing hands with soap after using toilet, and 1.84 percent replied in favour of respecting elders. It appears that most of the Muslim respondent mothers (23.94 percent), they did not notice any change among their children relating their behaviour, gesture, talk and daily practices.

Comparison has been made between Hindu and Muslim beneficiaries with regard to the practices of the children and it appears that 25.52 percent Hindu mother respondents of the beneficiary children did not find any change among their children in daily practices while 23.94 percent Muslim mother respondents passes the same opinion. Here it reveals that the percentage of Hindu mothers is higher than the Muslim mothers. But according to both Hindu and Muslim mothers, most of them agree that there is no change among their children after attending the AWC. It is felt that the child beneficiaries are generally stay in the AWC for 3 to 4 hours per day out of 24 hours a day, and this left of 20 hours, the child is with his/her other family members, neighbours and other peer groups who are not the part of AWC. So only 4 hours at centres cannot generally bring any change to the

children when the environments of Anganwadi Centres (AWCs) do not help much to bring about a change with regard to the practices in daily life, 12.10 percent Muslim mothers told that their children are very regular in brushing teeth while 5.52 percent Hindu mothers replied the same. So, the percentage of Muslim mother is higher than the Hindu mother. Again with regard to showing respect to elderly people the percent of Hindu mothers (8.42 percent) is higher than the Muslim mothers (3.42).

Supplementary Nutrition Programme is targeted to reduce malnutrition among women and children by supplementing proteins, minerals and vitamins in a supplementary diet. Therefore, nutritious food is being served under Supplementary Nutrition Programme (SNP) and Prime Minister Gramoday Yojana (PMGY) to the children below 6 years, pregnant and lactating mothers and adolescent girls for 300 days in a year. Children covers under the programme are categorized as severely malnourished, moderately malnourished and normal. Nutritious food is served to all the beneficiaries.

Views of the respondents about supplementary nutrition and quality of food

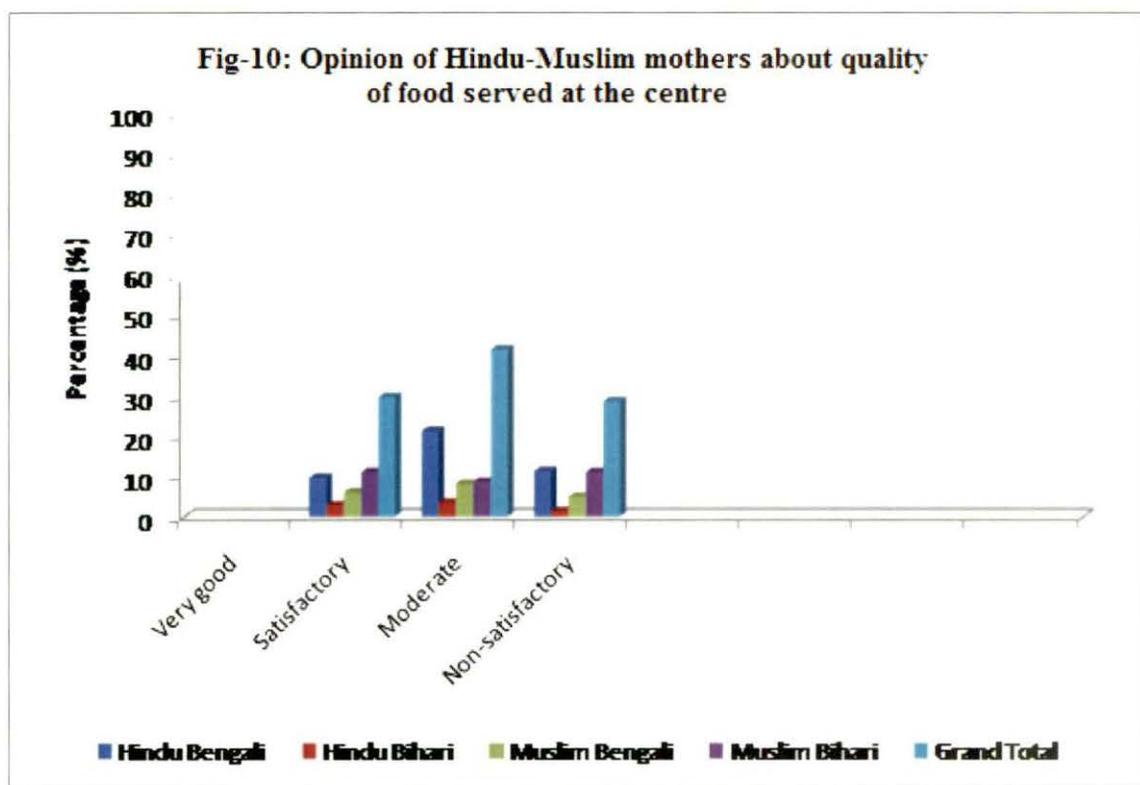
The study tries to find out whether the Hindu-Muslim mother respondents of the beneficiary children are aware about the supplementary nutrition or not. The mother respondents were asked “Do you know that the supplementary nutrition is given to your child at the centre”? But most of the Hindu and Muslim mothers of the beneficiary children seen to be not aware about the supplementary nutrition which is given to their child at the Anganwadi centre but they only know some foods on different days the authority use to distribute to their child, mostly, “Khichuri”. The mothers

also do not know the quantity of food is given to their children. The mother respondents also expressed their views on the quality of food distributed at the centre to their child. The Table No. 11 shows the opinion of the mother categorically with regard to the quality of food.

According to all Hindu mother respondents interviewed for the study, 21.32 percent Bengali Hindu mother told that the quality of food is not so good or bad, it is eatable, but all days in a week the AWC is not providing the same food, sometimes they use to give readymade food which is very difficult to consume for the children below 3 years of age. At the same time 11.30 percent respondent mothers are not satisfied at all with food given by the Anganwadi worker as their children are not able to consume and sometimes create stomach trouble to their children. 9.74 percent Bengali Hindu mothers replied that they are satisfied as there is no other ways open to them, whatever is getting from the centre are not always available at home. They are very poor and not able to collect a square of meals a day for their children. Among the Bihari Hindu mothers 3.42 percent said that food distribution at the centres are moderate as the prices are high in all commodities, and according to 2.89 percent mothers, foods are satisfactory and it will be much better if provide rice to the children. But according to 1.32 Bihari mother's foods are not good; instead of providing dry food sometimes the AWC can provide roti and dal to the beneficiary children. It is clear from the study that different groups of mother hold different views with regard to the food according to their test and likeliness. Yet most of the respondents, both Bengali and Bihari Hindu mothers viewed that the quality of food is moderate.

Table 11: Opinion about the quality of food served at the centre

Sources	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
Very good	-	-	-	-	-	-	-
Satisfactory	37 (9.74)	11 (2.89)	48 (12.63)	23 (6.06)	42 (11.05)	65 (17.10)	113 (29.74)
Moderate	81 (21.32)	13 (3.42)	94 (24.73)	31 (8.15)	33 (8.69)	64 (16.84)	158 (41.58)
Non-satisfactory	43 (11.30)	5 (1.32)	48 (12.63)	19 (5.0)	42 (11.05)	61 (16.05)	109 (28.68)
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)



The same question has been asked to Bengali and Bihari Muslim mother respondents of the beneficiary child and according to 8.15 percent Bengali Muslim mothers the food provided to the children at the Anganwadi centre are moderate, not of so high quality and not so low. But every day the quality is not moderate, sometimes the Anganwadi workers use to distribute readymade low quality of food, they should maintain the standard, followed

by 6.06 percent mothers who are satisfied with the food distributed at the centre as both husband and wife goes out for earning money in the morning. Nobody at home to cook and feed their children, whatever they are getting from the centres is enough for their children, followed by 5.00 percent Bengali Muslim mothers who are not satisfied at all with the food given to their children at centre. They requested us to tell the functionaries of the Anganwadi centre to provide milk to their children, especially to those below the age of 3 years children as it is difficult for them to consume dry food. Among the Bihari Muslim mothers 11.05 percent are satisfied with food and at the same time an equal percentage reported that they are not satisfied with food given at the centre to the children, as their children (above 3 years of age) are habituated with beef, and the readymade food distributed at the centre is not enough to fill up their empty stomach, while 8.69 percent Bihari Muslim mothers told the quality of food is moderate.

At the time of comparison of the opinion between Hindu and Muslim mother respondents regarding the quality of food distributed at the centre to the children, it appears that 24.73 percent both Bengali and Bihari Hindu mothers passed opinion in favour of moderate food quality, and 16.84 percent Bengali-Bihari Muslim mothers hold the same opinion that the quality of food distributed at the centre is moderate, not good, but not bad also. The percentage of Hindu mother's opinion is higher than the Muslim mother's percentage. 17.10 percent Muslim mothers are satisfied with the quality of food distributed at the centre while 12.63 percent Hindu mothers' respondent holds the same opinion. Here the percentage of Muslim mothers' opinion is higher than the Hindu mothers. But a large section of both Hindu (12.63 percent) and Muslim mothers (16.05) are not satisfied with the quality of food served at the AWC to their children. They reported that the

worker and helper of the centre prepare or buy separate food for themselves out of the children's food and they are not given good standard of food to the children. Sometimes if they prepare good quality of food for the children, (generally when visitors came) some portion of the food they keep separately for taking it to their homes.

They also asked whether the distributed food is beneficial for the growth of their children or not. Most of them, both Hindu and Muslim mother respondents said that they don't know whether the growth and development of their children has taken place or not but surely it filled the empty stomach of their children for the time being.

The mother of the sample beneficiary children also asked if the Anganwadi centre do not distribute the food to the children what will happen? Among all respondents, most of them replied that their children will suffer a lot and nobody will come to the Anganwadi centre.

Generally, the Medical Officer, Lady Health Visitor (LHV), and Auxiliary Nurse Midwife (ANM) undertake health check-up of the children below six years attending Anganwadi. The Anganwadi workers has to keep the records of this service and pursue the Auxiliary Nurse Midwife (ANM) and Lady Health Visitor (LHV), so that all the children are covered regularly and severely malnourished children are checked up frequently, at least once in every month. This involves certainly the underlying medical causes of persistent malnourishment and taking remedial measures well in time. It is also well known that malnutrition and disease are closely correlated and form a vicious cycle, which requires suitable interventions.

In order to find out the mothers sensitisation on the child development, the present study tries to find out the mothers consciousness

about the health of their children. Most of the Hindu and Muslim mother respondents reported that Height and Weight is taken once in a month in the centre by the Anganwadi worker, but the periodical examination of the health of the children, pregnant and lactating mothers hardly takes place. During the interaction with the mother respondents of the beneficiary child it is revealed that most of the mother know about the reason behind measuring height and weight of the beneficiary children once in a month but they don't know about the provision of supplying common medicines to the children. Generally they use to buy medicines from outside, but sometimes it is also available from the centres.

Views of the respondents on referral services

The child beneficiaries suffering from serious ailments are referred by the Anganwadi worker to Corporation Health Clinic, Hospitals for a detailed check-up and necessary treatment as and when the situation demands. The Anganwadi worker has to fill in a referral slip for this purpose, the counter foil of the slip remains with her for follow-up. A medical kit is also supplied to each Anganwadi Centre. The kit contains primary medicines required to treat minor ailments like simple fever, eye contamination, dressing, worm infestation, scabies, etc. Iron and folic acid tablets for children and mothers are also kept available for distribution to the beneficiaries as a prophylactic measures against nutritional anaemia. Vitamin A solution is given to children of 1-5 years of age as a prophylaxis against nutritional blindness. Dehydration due to diarrhoeas is a major cause of death in one third of cases in the pre-school age group. Simple health-education regarding the use of homemade sugar-salt solution and other domestic fluid is also being imparted to the guardians of the beneficiaries. ORS packets are also made available in Anganwadis. The Hindu-Muslim mother respondents of the

beneficiary child were asked whether they are getting proper referral services from the Anganwadi centres or not and are the Anganwadi workers referring their child when needed, 31.37 percent both Hindu and Muslim mothers replied that the Anganwadi worker do refer the cases to the Kolkata Metropolitan Clinic, but no good services are available in these clinic, on account of lacking of staff and doctors. Medicines are not available and the campuses of the clinics are very dirty. The environment of government hospitals is more horrible as nobody will get proper services without paying anything to the middleman. In such cases they are compelled to go to the private practitioner. Iron tablets and folic acid tablets are available sometimes from the centres, sometimes Vitamin A solution also available and they know to prepare homemade sugar salt solution during dehydration due to diarrhoea. Oral Rehydration Solution (ORS) packets and maximum common medicines are not available in the centre, the Anganwadi workers generally take it to their homes for their own use.

Knowledge of the respondents regarding type and purpose of immunization

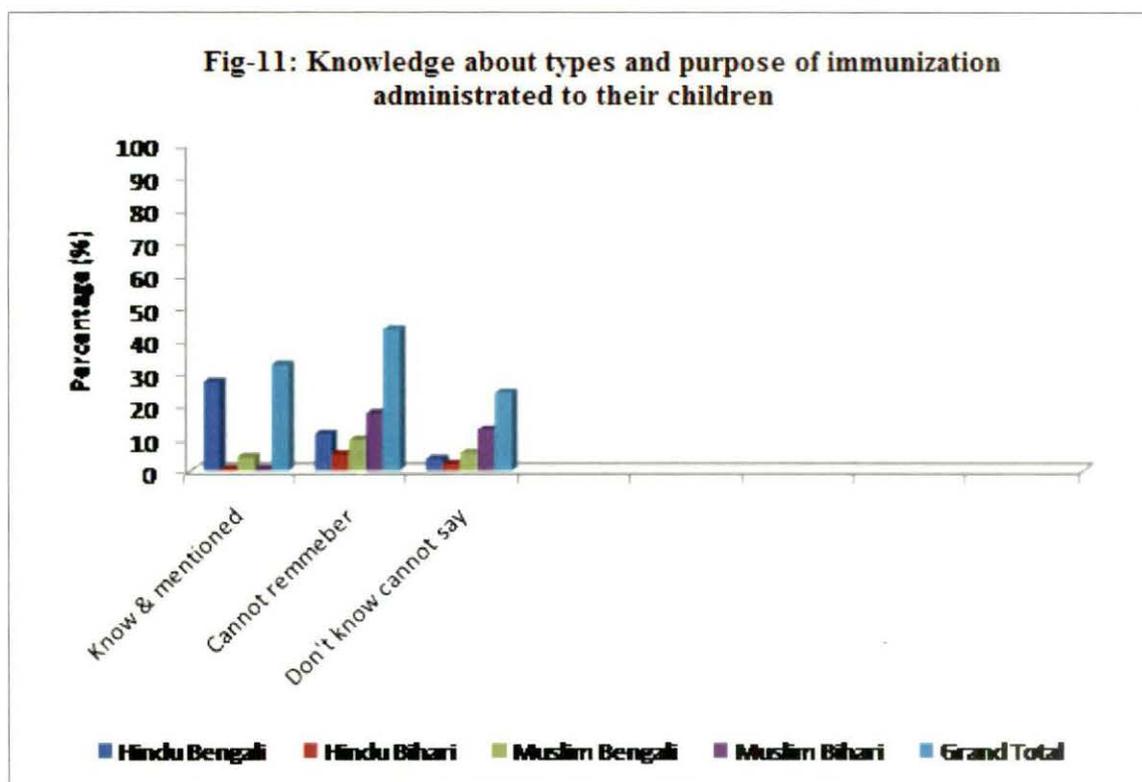
All children are immunised against diphtheria, whooping cough, tetanus, poliomyelitis and tuberculosis. Immunizations against measles are given if the local epidemiological situations warrant it. Children of 0-6 years of age use to receive booster dose of Diphtheria and Tetanus (DT) and two doses of typhoid vaccination. As Tetanus among new born is common and usually fatal, all expectant mothers are immunized against tetanus. Most of the Hindu-Muslim mothers of the beneficiary children know about the immunization programme which is given from the Anganwadi centre to their children. They also know these immunizations are very essential to prevent the occurrence of diseases in future. But when they are asked do

you know what type of immunization a child should receive within six months of age and for what purpose? They are unable to answer properly. Table No.- 12 shows about the knowledge regarding types and purpose of immunization.

Regarding the types and purpose of immunization given to their children from the Anganwadi centre, 27.37 percent Bengali Hindu mothers of the beneficiary children mentioned that their children have been administered triple antigen, BCG and polio. They know the names but don't know why triple antigen, BCG were given for which purposes, they know it will prevent diseases, but what disease they are not aware. Most of the Bengali Hindu mothers know about polio and they know also why it has been administered to their children followed by 11.32 percent Hindu respondent mothers admit that their children have been immunized but cannot remember the names except polio and they don't know why the other two vaccines (triple antigen and BCG) have been given to their children. 3.68 percent Hindu mothers cannot say the names and purpose of immunization given to their children at the centre. 5 percent Bihari Hindu mothers told that they know injection and drops were administered to their children, but they are unable to remember the names of that particular immunization, but to some extent they know the names of polio drops. 2.10 percent Bihari mothers cannot say about the names and purpose of immunization, they told it has been administered to their children with other children. Only 0.53 percent Bihari mothers mentioned the names of three vaccines, i.e., Triple Antigen, BCG and Polio, but not aware of which for what. So it is clear that most of the Bengali Hindu mothers are aware about the immunization than Bihari Hindu mothers.

Table 12: Knowledge about the types and purpose of immunization administrated to their children

Sources	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
Know & mentioned	104 (27.37)	2 (0.53)	106 (27.89)	16 (4.21)	2 (0.53)	18 (4.73)	124 (32.62)
Cannot remember	43 (11.32)	19 (5.0)	62 (16.31)	36 (9.47)	67 (17.63)	103 (27.10)	165 (43.42)
Don't know cannot say	14 (3.68)	8 (2.10)	22 (5.78)	21 (5.53)	48 (12.63)	69 (18.15)	91 (23.95)
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)



Among the Muslim respondent mothers, 9.47 percent Bengali Muslim mothers told that, they cannot remember the names of immunization given to their children from the centre but it is for the prevention of disease that they know, some of them name polio only as it is the Government programme, lots of advertisement and functionaries are at the door step to administer polio to the children, 5.53 percent Bengali Muslim mothers are

unable to mention the names of other two immunization except polio. They don't know its utility and why it has been given to their children. 4.21 percent Bengali Muslim mothers mentioned the names of three items but don't know which one is given for what purpose except polio. Again 17.63 percent Bihari Muslim mother cannot remember the names of the items of immunization but they know it has given to their children to prevent the frequent occurrence of disease, followed by 12.63 percent reported that they don't know the names of the immunization, purpose behind it, and why it is given to their children. They know doctor given "Sui" (injection) to the children, and only 0.53 percent mothers are aware about it, and they mentioned the names of immunization also. So most of the Bengali Muslim mothers are aware about the immunization programme whereas only few (two) Bihari mothers respondents could mention the names of immunization only. Here the percentage of Bengali Muslim mothers is higher than Bihari Muslim mothers regarding awareness about immunization. Most of the Bihari Muslim mothers are not able to remember the names of immunization given to their children, whereas the number is more or less half in the case of Bengali Muslim mothers. Further a large section of Bihari Muslim mother cannot say anything regarding immunization but the number of Bengali Muslim mothers are less than the Bihari mothers. It is clear that most of the Bihari mothers are not aware about the immunization programme than the Bengali Muslim mothers.

The study compares between Hindu and Muslim mother respondents of the beneficiary child regarding awareness and sensitization level among the two and it reveals that when 27.89 percent Hindu mothers are aware and sensitized about immunization, at the same time, only 4.73 percent Muslim mothers have knowledge about immunization, that means, sensitization

regarding immunization among the Hindu mothers, specially Bengali Hindu mothers are more than the Muslim mothers. Further 16.31 percent Hindu mothers reported that they cannot remember the names of the all immunization except polio (as the polio vaccination has become universalised), where a large number, 27.10 percent Muslim mothers fall into the same category. Here the percentage of Muslim mothers are higher than the Hindu mothers, and 18.15 percent Muslim mothers don't know about the immunization, only know injection (sui by doctor sub), here the percentage of Hindu mother is low (5.78 percent only). So it appears that most of the Muslim mother respondents are not aware about immunization programme, especially Bihari Muslim mothers due their ignorance, low education, conservativeness, etc.

Views of the respondents regarding administration of Vitamin-A and Prevention of Burning Eyes

Deficiency of vitamin A is the most common cause of blindness in children aged between 1-5 years. It results from diet deficient in foods containing vitamin A such as milk, milk products and green leafy vegetables. Night blindness is the earliest symptom of the vitamin A deficiency, later conjunctive become dry and wrinkled. Bitoot's spots appear on either side of cornea. Table No.- 13 shows the views on Prevention of Burning Eyes.

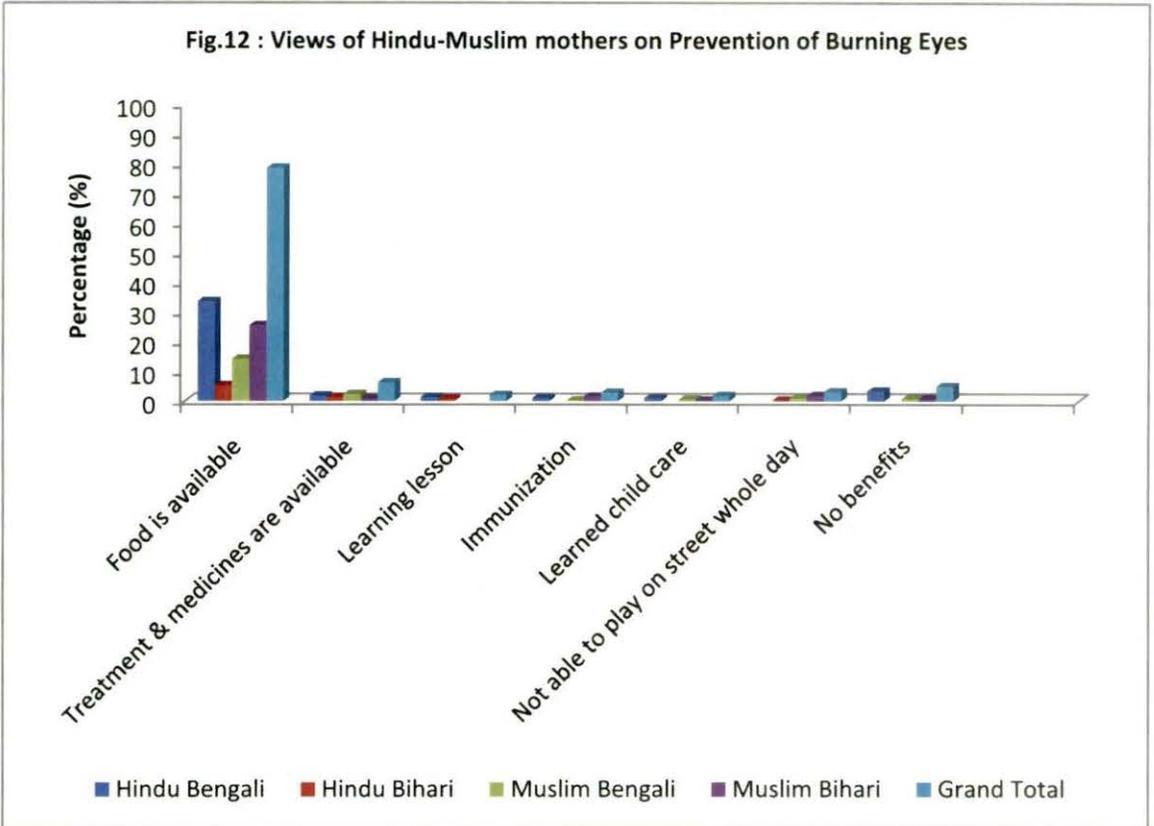
Almost all the Hindu-Muslim respondent mothers of the beneficiary children heard the names of Vitamin A oil administered to the child from the Anganwadi centre to prevent the night blindness. But when they have been asked what types of food stuff should be taken for prevention of burning eyes even blindness, the responses are as follows:

According to 25 percent Bengali Hindu mother respondents of the beneficiary children, they heard the names of the vitamin A oil and it is meant for prevention of child blindness, but they don't know what are the food stuff they should include in their daily food items to prevent the burning eyes problem even blindness, followed by 12.37 percent Bengali Hindu mothers told that if the child could be provided meat, eggs, fish and milk, at least eggs, then the problems of blindness will not occur. 5 percent Bengali mothers stressed on green leafy vegetables, they know it contains high amount of vitamin A.

Table 13: Views of the Respondents on Prevention of Burning Eyes

Sources	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
Green leafy vegetables fruits	19 (50.0)	-	19 (5.0)	9 (2.37)	-	9 (2.37)	28 (7.37)
Meat, egg, fish, milk	47 (12.37)	2 (0.53)	49 (12.80)	21 (5.53)	2 (0.53)	23 (6.05)	72 (18.95)
Cannot say	95 (25.00)	27 (7.20)	122 (32.10)	43 (11.31)	115 (30.26)	158 (41.57)	280 (73.68)
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)

Fig.12 : Views of Hindu-Muslim mothers on Prevention of Burning Eyes



Most of the Bihari Hindu mothers know that their children were given vitamin A oil at the Anganwadi centre but they are not aware why it is given to their children. They replied it is given for keeping the children in good health, they don't know the names of the food stuff should be given to their child to prevent burning eyes. So most of the Hindu mother respondents though hear about the vitamin A oil and its utility, but they are not aware what are the food stuff they should include in their daily food items and should give to their children to prevent night blindness and burning eyes problem.

Same question has been placed to the Bengali Bihari Muslim mothers and it reveals that 11.31 percent Bengali Muslim mothers are not aware about what are the food stuff should be given to their children at the

Anganwadi centre. 5.53 percent mothers told that child should be given meat, eggs, fish, with their meals to prevent night blindness, though they are giving beef at least once or twice a week to their children and 2.37 percent Bengali Muslim mothers told that green leafy vegetable should be included with daily food items and we should try to habituate the child to eat it as they don't want to eat the leafy vegetables. Most of the Bihari Muslim mothers (30.26 percent) could not answer this question, and they don't know also the food stuff to be included in their daily food menu to prevent the burning eye and night blindness, but they know the vitamin A oil is given to their children from the centre, and only 0.53 percent reported that meat, egg, fish, and milk should provide, but they are so poor, they are unable to afford.

While comparing between the Hindu and Muslim mother respondents regarding opinion of food stuff for night blindness and burning eyes, it appears that 41.57 percent Muslim mothers, both Bengali and Bihari are not able to mention the names of food stuff which should be included in their daily food items to prevent burning eyes and night blindness and in the same category, the percentage of Hindu mothers, both Bengali and Bihari is 32.10 percent. Here, most of the Muslim mothers unable to mention the names of food stuff. The percentages of Muslim mothers are higher than Hindu mothers. Again the right answer, green leafy vegetables, only 5 percent Hindu mothers could tell and only 2.37 percent Muslim Bengali gave the same answer. The percentages of Hindu mothers are higher than the Muslim mothers.

Opinion of the respondents about the management of Diarrhoea

Diarrhoea is a common disease which occurs frequently to a child during his/her early age, and the mothers of the early aged child are acquainted with it. Therefore, the mother have been asked if a child suffer from Diarrhoea, then in addition to medicines what are most important things to be given to a child?

As regards mothers knowledge in respect of child suffering from diarrhoea, the study reveals that 78.94 percent both Hindu and Muslim mothers of the beneficiary children knew that the child should be given plenty of liquid substance to fill-up the fluid coming out from the child with stool, 12.10 percent mothers are in favour of giving plenty of water to the child and adding small amount of sugar and salt and rest 8.94 percent respondent mothers knew and suggested to give Oral Rehydration Solution (ORS) to the child. Some Bihari Muslim and few Bengali Muslim mothers told that in addition to the above, they use to give “pani from pirbaba” (water from pirbaba) to their children.

Very important things come out from the study during the interview with respondent mothers. They agreed that all of them know that during diarrhoea a child should be given plenty of water, liquid food or semi solid food or Oral Rehydration Solution (ORS). They knew it from Anganwadi workers, doctors, but in practice they are not applying all to their child because of the belief that giving more water or watery food will increase the number and quantity of loose motion. This is the practice of the most of respondent mothers, especially Muslim mothers. They also know that mother’s milk is the best one for the baby which contains all kinds of nutrients and they use to give it to their children as long as possible as there

is no expenses against mother's milk. They also start giving semi solid food to their child around from 4 to 5 months of age for better growth and development. They also continue to give breast milk to their child even when they or the child is ill and as per the requirement of the child and maintain nipple hygiene.

Contact person for the treatment of the children

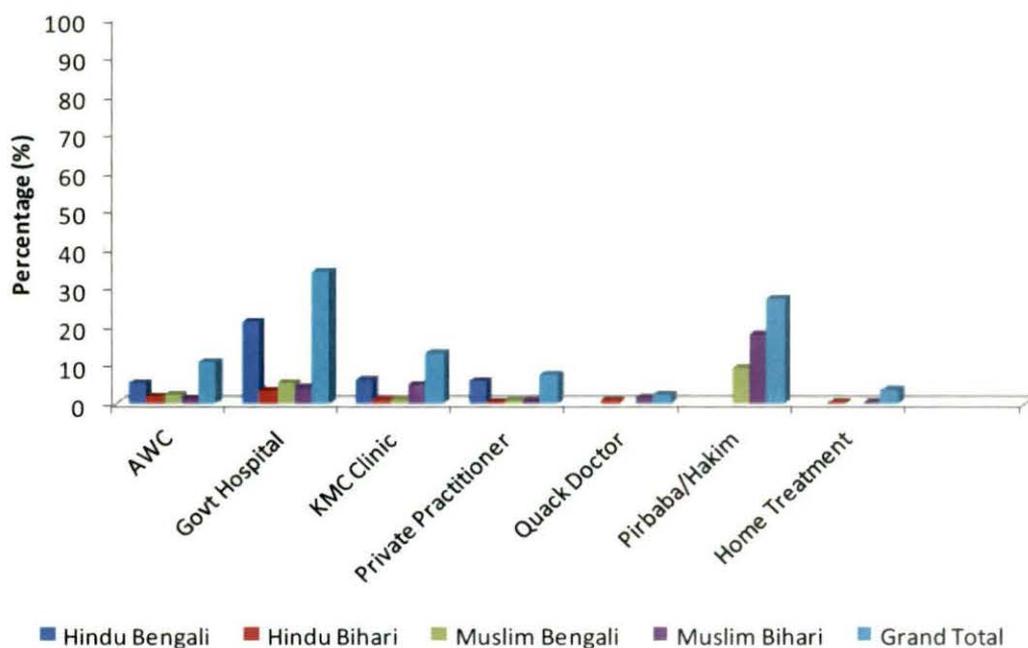
The Hindu-Muslim respondent mothers were also asked "when their child is ill, where do they go first for treatment"? Their replies highlights on various responses such as doctors, hospitals, Kolkata Metropolitan Clinic, Quack Doctor, Pirbaba, etc., Table No.- 14 highlights the contact person for the treatment of their children during illness.

It appears that 21.32 percent Bengali Hindu mother respondents use to go to the Government General Hospital for treatment when their children get sick, followed by 6.31 percent visits Kolkata Metropolitan Clinic for the treatment of their children, 6.05 percent go to the private practitioner and 5.53 percent generally go to the Anganwadi worker to take advice, but the Anganwadi workers are not available always, only during day time for four hours they are available. For Bihari Hindu mothers, 3.43 percent go to the hospital for the treatment of their children and 1.84 percent meet Anganwadi Worker to seek advice when their child got sick, 1.05 percent visit to Kolkata Metropolitan Clinic. 0.79 percent Bihari Hindu mother visit Quack doctor as the fees of qualified private practitioner is high and only one Bihari mother told that she depends on home treatment for most of the times. So it is clear that most of the Hindu, both Bengali and Bihari mothers use to go the Government run hospital and clinic during the illness of their children.

Table 14: Contact person for the treatment of their children during illness

Sources	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
AWC	21 (5.53)	7 (1.84)	28 (7.73)	9 (2.37)	5 (1.32)	14 (3.69)	42 (11.06)
Govt Hospital	81 (21.32)	13 (3.43)	94 (24.75)	21 (5.53)	16 (4.21)	37 (9.74)	132 (34.49)
KMC Clinic	24 (6.31)	4 (1.05)	28 (7.36)	4 (1.05)	19 (5.0)	23 (6.05)	51 (13.41)
Private Practitioner	23 (6.05)	1 (0.26)	24 (6.31)	3 (0.79)	2 (0.53)	5 (1.32)	29 (7.63)
Quack Doctor	-	3 (0.79)	3 (0.79)	-	6 (1.58)	6 (1.58)	9 (2.34)
Pirbaba/Hakim	-	-	-	36 (9.47)	68 (17.89)	104 (27.36)	104 (27.36)
Home Treatment	12 (3.16)	1 (0.26)	13 (3.42)	-	1 (0.26)	1 (0.26)	14 (3.68)
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)

Fig.13 : Contract person for the treatment of their child during illness



Muslim respondent mothers answered to the question in the same way and according to the 9.47 percent Bengali, Behari, Muslim mother respondents whenever their child got sick first they generally visit to the Pirbaba or Hakim (Spiritual men or quack doctor) seeking blessing from Allah or treatment. It is their old believe that “Pirbaba” is the representative of “Allah” and they might cure their child’s health problem. 5.53 percent Muslim mother told that they go to the hospital during the health problems of their children or any members of their family followed by 2.37 percent go to the Anganwadi worker whenever they are available. 1.05 percent use to go to the Kolkata Metropolitan Clinic as it is nearer to their locality followed by 0.79 percent to the private practitioner for their child’s treatment during illness. Among the Bihari Muslim mothers out of 30.79 percent Bihari Muslim mothers interviewed for the study, more than half, i.e., 17.89 percent first go to the Pirbaba for treatment and if not cured, then visit to the hospital or other place for treatment, followed by 5 percent go to the Kolkata Metropolitan Clinic, 4.21 percent to the Government Hospital for treatment. 1.58 percent go to the quack doctor and 1.32 percent meet Anganwadi worker for advice or depend on common medicine. 0.26 percent Bihari Muslim mother respondents said they treat on their own for their simple ailments.

This study compared the opinion between Hindu and Muslim mother regarding the first contact person for treatment of their children during illness. It reveals from the study that 24.75 percent Hindu mother respondents use to go to the government hospital for treatment of their children during illness, and 9.74 percent Muslim mothers go to the hospital for the same purpose. The percentage of Hindu mothers for going to the hospital is higher than the Muslim mothers. Again 27.36 Muslim mother

first go to the “Pirbaba” for seeking treatment for their children, whereas no Hindu mother use to visit any religious person for treatment of their children. More or less an equal percent of Hindu mothers (7.36) percent and Muslim mothers (6.05) both go to the Kolkata Metropolitan Clinic for the treatment of their child. 7.73 percent Hindu mothers met Anganwadi workers to seek advice and depend on common medicine while 3.69 percent Muslim mothers go to Anganwadi workers for the same purpose. Here, the percentage of Hindu mothers are higher than the Muslim mothers, followed by 6.31 percent Hindu mothers reported that they generally go to a local qualified private practitioner and 1.32 percent Muslim mothers passed the same opinion. The percentage of Hindu mothers regarding the contact person at the time of illness of their child are higher than the Muslim mothers, 3.42 percent Hindu mothers depend on home treatment while only 0.36 percent Muslim mothers depend on the same. Here the dependency on home treatment is high among the Hindu mothers than the Muslim mothers.\

Views on Nutrition and Health Education

Nutrition and Health Education is an integral part of ICDS and is imparted to nursing mothers, expectant mothers, and women in the age group of 15-45 years by ICDS and health functionaries. It includes dissemination of health and nutrition messages to enhance a mother’s awareness of her child’s needs and to build her capabilities to look after him within the family environment. ICDS takes a holistic approach to the child and attempts to improve both pre-natal and post-natal environment. Mothers are included in the programme’s target group as care during pregnancy and after the birth of the baby is the key to the well-being of the child.

But it has been indicated during data collection from the Hindu and Muslim mother respondents that this component of health education is not being implemented effectively. It is learnt that only a small number of Anganwadi workers were motivated or had the requisite skills to plan, organise and conduct National Health Education (NHE) programme for the mothers between the age group of 15-45 years. Moreover indifferent attitude of the Anganwadi workers, lack of interest, low skill and knowledge about the subject matter makes the programme ineffective.

As nutrition and health education plays a vital role to mothers' sensitisation on child development, so the several questions were asked to the mothers regarding their health as well as of their children. The mothers of the beneficiary child have been asked whether the pregnant mother should take more food, or not, most of them replied that they should take more food during pregnancy for the proper development of the child, but they could not clarify what specific food they should take during pregnancy. The table no.15 shows the mother's knowledge about food stuff.

Knowledge of respondents about food stuff to be taken during pregnancy

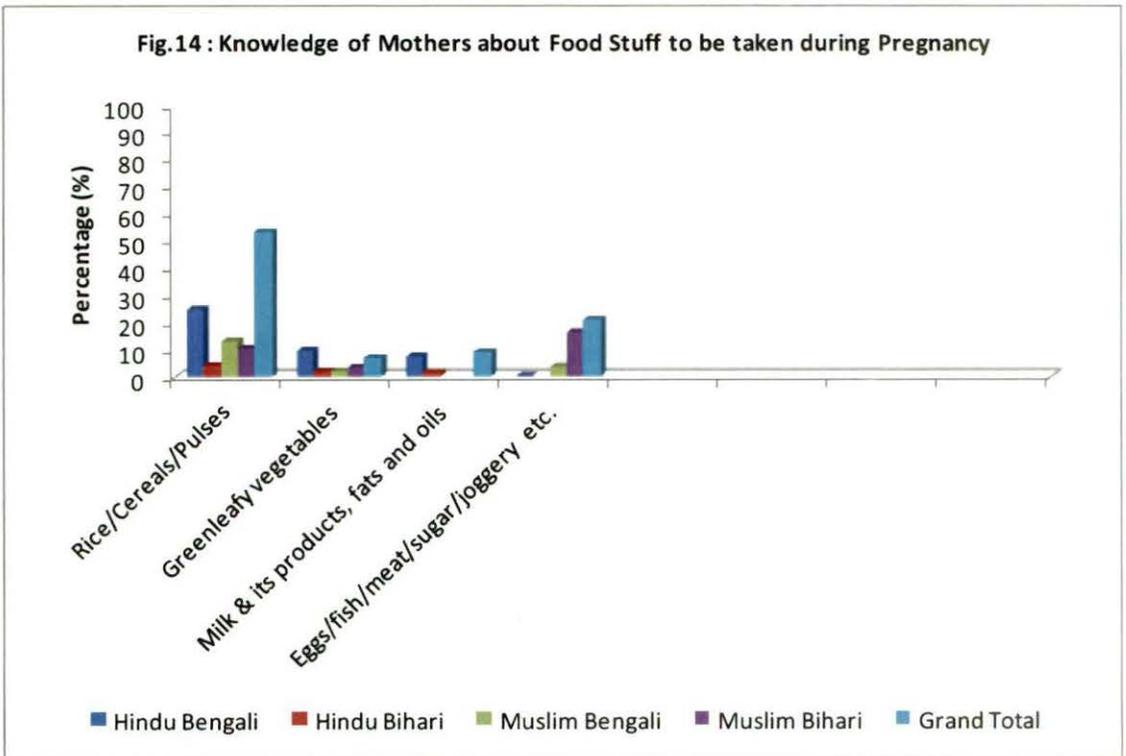
The study envisaged that 24.74 percent Bengali Hindu mothers of the beneficiary child thought that no need to take extra food during the pregnancy and usual food is enough for the growth of the child. Only usual food like rice, cereals or pulses should eat some little more according to the capacity of the mother. The reasons behind their thought are that it is difficult to have a special specific food deceiving the other members of the family. Also now-a-days it is also problematic to arrange special food for all members. The Bihari Hindu, Bengali Muslim and Bihari Muslim mothers

have the same opinion also feel in this matter. 9.74 Bengali Hindu mothers are given emphasis on green leafy vegetables and seasonal fruits – as fish, eggs and meat are very expensive to them. 7.63 percent Bengali Hindu mothers in favour of milk and milk products, followed by 0.26 percent replied in favour of eggs/fish/meat/sugar etc. Among the Bihari Hindu mothers interviewed for the study, 4.21 percent respondents in favour of rice, cereals, and pulses as they are habituated with it and 1.84 percent in favour of green leafy vegetables and fruits and 1.58 percent told that pregnant mothers should take milk every day. It is clear from the study that most of the Hindu Bengali and Bihari mothers are in favour of taking more rice, cereals, and pulses during pregnancy as it is difficult for them to take special and specific food stuff during pregnancy deceiving the other family members.

The same question has been asked to the Muslim mother respondents and according to the 13.42 percent Bengali Muslim mother, rice, cereals, roti and pulses is enough for them during pregnancy. During their pregnancy they had not taken any special and specific food, more over it is difficult for them to afford. 3.69 percent Bengali Muslim mothers viewed in favour of eggs/meat/fish, etc., as they are habituated with beef meat which is also not expensive, followed by 2.10 percent Bengali Muslim mothers told that the pregnant mothers should have green leafy vegetables and seasonal fruits during pregnancy for the good health of baby in her womb.

Table 15: Knowledge of Mothers about Food Stuff to be taken during Pregnancy

Sources	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
Rice/Cereals/Pulses	94 (24.74)	16 (4.21)	10 (28.95)	51 (13.42)	41 (10.79)	92 (24.21)	202 (53.16)
Green leafy vegetables	37 (9.74)	7 (1.84)	44 (11.58)	8 (2.10)	13 (3.42)	21 (5.52)	65 (7.10)
Milk & its products, fats and oils	29 (7.63)	6 (1.58)	35 (9.21)	-	-	-	35 (9.21)
Eggs/fish/meat /sugar/joggery etc.	1 (0.26)	-	1 (0.26)	14 (3.69)	63 (16.58)	77 (20.26)	78 (20.52)
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)



According to 10.79 percent Bihari Muslim mothers of the beneficiary child, rice, cereals and pulses should be taken more during pregnancy as it was the common food for all family members and they also did it during their pregnancy period. 16.58 percent Bihari Muslim mothers viewed in

favour of meat, eggs and fish as it is very much favourite to all the family members and beef is not so costly and 3.42 percent Bihari mothers in favour of green leafy vegetables as other things are expensive and especially the children not like eating the vegetables.

If we compare the knowledge regarding what food stuff should be taken during pregnancy between Hindu and Muslim mother respondents, it is clear that though the percentage of Hindu mother respondents (28.95 percent) and Muslim mother respondents (24.21) almost same with regard to extra food during pregnancy, yet the percentage of Hindu mothers is higher than Muslim mothers in the matter. Further 11.58 percent Hindu mothers viewed in favour of green leafy vegetables during pregnancy whereas 5.52 percent Muslim mothers respond to the same opinion. Here the percentage of Hindu mothers are more, almost double than the Muslim mothers and 9.21 percent Hindu mothers replied that pregnant mothers should take certain amount of milk every day, but no response come from the Muslim mothers favouring the same opinion. Here the Muslim mothers are not properly sensitive or aware about food for pregnant mother. Surprisingly, 20.26 Muslim mothers are in favour of taking meat (especially beef), eggs and fish during pregnancy as a food, whereas only one Hindu mother supported this view. So it appears that Hindu mothers are more aware or sensitive regarding taking food during pregnancy than Muslim mothers. They also reported that no Anganwadi worker advised them to take care of diet at the Anganwadi centre and nobody visited their home after last delivery except their relatives and friends.

Views of the respondents on various benefits

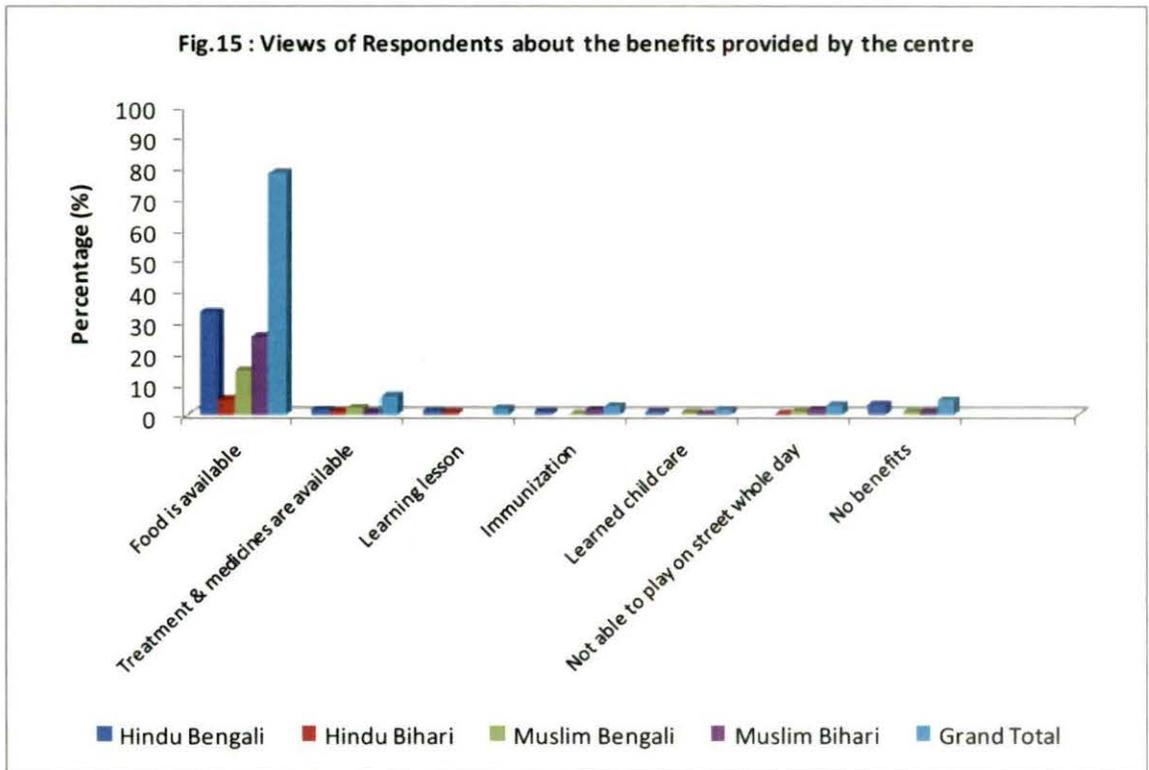
The Hindu-Muslim mother respondents of the beneficiary children have been asked of the services of the Anganwadi centre beneficial to them and their children and if so in what ways? It appears that 35.78 percent Hindu mother respondents, among them 33.36 percent Bengali Hindu mothers and 3.42 percent Bihari mothers said that the services provided by the Anganwadi Centre (AWC) are beneficial to their children. 37.89 percent Muslim mothers, both Bengali and Bihari Muslim mothers viewed the same opinion, which is little more than the percentage of Hindu mothers respondents. According to the 6.84 percent Bengali Hindu mothers respondents, the services rendering by the Anganwadi Centre is beneficial to some extent, not completely beneficial to the children, whereas 4.47 percent Muslim mother respondents also kept the same opinion. In this category of opinion the percentage of Hindu mother respondents are higher than the Muslim mothers and 3.42 percent Hindu mothers reported that their children are not benefited from the centre. 1.57 percent Muslim mothers told that their children are also not benefited by the services provided by the centre and 10 percent respondent mothers both Hindu and Muslim not replied to the question. The mother respondents also expressed how they have been getting benefits from the ICDS programme. The Table No- 16 shows the opinion of the mother respondents.

The respondent mothers expressed their views regarding the ways of benefits they are getting from the Anganwadi centres, especially how they are benefited from the centre. Among all 42.37 percent Hindu Bengali mothers respondents interviewed for the study, 33.68 percent mothers told that their children are getting food from the centre which is free of cost and it is the great benefit to them though sometimes the quality of food is not so

good, followed by 3.42 percent respondents reported that their children are not getting benefits from the centre as the quality of food is not good and the worker of the centre neglects the children, not taking care properly. 1.84 percent Bengali mothers told that sometimes treatment and medicines are available, therefore they are sending their children to the centre and 1.31 percent replied that main reason for sending their children for study and their children are benefited by learning lesson. An equal percentage (1.05 percent) of Bengali mothers said their children are benefitted through immunization in scheduled time without going far distance and also benefited through learning various process of proper child care. According to most of the mother respondents of Bihari Hindu (5.26 percent) group their children are greatly benefited from the centre as they are getting free food from the centre. The mothers also told that they generally go out from their homes for work and nobody at home to take care of their children. 1.31 percent Bihari mothers told that medicine and treatment is available from the centre, though not always, but they are benefited through the services, followed by 0.79 percent mothers of the beneficiary child are benefited as they come to know about the child care practices and only 0.26 percent Bihari mothers reported that their children have been kept at the centre for 3 hours, and their child will not get opportunity to play on the street and somehow they will engage in some activities, therefore they are benefited in this way. So it is envisaged from the study that most of the Hindu mother respondents of the beneficiary child are mainly benefited through supplementary nutrition provided by the Anganwadi centres.

Table 16: Views of the Respondents on various benefits provided by the centre

Sources	Hindu			Muslim			Grand Total
	Bengali	Bihari	Total	Bengali	Bihari	Total	
Food is available	128 (33.68)	20 (5.26)	148 (30.94)	54 (14.21)	97 (25.52)	151 (39.73)	299 (78.68)
Treatment & medicines are available	7 (1.84)	5 (1.31)	12 (3.15)	9 (2.36)	3 (0.79)	12 (3.15)	24 (6.31)
Learning lesson	5 (1.31)	3 (0.79)	8 (2.10)	-	-	-	8 (2.10)
Immunization	4 (1.05)	-	4 (1.05)	1 (0.26)	6 (1.57)	7 (1.84)	11 (2.89)
Learned child care	4 (1.05)	-	4 (1.05)	2 (0.53)	1 (0.26)	3 (0.79)	7 (1.84)
Not able to play on street whole day	-	1 (0.26)	1 (0.26)	4 (1.05)	7 (1.84)	11 (2.89)	12 (3.15)
No benefits	13 (3.42)	-	13 (3.42)	3 (0.79)	3 (0.79)	6 (1.57)	19 (5)
Total	161 (42.37)	29 (7.63)	190 (50.0)	73 (19.21)	117 (30.79)	190 (50.0)	380 (100.0)



According to Bengali and Bihari Muslim mothers of the beneficiary children, 14.21 percent Bengali Muslim mothers were benefited by the food served to their children from Anganwadi centre (AWC) and 2.36 percent got benefit from treatment and medicine available from the centre, followed by 1.05 percent reported that their children will not get opportunity to go around and play in the street for the whole day, in this way they are benefited by sending their children to centre and the centre engaged their children with some activities. According to 0.79 percent Bengali mothers respondent, their children are not benefited from the centre, as food is inadequate and of bad quality, except immunization nothing is available when required and the worker of the centre is not regular. 0.53 percent mothers said that they are benefited by learning child care practices and 0.26 percent by immunization programme of the centre. Most of the Bihari Muslim mothers also (25.52 percent) said that they are benefited by supplementary nutrition, though the quality of food is not so good but eatable, followed by 1.84 percent viewed that they are benefited from the centre as their children have a place to stay for few hours otherwise they will play on the street for the whole day. There are some corporation schools in Kolkata, but nobody use to go there. 1.57 Bihari Muslim mothers said that they are benefited as their children are immunized in scheduled time and an equal percentage of mothers, among them 0.79 percent are benefited by treatment and medicine and the same percentage of mothers reported that they are not benefited at all.

So comparing the Hindu-Muslim opinion regarding various types of benefits their children enjoyed, it appears that most of the Hindu-Muslim mother respondents of the beneficiary children were benefited by the supplementary nutrition provided to their children from the Anganwadi

centre. In this category of opinion, it is found that the percentage Muslim mothers (39.73 percent) is higher than the percentage of Hindu mothers (30.94), followed by 6.31 percent Hindu and Muslim mothers are benefited as their children are getting treatment and medicines sometimes from the centre. Among them the percentage of Hindu and Muslim mother opinion are equal. 5 percent respondent mothers are not satisfied and they are not benefited from the services of the centre. Among them the percentage of Hindu mother respondents (3.42 percent) are higher than the Muslim mother respondents (1.57 percent). So, 78.68 percent, both Hindu and Muslim mother respondents viewed that they are benefited by supplementary nutrition served to their children from Anganwadi centres.

However, available evidence has indicated that the components of Integrated Child Development Services are not being implemented. At the same time empirical evidence also supports the fact that mothers of the beneficiary children are not properly sensitized about the services which helps in bringing about a directional change in their attitude and practices in handling health and nutritional problems of children. But mothers of the beneficiary child have a low awareness about the scheme, its components and possible benefits they can derive from it.

A large numbers of beneficiaries of Integrated Child Development Services (ICDS) programme are from the disadvantaged section of society. This target group is afflicted with poverty, ignorance and superstitions about feeding practices. To add to it, the unhygienic environment conditions which result in a high incidence of disease, adversely affecting the nutritional status of children. Malnutrition, therefore, is prevalent amongst children in this target group. Moreover, that the programme had made a major impact on infant mortality in the areas covered under the studies

seems to be doubtful. The number of children in the age group of 0-1 year covered under the programme is very small because in most of the centre the type of readymade or supplementary food available cannot be eaten by children. Doctors seldom visit urban slum Anganwadi centre to protect the sick children from killer diseases, DPT, polio and tuberculosis, against which immunization is provided, are not the major killers in the areas covered in the study and till recently the programme had no place for diarrhoea control, which is a major killer of infants in this area as well as in the country. Except for tetanus toxoid and supply of iron and folic acid, the ICDS programme does not go further in implementing its goals under ante-natal health care of pregnant women. Infant mortality is linked to a large cluster of factors, only one of them being ante-natal care. Therefore, we cannot say that there is a positive impact on beneficiary children.

Moreover, inputs like immunization, health check up, supplementary nutrition, presumably, are likely to ensure survival and development of infants in ICDS areas, but it is noteworthy, no differences were found in the rate of neonatal mortality (death during one month of birth) between ICDS and non-ICDS groups. This is the post-delivery period during which Anganwadi worker hardly plays any role and services are mainly provided by medical and health functionaries.

Morbidity is linked to several factors like amenities, socio-economic conditions of the family, use of hygienic practices, availability of potable water and nutritional status of children. Therefore, it is perhaps difficult to expect any dramatic impact of ICDS on morbidity of children. Sometimes sick children were referred to hospital and it is more often in ICDS areas than non-ICDS areas.

So, it may be concluded that Integrated Child Development Services (ICDS) has a potential to enhance survival rate of children. It is necessary to expand the outreach of the programme and improve the quality of services. It has been observed that Anganwadi Centres (AWCs) are ill-equipped and have shortage of medicines as well as lack of interest of the workers.