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Exploring the role of the ICDS (Integrated Child Development Service) Scheme in Meghalaya.

*Usha Moral Bamon
Assistant professor, Department Of Sociology, Sankardev College, Shillong& Research Scholar, Dept of Sociology, North Eastern Hill University, Shillong. Email - moral.usha@gmail.com

Abstract
Social structural transformation in Meghalaya started before Indian independence with the coming of the British. Institutions of the family, religion and culture have undergone a persistent change through the introduction of written script, religious conversion and economic development. The introduction of the Integrated Child Development Scheme (ICDS) flagship programme of the Government of India, has been positively conducive to maintaining early child care and maternal nutrition. The paper explores the positive role of ICDS programme in matrilineal Meghalaya and its importance in bringing about an overall development in early child care and nutrition.

Keywords - *Meghalaya, Khasi, Matriliny, development, Anganwadi Workers.*

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I. Introduction

Since the evolution of the concept of development in the early 1950s, women's issues in development were integrated as a question of human rights. The 1970s introduced the woman question as integral to planning development-related policies as it was increasingly understood that women played important roles in the development process (Babacan, 2013). Development programmes were critiqued, especially through feminist scholars for ignoring the deprivation and subordination of women through mainstream development processes. Thus emerged a variety of perspectives and approaches to understanding the place of women within the development discourse. The Integrated Child Development Scheme (ICDS) programme emerged in India with a political and welfare rationale of integrating women into the development project through the 'basic needs' approach (Khullar,1998). The ICDS saw women within their reproductive role to be beneficiaries of basic needs of nutrition and health care services. Within it, this programme extended to children under six years. The programme was incorporated in all states of India, including Meghalaya where it also started in 1975. Today Meghalaya has over 4.3 lakh children under 6 years and over 6.7 lakh women under the programme termed beneficiaries.

This paper aims to determine then the role ICDS has played in shaping the lived experience of Anganwadi Workers (AWW) who worked within the gambit of the ICDS as the front-line functionaries. There have been many studies done evaluating the role of ICDS as a prominent and successful programme helping curb the issues of malnutrition and mortality. However, this study undertakes a 'stakeholder approach' that sees the AWW as stakeholders (of the programme and their communities) and their relationship to their work within the ICDS.

ICDS - The Programme and Its Beneficiaries.

The Integrated Child Development Services (ICDS) Scheme was launched on 2nd October 1975 as a response to the extant and vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality prevalent in India. It commenced as a flagship programme of the Government of India providing packages of services to children below six years of age, nursing and pregnant mothers. The scheme now covers almost all districts in the country (Khullar, 1998, p.537). The main declared objectives of the scheme are "(i) to improve the nutritional and health status of children below six years, (ii) to reduce the incidence of mortality, morbidity, malnutrition and school drop-outs, and (iii) to achieve effective co-ordination of policy and implementation among various departments to promote child development" (Khullar,1998, p.539; Ministry of Women and Child; Dreze,2006).

Children in the age group 0-6 years constitute around 158 million of the population of India (2011 census). Despite decades of investment to address this issue, India still has one of the worst rates of child

malnutrition in the world. India is 107th of 121 countries on the Global Hunger Index (2022), which considers child stunting, wasting, and death. ICDS is the only major national programme that addresses the needs of children under six (Drèze, 2006, p.3708). A supplemental feeding programme, growth monitoring and promotion, nutrition and health education, immunisations, health exams, and health referrals are also included. Through a network of 1,012,374 Anganwadi Centres, it serves 8.36 crore consumers (Economic Times, 2022). The government is giving the problem of malnutrition its utmost attention. It is implementing several programmes like the Pradhan Mantri Matru Vandana Yojana (PMMVY) under the umbrella Integrated Child Development Services (ICDS) Scheme as direct targeted interventions to address the issue of malnutrition in the nation. Because the needs of a child cannot be addressed in isolation from those of his or her mother, the programme also extends to pregnant women, nursing mothers and adolescent girls (Drèze, 2006, p.3708).

Supplemental nutrition, growth monitoring, nutrition counselling, health education, immunisation, healthcare, referral services, and early childhood education are the seven fundamental ICDS services. These services are offered through a broad network of ICDS centres, also called "Anganwadi," these services are offered. An "Anganwadi worker" oversees each Anganwadi, with an "Anganwadi helper" as their assistant. This childcare centre is situated in a village or slum and serves as the primary centre for the distribution of services to the local community's beneficiaries. The centre is run by the AWW and the helper, who also do preschool activities, keep records and growth charts, feed and weigh the children, run the centre, feed and weigh children, carry out pre-school activities, maintain records and growth charts, carry out surveys and visit homes (Khullar, 1998, p. 540). According to Drèze (2006), an Anganwadi should serve about 1,000 people or 200 families. Every ICDS project has between 125 and 150 centres. A team that works both at the centre and project levels implements ICDS. Anganwadi workers, Anganwadi assistants, supervisors, child development project officers (CDPOs), and district programme officers (DPOs) make up the ICDS team.

This scheme was launched initially in the pilot phase of 1975 in 33 Blocks (Projects) with 4891 AWCs has now proliferated to 7072 projects and 13,46,186 AWCs are operational across 36 States/Union Territories, covering 1022.33 lakh beneficiaries under supplementary nutrition and 365.44 lakh 3-6 years children under pre-school component. In Meghalaya, the first project was launched on an experimental basis at Songsak C&RD Block, East Garo Hills District in the same year. Since then, the Department has come a long way in expanding the ICDS projects to the 39 Community and Rural Development Blocks and 2 Urban ICDS Projects at Shillong and Tura (https://megsocialwelfare.gov.in/icds.html.)

Table 1. Coverage of beneficiaries in Meghalaya under ICDS as of January 2022.

Children 6 months – 3 years	198043
Children 3-6 years	232883
Pregnant and nursing mothers	67127

Source - https://megsocialwelfare.gov.in/icds.html.

II. Methodology

The paper explores the consequences of the introduction of the ICDS programme into the lives of AWWs from matrilineal Meghalaya. Meghalaya has a total number of 4785 (main) Anganwadi centres consisting of 5896 Anganwadi Workers (AWW) and 4630 AWW helpers. The total population in the study covered a total of 3050 in the districts of East Khasi Hills, West Khasi, Jaintia Hills, and Ri Bhoi. The primary data was collected from 166 AWW. The total number of respondents consists of 166 AWW residing in different districts of East Khasi Hills, West Khasi Hills, Jaintia Hills and Ri Bhoi. The study consists of two phases. The first phase consists of collecting secondary data from various journals, books, and newspapers online. The second phase involved the collection of quantitative and qualitative data collected through a structured interview schedule. Follow-up questions were included as and when clarification was considered imperative. The nature of study is exploratory in nature and attempts to understand the implication of ICDS in the lives of these AWWs and the nature of the work they do.

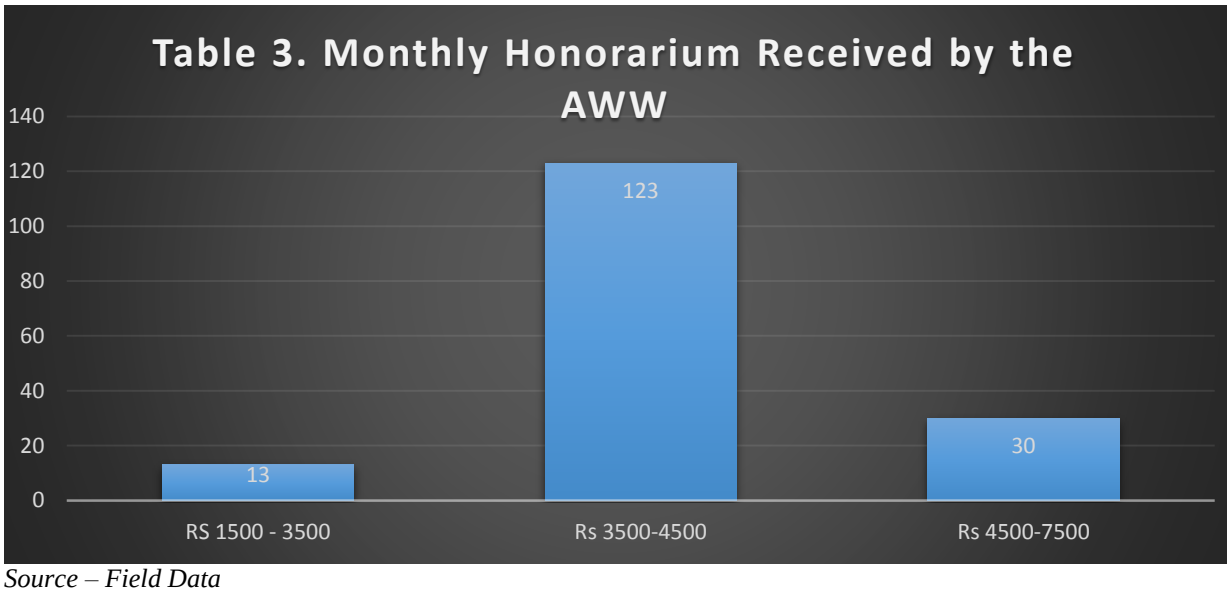
Data was collected from 166 respondents contacted through simple random sampling. The highest percentage of age group (56 per cent) participating in the study came from the age group (32-45) years of age. A majority of the respondents (44 per cent) had passed the higher secondary educational qualification and 70 per cent of respondents were married. Out of those married, sixty - two women (62 per cent) were primary earners in their household and thus depended on the AWW honorarium for the survival and maintenance of their household.

Table 2. Socio-Economic Background

Age	Frequency	Educational Qualification	Frequency	Marital Status	Frequency
18-24	5	No Education	0	Unmarried	16
25-31	35	Below Class 10	67	Married	117
32-38	53	Class 10-12	74	Divorced/Separated	23
39-45	40	Graduate	19	Widowed	10
45 Above	33	Post Graduate	6		

Source – Field Data

The majority (more than 56 per cent) of respondents belonged to the age group 32-45 years, had completed higher secondary school education, were married and earned an honorarium of Rs. 3500-4500 per month. Therefore, the results of the study highlight the experiences of AWW from a lower middle class, rural and incomplete formal educational location of the respondents. This is important since women across different locations experience work and the effect it has on their lives. The demographic profile is an influence on AWW's perspective of remuneration (age - childbearing years, marital status and main earners) because now their family becomes an uncounted stakeholder in their understanding of their work.



Source – Field Data

The table above indicates the number of AWW according to the honorarium received monthly. 74 per cent of AWW earn an honorarium between Rs 3500 - 4500 per month. A majority of these women (63 per cent) were primary earners in their household. Only 18 per cent earned an honorarium above Rs 4500 per month.
The findings of the study have been discussed in the themes below.

Everyday Challenges For The AWW In Her Village

The table below shows the distribution of the number of children enrolled with the AWC of the respondents in the study. 37 per cent of the AWC had 150-200 children in the AWC.

Table 1.1. NO OF CHILDREN ENROLLED IN ANGANWADI CENTRES (AWCS)				
NUMBER OF CHILDREN ENROLLED	BELOW 50	50-100	100-150	150-200
FREQUENCY	27	40	38	61

Table 1.2 - CHALLENGES RELATED TO CHILDREN (0-6 YEARS) ENROLLED IN ANGANWADI CENTRE (AWC)						
CHALLENGES	UNDERNOURISHMENT	NON VACCINATION	IRREGULAR HEALTH CHECK-UP	ANAEMIA	TECHNICAL PROBLEMS WITH AWC	NONE
FREQUENCY	36	52	58	13	12	44
PERCENTAGE	22	31.32	35	8	7.22	27

Source – Field Data.

The table above underlines the importance of maintaining AWW as front-line workers combating malnutrition and mortality which can be seen through the challenges that they face through their work every day. They are the first line of contact with the population and have to grapple with issues of undernourishment of children, lack of awareness of adequate nutrition for children, misinformation on dietary habits, and consequent anaemia. The table indicates this through the concerns raised by 159 AWW who stated that there were major challenges related to the health of the children in their localities. They also have to engage with the community on changing its perceptions/mistrust of government health facilities through non-vaccination of children and irregular check health ups of children (issues which are taken lightly due to ill awareness). Technical issues connected with AWC refer to issues of non-connectivity of roads to Centres, poor road issues during rainy seasons, sanitation issues and so on. A basic lacunae in the scheme is the poor coverage of children under three years of age who suffer from maximum malnutrition (Khullar, 1998, p. 542).

With regards to the women (pregnant and lactating mothers) in their villages, AWW faced many hurdles in carrying out their stipulated tasks. A large number of women (70.44 per cent) were afflicted with undernutrition and anaemia, an issue that can be preventable through adequate awareness of nutrition and dietary changes. An overwhelmingly large number of respondents (63.25 per cent) stated that consumption of tobacco among women in their village was also an issue. Many respondents stated that they faced non-cooperation from local women in availing pre and post-natal care in their village.

I. Problems faced by AWWs -

In overcoming the challenges mentioned above, the AWW also faced many problems regarding their own work and working conditions. Foremost of which was a low honorarium. 70 per cent agreed to better pay being a main incentive in bettering their services in the village.

70 per cent of respondents stated that work was quite hectic for them as they had many objectives to carry out. With the slow expansion of the scheme and the addition of services, AWWs have become increasingly overburdened with duties and paperwork. They have to maintain about 16 registers and send monthly reports to the Child Development Programme Officers, who head the team at the project level (Khullar, 1998, p. 540). Thirty-nine respondents also stated how they faced non-cooperation both from local women and village functionaries in carrying out their programmes and duties. Sixty-six respondents stated that technical difficulties like the AWC hindered the activities like lack of proper sanitation and drinking water, functionality of the rooms, road conditions etc.

III. Conclusion

The role of ICDS in curbing malnutrition and maternal and child mortality has been adequately documented as has been the setbacks in the implementation of the project. The present study emphasised the various advantages that ICDS has brought to a state like Meghalaya which is facing challenges on the front of malnutrition.

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