

“A Sociological Study of Development of Children Through Anganwadi Centers”

“With special refrence to District Pulwama “

Khan Arsalan Rahim

Sri Satya Sai University of Technology & Medical Sciences, Sehore, India.

Corresponding Author: Khan Arsalan Rahim. Sri Satya Sai University of Technology & Medical Sciences, Sehore, India.

Abstract

Intergrated Child Development Services (ICDS) is the largest national programmes for the development of mother and children. The services are rendered through Anganwadi workers at Anganwadi Centers. An evaluation study is carried out to assess the services provided by the Anganwadi Centers to children's under the age group of 0 to 6 years. The services which are provided by the Anganwadi centers are supplementary nutrition, immunization, health checkup, pre-school education etc. the study was conducted at district Pulwama located at the southern part of the Kashmir. A study was under conducted with 100 respondents used exploratory research design, and samples were collected on the basis of convenient sampling. A data was collected using questionnaire method and observation of Anganwadi centers and interviewed Anganwadi workers, Anganwadi helpers and supervisors. In dist., Pulwama majority of the Anganwadi centers have 25 – 35 beneficiaries. Most of the villages have 4 Anganwadi centers. 55% of the Anganwadi centers are rent based and only 20% are government based. All the programs of the Anganwadi centers are came serious scrutiny in due course and gradually became improve.

An Anganwadi center comprises Child development project office, supervisor, Anganwadi worker, Anganwadi helper, supported by the Medical officer and auxiliary nurse mid wife and lady health visitors provide diverse services to different beneficiaries to register an integrated impact on the target population. Accordingly different aspects from organizational behavior of functionaries to pre service delivery needs and post service effects on Anganwadi beneficiaries have been researched.

Keywords: Anganwadi centers, integrated child development services, children under age group 0 to 6 years. Sociological study.

Date of Submission: 14-03-2021

Date of Acceptance: 28-03-2021

I. Introduction

Integrated Child Development Program (ICDS) is the country's most comprehensive program sponsored by the minister of women and child development. The birth anniversary of Pandit Jawaharlal Nehru our first prime minister November 14, is celebrated as children's day in the country. The program was launched on 2 oct. 1975, the 106th birth anniversary of Mahatma Gandhi. ICDS is committee based program which is the most unique program for early childhood care, development of children below 6 years, expectant and nursing mothers. It is a program which addresses the child rights related to survival, protection. It is a holistic intervention, consisting of Supplementary Nutrition, Immunization, Health Check-up, Referral Services, Pre-school Non-Formal education and Nutrition & Health Education that reaches children under six years of age through a network of community-level Anganwadi centers and will eventually be universalized across all administrative blocks in India. An additional component focusing on adolescent girls' nutrition, health, awareness, and skills development was added in some blocks in 2000. The scheme is Centrally sponsored with the state governments GOI adopted the World Health Organization standards for measuring and monitoring the child growth and development, both for the ICDS and the National Rural Health Mission (NRHM). According to Department of women and child development report, the coverage of the program has expanded rapidly, especially in recent years. From an initial 33 blocks in 1975, the program grew to 4,200 blocks circa 2000, and to over 5,500 by 2003 (DWCD 2003). By 2004, there were almost 600,000 Anganwadi workers and an almost equal number of Anganwadi helpers providing services to beneficiaries throughout the country. The program currently reaches 33.2 million children and 6.2 million pregnant and lactating women (DWCD 2004). In its February 2005 Budget address, the Government of India announced its intention to construct an additional 188,000 Anganwadi centers and attain universal coverage of the program. As on 31st dec, 2014, 7067 projects

and 13,42,285 Anganwadi centers operational across 36 states/UTs covering 1,041.11 lakh and beneficiaries under supplementary nutrition and 349.82 lakh 3 – 6 years children’s under pre- school component .

II. Material And Methods

This study was conducted in dist. Pulwama located in south part of Kashmir. The initial step was a search into the primary sources and documents of ICDS, its origin, philosophy, objective, rationale and administrative mechanism. This has been gathered from the original documents, namely manuals and other documents published from time to time, after the pilot study of the implementation of the programs in dist. Pulwama, tentative hypothesis and objectives of the present study were involved. Which was followed by the various study conducted on ICDS. This helped to review hypothesis and objectives and methodology. The researcher used exploratory research design. The investigator had taken the Anganwadi employees for field study I.e. Anganwadi worker, Anganwadi helper, and supervisor. The respondents are all female. The richer take the 100 respondents to collect the primary source. They were selected convenient sampling. The researcher approached them with questionnaire and interview guide. Both married and unmarried respondents were asked questions.

Researcher takes this method because all the respondents are literate. A comprehensive questionnaire containing 49 questions was prepared for this study. We are able to get all sorts of information required for the study. Some major themes covered in the questionnaire were.

- 1: beneficiaries in Anganwadi centers.
- 2: Anganwadi centers in villages.
- 3: employees in Anganwadi centers.
- 4: various facility available in Anganwadi centers like safe water, electricity, toilet.
- 5; about supplements available in Anganwadi centers.
- 6: maintain registry of medicine, supplement, and nutrition.
- 7: health checkup, growth monitoring, malnutrition.
- 8: vaccines.
- 9: salary of Anganwadi employees.
- 10: birth and death rate.

The researcher conducted about one hundred such interviews regarding to Anganwadi helper, Anganwadi worker and supervisor to know the services provided by Anganwadi centers to the community. In this research the researcher uses observation method to know the real situation in the field like infrastructure of Anganwadi centre, quality of food supplement, education system, Anganwadi at hygienic place etc.

III. Conclusions Finding And Disussions

Development of children’s through Anganwadi centers has been analyzed in this study after going through finding a number conclusions can suggest which are briefly summarized as under.

All the respondents are females and among which 80 % belongs to muslin and only 20% belongs to Hindi. Qualifications of the 25% respondents are graduate,31% are 10th pass, 19% respondents have 12th qualification and only 15% respondents have 8th class qualification.

All the Anganwadi centers of the dist. Pulwama are open at 10am and close at 20pm. This is basically a schedule of govt. to open and close the Anganwadi centers at the particular time.

Medium of instruction of no. of respondents were Kashmiri I.e. 80%. And only 20% speak in Urdu. The reason behind that is the mother tough of Kashmir is Kashmiri.

Data reveals that majority of the people i.e. are having nuclear families and 40% are having joint families. Mostly the people of pulwama are educated so they mostly prefer nuclear family.

As per data reveals we realize that majority of the Anganwadi centers have 15 -25 and 25-35 benefices I.e. 35% and 35% respectively. Only 19% and 11% belongs to 5-15 and 35-45 beneficiaries respectively. Over all we must say that there are enough no. of beneficiaries in each Anganwadi centre.

All the Anganwadi centers i.e. 100% maintain birth and death rate registration. And also maintain medicine, supplement, nutrition, registration, and 100% Anganwadi centers maintain beneficiaries’ registration.

it is clear from the data that most of the Anganwadi centers in every are 3 I.e. 34% and 33% are 4 centers and 5 Anganwadi centers are 13% and just 19% are 2 Anganwadi centers in village.

Data reveals that 100% children’s get supplementary nutrition once a day from Anganwadi centers.

It is clear from the data that the Anganwadi centers measuring and monitoring the child growth from the birth of a children’s.

Data reveals that only liquid should be to children’s during the diarrhea and meals vaccines are should be given to children at the age the 9 months. According to data there must be gap of four weeks between two successive doses of DTP, and side effect of the DTP vaccination is fever. As per data is concerned it is clear that

DT vaccine should be given at the age of 5 years. According to data, pregnant lady should be receiving 3 tetanus Toxoid.

From the data classification, mostly 3 and 4 employees are in each Anganwadi center I.e. 33% and 32% respectively. and 4 employees are 32% and only 5 employees are 15%.

its is clear from the that most of the Anganwadi centers are belongs to rent based I.e. 55% and only 20% and 25% are govt. and private respectively. Data reveals that most of the Anganwadi centers are having safe drinking water ie, 77% and just 33% don't have facility of safe water. Govt. takes care of the health of children's as well as workers, and provides them safe water.

From the data, it is clear 70% Anganwadi centers are having toilet facility and 30% don't have toilet facility. But govt. should improve the rate of toilet facility in Anganwadi centers. it should be 100%.

As per data is concerned that 45% Anganwadi centers received good quality of supplements and 65% didn't received good quality. So there should be vigilance communities for regular check up of quality supplement. Data reveals that children's get 65% and 45% proteins and calories i.e. 500 - 10 mg proteins and 300 --- 10gm proteins respectively.

Data reveals most of the respondents prefer for health checkup to sub centre i.e., 59% and PHC prefer to 25% and 16% respondents prefer to other places like dist. Hospitals.

As per my data reveals that most of respondents got information from the AASHAS i.e. 42%. 35% respondents got information about the birth and death rate from their neighbors. 19% and 04% respondents got information from self-help group and any other respectively. So we can say that all are important sources of information for respondents.

Data reveals that it is clear that 70% respondents are from local and only 30% employees are from outside village.

Data reveals that majority of Anganwadi centers stock are available always i.e. 47% only 26% stock of Anganwadi centers are remain available.

It is clear from the data that 60% Anganwadi centers didn't get regular supply and only 40 % get regular supply. Anganwadi children/s shows a better physical, mental, social development. Mothers aware about to improve their children's health .Anganwadi play an important role in social change among women's.

References

- [1]. Aijaz (1987), improve implementation of Child Development Services. Yojana, 31,24-37.
- [2]. Citizen Initiative for the Rights of Children's under the six, New Delhi.(2006)
- [3]. Department of Women and Child Development survey about the budgetary program Of ICDS.
- [4]. GOI Annual (2000-01) report of women and child development, new Dehli.
- [5]. Karoly, I.A. et al investing in our children. RAND, 1998.
- [6]. National institute of Public co- operation and child development, research abstract on ICDS, NIPCCD, New Delhi. Research on ICDS, NIPCCD, NEW DELHI.
- [7]. Sharma A. (1987), community participation in ICDS, Yijana 31, 12, 16.

Khan Arsalan Rahim. "A Sociological Study of Development of Children Through Anganwadi Centers" "With special refrence to District Pulwama ." *IIOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 20(03), 2021, pp. 06-08.