



Role of integrated child development scheme in India: A critical appraisal

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Abstract

Integrated Child Development Scheme was introduced in India with an objective to provide to provide preschool education, food and healthcare services to children below 6 years in India, the Government of India has launched the Integrated Child Development Services (ICDS) as a welfare programme in order to achieve health equality for women and children who belong to under-privileged and deprived sections of society. Since the study elaborates the implementation and utilization pattern of the ICDS Schemes in India mainly to achieve the maximum beneficiaries utilizing the various schemes across the state provided with the facilities such as food, clothing, scholarships, and other basic educational facilities for children who are found to be deprived because of illiteracy, poverty, unemployment, vulnerable socio-economic conditions that are increasingly found in rural counterparts than urban. The ICDS programmes are targeted especially for children as these children who belong to low socio-economic background are in need of the effective initiation and implementation of programmes which can help them to lead a better life. Therefore, ICDS have its significant role in building better future for children by providing the maximum facilities and reaching the target of maximum beneficiaries utilizing ICDS schemes for the progress and development of nation. The present paper explains about the significant role played by Integrated Child Development Scheme to reduce the problem of malnutrition, identifying skills and developing learning capacity among children, increase in health education, and providing equal basic health privileges to women and children.

Keywords: health facilities, children, lactating mother, malnutrition, food, mortality, morbidity, nutritional supplementation

Introduction

India marks the history of underprivileged children right from infancy to childhood. Gender inequality and patriarchy has always been one of the causes for child malnutrition in India. In rural India most of the children are deprived of food, basic education, clothing and shelter. The problems among children are worse as compared to any other developing countries. The issues identified include: infant mortality rate, mortality rate for children below 6 years, underweight problem of new born, educational deficiency, malnutrition and immunization. (Neera Desai, 1986) ^[2].

A well-known author Bindiya Dev, Ram Lal, (1982) ^[1] who has worked extensively on ICDS (*community programme implementation and its evaluation*) opined that : In order to tackle the problems of children, ICDS programme was established in 1975 in India which emerged as one of the largest schemes for family and integrated community welfare. With the effective implementation of the programme, the Indian Government is trying to provide universal reach to the programme and to achieve the target of maximum beneficiaries across the nation utilizing the ICDS aiming to provide welfare for children.

Food, Health and Nutrition

Desai Neera and Patel Vibuti (1986) ^[2] while speaking about women and child health illustrates about the concept of malnutrition or under nutrition is a very well-known concept in case of women and child health. Indian society constitute

majority of the children are suffering from the problem of under nutrition. We need to understand why malnutrition problem is severe in India especially among poor children. It is the fact which is known to everyone that when population exceeds the food and nutritional supplementation along with other basic resources then it leads problem of deprivation among members of society where most of the sufferers are dependent population i. e. women and children.

Indian society is bounded by customs and traditions which are increasingly followed by women folk as social and cultural taboos are strictly imposed upon them. Right from childhood they are socialized to adjust themselves in family and marital life. Feminists argue that like caste system, patriarchy has its deep root in existence which cannot be overwhelmed. Now also, women does not have right to undertake decisions regarding their own reproductive health as it is looked after by their male counterparts. In connection to this, gender discrimination is seen among children in aspect of food intake, education, and clothing, provision of micro-nutrient supplementation and deprivation of other basic facilities. (Sachdev, Y *et al*, 1995) ^[7].

According to the National Health Report 2015 we find that five out of every thirty women suffer from the problem of malnutrition affecting reproductive health. Indian women often have the issues of morbidity and mortality if fed inadequately. According to 2011 census, nearly 2.3 crore children up to 6 years of age, are suffering from malnutrition in India, according to a report on the anganwadi (day care

center) programme, officially known as ICDS. Further, 28 percent of the 8 crore children are underweight revealed by Anganwadis across India. (India Health Report, 2015) ^[4].

Theoretical Applicability: The functionalist perspective advocated by Herbert Spencer, Emile Durkheim, Talcott Parsons, and Robert Merton having its significance in discipline of sociology. This theory explains about how society and its interconnected parts work together in harmony to maintain a state of balance and social equilibrium as a whole. Likewise, the functionalist perspective can be applied to ICDS programme which aims to achieve good health and nutritional status and provide social services to children. This programme need to have appropriate and planned functioning in collaboration with Central and State governments which are the major funding agencies for ICDS to reach the target population and achieve maximum number of beneficiaries utilizing fruitfully the various schemes covered under ICDS to fullest extent by enabling children to have good health and also have access to other social services in order to reduce mortality, morbidity and other health issues both among children and mothers. The functioning of ICDS is largely dependent upon asha, anganwadi, auxiliary nurse midwives and other health workers who work for women and child welfare. In larger sense, the functioning of this programme is dependent right from top officials to grass root level workers who have to work together in harmony in order to attain health equity among children and women both.

Health among Children in Indian Scenario: India is a country where still majority of the children are suffering from malnutrition. Poverty, illiteracy, unemployment, social problems, are still found to be dominant in nature. With increase in population and migration we find unequal distribution in food, clothing, housing, and other basic health facilities especially among women of reproductive age group and children up to age of 6 years who belong low socio-economic background. (Tandon B. N, and Kapil U, 1991) ^[8].

In field of education, dropout rates are found to be increasing among underprivileged children. Girl's dropout rates are more than boys due to imposition of social and cultural taboos such as puberty, early marriage, teenage pregnancy, family maintenance and household chores in rural compared to urban india. The child morbidity and mortality rates are common issues to be focused on by the ICDS which in turn has its connectivity with women and child food consumption, gender discrimination, family income, and also patriarchy, social and cultural taboos imposed on women which directly affects child health etc. (Ibid).

Gopalan, C, and Chatterjee, M. (1985) ^[3], critically examined child health and nutrition and viewed that: in India, we find most of the girl infants are underweight; sometimes get subjected to mortality of new born ones and morbidity of girl child upto 3 years. The reason behind this is quoted below:

1. Girls are treated as burden on family as they do not contribute economically.
2. Most parts of India are covered by villages where now also girls are being deprived of nutritious food due to low household income.
3. Improper nutritional supplementation of girls during

childhood affecting the reproductive health in later stage.

4. Women are the last members of the family to eat as they serve first to the male counterparts which are still in practice in traditional families.
5. It is responsibility of women to distribute the food equally among family members therefore, Indian women compromise herself in food intake by having it at last, also least food and left over ones.

The 2011 census data reveals about children being malnourished across states In India: First and foremost, In Bihar, the proportion of under-weight children is nearly 50 percent, followed by Andhra Pradesh which accounts for 37 percent, Uttar Pradesh 36 percent, Rajasthan and Chhattisgarh (both 32 percent). In connection to this, Assam, Tripura and Meghalaya accounts less than 10 percent of under-weight children, Maharashtra 11 percent and Tamil Nadu 18 percent. Since children are citizens of tomorrow; it is responsibility of the government to solve women and child health issues and provide them required and adequate resources which helps them in leading better life. (Census of India, 2011).

Objectives of ICDS

1. To enhance the nutritional levels and health of children below the age of 6 years in India.
2. Providing better physical, social and moral improvement in lives of Indian children.
3. To reduce the problem of malnutrition, infant and child mortality as well as school dropouts in India.
4. To formulate effective policy and programmes for child development in India.
5. To provide nutritional and health related information to the mothers of smaller children and thereby improve the child rearing skills in India.
6. To provide knowledge about diet and nutritional foods to pregnant women and also to mothers of younger kids in India. (Tandon B. N, and Kapil, U. (1991) ^[8].

Highlighting Issues of ICDS: What exactly ICDS needs to deal with for the welfare of mothers and children in particular

- Provision of nutrition supplements to pregnant woman as well as lactating mother along with children in order to reduce problem of malnutrition in India.
- Immunization – Providing immunization, polio, and other vaccination to children
- Checking health on constant basis – Undertaking regular health checkups for child bearing women, infants and children.
- Providing services through referrals – health services to children below 3 years
- Growth promotion and supplementary feeding to infants.
- Provision of sanitary services and nutritional knowledge to adolescent girls.
- Informal education to the pre-schools – education regarding food, education and nutrition.
- Information related to health and nutrition – Asha and anganwadi workers and other health workers have significant role in providing knowledge about health and nutrition to mothers with regard to their health and infants and children.

Implementation of ICDS: ICDS was implemented soon after its launch funded by state and central agencies, also collaborated with NGOs mainly to enhance health and nutrition among Indian children, the scheme ought to provide nutritional supplementation to boys under age of 6 years with 300 kilo calories of food (8-10 gms of protein) while the girl child is supplemented with (25 gms of protein) with 500 kilo calories of food each day. In addition to this, the Ministry of Health and Family welfare administers the implementation of the programme through public health infrastructure for immunization, referral services and health check-ups. (Kennedy, E and Slack A, 1993) [5].

The Ministry of HRD, Government of India (2004) [4], in its annual proceedings chaired by the department of women and child development decided to provide sufficient nutrition to children in order to tackle the problem of malnutrition and reduction of child and infant mortality rates. Gender equality and gender socialization are key factors in the aspect of health and nutrition. In most of the rural counterparts girls are increasingly suffering from malnutrition due to which in later part these girls on becoming mothers deliver a underweight new born, and also leads to infant and maternal mortality rates. On other side of it, boys are fed with adequate nutritious food as they are the bread winners of the family.

National Rural Health Mission, a flagship programme launched by Ministry of Health and Family Welfare, Government of India (2005-2012) aimed to promote better health care, family and educational services to women and children in rural India. NRHM was initiated mainly focusing on rural counterparts to minimize women health issues by educating them and undertook health campaigns in rural areas. Under this programme, the main focus was to solve women's reproductive and child health issues in order to control fertility, reduce maternal, child and infant mortality, provision of knowledge about food and nutrition to women in general and children in particular. The implementation of ICDS has brought:

1. Substantive development in the health, mental and social aspects amongst children in Karnataka, Andhra Pradesh and Tamil Nadu.
2. Infant mortality rates have been controlled and improved birth weights amongst Indian children with administration of nutrition and immunization.
3. Regular health checkups and treatment to pregnant mothers and infants by visiting the door steps of each household by health workers in rural areas but this is minimally found in urban counterparts where visit of asha and anganwadi workers is very less found.
4. Provision of kits and distribution of cereals to pregnant mothers
5. Provision of immunization and vaccination to children
6. Undertaking campaigns and implementation of health and nutrition programmes across regions with proper funds and making adequate resources available to the target population.
7. Maintaining sanitation and hygiene among women and children is also a key factor of the programme.

Role of ICDS in Welfare of Children: ICDS has been playing its role effectively since from 1975 when it was

launched in India. The State and Central Government has been providing financial support to implement health policies and programmes and initiate social schemes covering food, health, education, economy for women and children. The following are to be highlighted in a larger sense:

- To develop learning capacity among children
- To reduce drop-out rates and increase preschool education
- To provide nutritional supplementation, health care services, to adolescent girls
- Initiate awareness of breast feeding practices among mothers.
- The success of the ICDS depends largely on the role allocation of health workers and effective functioning of asha, anganwadi workers and auxiliary nurse midwives as most of the beneficiaries utilizing the benefits of this programme is dependent on how these workers put their best in reaching door steps of each household and achieve the target population planned.
- The program has multi-dimensional approach towards child well-being, women health, education and nutrition interventions and is implemented through a network of anganwadi centers at the community level.

Critique: When we speak about the ICDS programme implementation and its evaluation across the country we know that basically it focuses on nutritious food supplementation, health check-ups, lifesaving immunization and preschool education for the group of 0-6 year old children through the institutions like Anganwadis and Auxiliary Nurse Midwives. Deficiency of food and nutrition in the first five years of birth results in stunted growth and weak mental development among children. Thus, ICDS and maternal programmes are framed under the welfare nature of Indian constitution and aims to achieve equality of health.

Under ICDS, the government is providing nutritious food for children by looking into their multiple demands which varies according to their age. In addition, nutrition and mineral diets are also provided to pregnant and lactating mothers under various maternal schemes. Besides this, health education for lactating mothers proved helpful in providing nutritious diet for children. But poor penetration of schemes are vulnerable in some parts of India where there is a lack of skilled staff, corruption in food supply and other human resources, inappropriate distribution of drugs, absence of health workers in primary and community health centers. Thus, it is needed to bring efficacy in these schemes to play role of ensuring accountability and transparency while implementing the schemes and providing the facilities. Secondly, more NGOs should be promoted to help in this cause by bringing innovative food preparation and other health services to women and children.

Conclusion

The Indian government has been working since time immemorial for the welfare of children. But still in northern parts of India like Rajasthan, Uttar Pradesh, Bihar, Madhya and Andhra Pradesh children are deprived of nutrition and food intake facing the problem of malnourishment compared to the other states like Tamil Nadu, Assam, Karnataka, Maharashtra, Orissa, Kerala etc. Although, the ICDS programmes is being

launched since from 1975 has reached the best results in controlling the morbidity and mortality rates among children, increased fertility level by making availability of institutional maternal health services and reduced the problem of malnourishment across country. With the appropriate budget plan and funding agencies, now the ICDS is looking forward to have extension in terms of its infrastructural development and more labour force in order to reach the grass root level regions where still India is grappling from the child and maternal health problems. By 2020 India has the target of achieving maximum level of beneficiaries across the states utilizing various health and social schemes sponsored by the government which helps in building bright future of children.

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