

## Attitude of beneficiaries towards the ICDS programme and benefits obtained by the beneficiaries

■ SWAPNA DUTTA AND REKHA MONI SAIKIA

Received: 07.02.2012; Accepted: 10.11.2012

See end of the paper for authors' affiliations

Correspondence to :

**SWAPNA DUTTA**

Department of Home Science,  
L.T.K. College, Azad North,  
LAKHIMPUR (ASSAM) INDIA

■ **KEY WORDS :** Beneficiaries ICDS programme

■ **HOW TO CITE THIS PAPER :** Dutta, Swapna and Saikia, Rekha Moni (2012). Attitude of beneficiaries towards the ICDS programme and benefits obtained by the beneficiaries. *Asian J. Home Sci.*, 7 (2): 597-599.

ICDS programme is India's response to the challenge of meeting the holistic needs of the child, launched initially in 33 blocks, on October 1975. Today the ICDS is one of the world's largest and most unique programmes for early childhood care and development (Shukla, 2004). It symbolizes India's commitment to its children. It is widely acknowledged that the young children are the most vulnerable to malnutrition, morbidity resultant disability and mortality. The early years are the most crucial period in life, when the foundation for physical, cognitive, social, emotional, language development and life long learning are laid. Recognizing that early childhood development constitutes the foundation of human development. ICDS is designed to promote holistic development of children under six years, through the strengthened capacity of communities level. The programme is specifically designed to reach the disadvantaged and low-income groups for effective disparity reduction. The programme provides an integrated approach for covering basic services for improved child-care, early stimulation and learning, health and nutrition, water and environmental sanitation targeting young children, expectant and nursing mothers and women groups.

These target group are reached through nearly 3,00,000 trained community based Anganwadi workers and equal numbers of helpers, supportive community/ women groups through the Anganwadi centre, the health system of the community. To examine the effectiveness of this programme,

it is necessary to know the reaction pattern of the beneficiaries towards the programme. Hence, the present study was undertaken to make an investigation regarding the attitude of beneficiaries towards the programme and also to ascertain the achievement made so far with the following objectives to know the attitudes of beneficiaries towards the programme, to know the benefits obtained by the beneficiaries from the programme and to highlight the suggestions offered by beneficiaries for improve implementation of the programme.

There are one hundred forty four Anganwadi Centres under Dhakuakhana Development Block out of which 25 per cent *i.e.* thirty-five Anganwadi Centres were selected for the purpose of the present study. The study was broadly dealt with two aspects *i.e.* the beneficiaries and the functionaries at different levels. The respondents for this study were divided into two categories:

The beneficiaries of each selected Anganwadi Centre were interviewed as per as categorization of the ICDS programme, *i.e.*: pregnant women, nursing mother, and mothers with pre-school children. From the list of the beneficiaries registered at the thirty five Anganwadi Centre, three beneficiaries from each category were taken as sample *i.e.* nine beneficiaries from each Anganwadi Centre made the total number of beneficiaries three hundred fifteen as respondents for the present study. Since the age groups of pre-school children were minor to take them as respondents, therefore instead of them, their mothers were considered as respondents

for these categories. The addresses of the beneficiaries household were noted from the records. On visiting the households if nursing mothers or pregnant women registered with the Anganwadi Centre were available, they were also included in the sample. It was therefore possible that more than one respondent was drawn from the same household for the study.

The existing functionaries of the ICDS programme included CDPO, supervisors, thirty five Anganwadi workers and thirty five Anganwadi helpers were selected as administrative functionaries for the purpose of present study. The total seventy eight respondents in this category were selected (NCAER, 2000).

Combining the category I with category II, altogether three hundred ninty three respondents were selected for the purpose of the study. The technique used for data collection was interview schedule. The methods used were home visit, personal interviews and observations.

Beneficiaries were given a chance to give their opinion willingly about the programme. They were asked to give their views regarding different services, specifically they were asked about their satisfaction in participating the programme – was it helpfull in reducing the mortality and morbidity of children, improving the health status of their family and was it developed the child in respect of physical, social and intellectual level.

**Usefulness of the programme:**

The ICDS programme is very important because this programme provides an integrated approach for converging basic services for improved child care, early stimulation and learning, health and nutrition, water and environmental sanitation, targeting children and expectant and nursing mothers. It has also been realized that all the basic essential services for the proper development of the child, viz., nutrition, health and education, should be provided simultaneously to children and mothers and right in their own villages. Accordingly, the scheme of Integrated Child Development

was implemented at the Dhakuakhana Development Block on 2<sup>nd</sup> October 1975. In course of our study, we enquired the respondents whether they gathered interest and satisfied with the programme or not? Table 1 shows the beneficiaries response regarding the usefulness of the programme.

Table 1 shows that out of the total 315 beneficiaries, 198 (62.85%) stated it was useful while 86 (27.30%) beneficiaries felt that it was partially useful. 15 (4.76%) of beneficiaries had no concept about this programme. Only their names were enrolled in the Centre. So they found it was not useful. 16 (5.07%) of beneficiaries could not give answer whether this programme was useful to them or not?

**Benefits gained from ICDS :**

The present study gave emphasis on the objectives of ICDS programme with special reference to the utilization of services. The study was mainly confined to the beneficiaries of Anganwadi Centre located at Dhakuakhana Sub-Division. The universe of the study and sampling drawn for the purpose consisted of all Anganwadi Centre, which was started on 2<sup>nd</sup> Oct. 1975. It was considered for the purpose of study in the Dhakuakhana Sub- Division. Purposive random sampling procedure was followed in selecting the thirty five Anganwadi Centre to find out the benefit accrued to the target group of ICDS. The various aspects which the beneficiaries views were taken from which we can found how they got benefited from this programme are shown in Table 2.

Table 2 is reflection of the opinion of the beneficiaries regarding the efficacy in the implementation of the ICDS programme. It appeared that majority of the beneficiaries have said to have been benefited from the ICDS programme in one way or the other. The table showed that 49.20 per cent of beneficiaries accepted the programme as beneficial in improving the health status of the family. It was further revealed that 30.47 per cent of the beneficiaries numbering 96 have been benefited in reducing the incidence of mortality and morbidity. It would be seen from the table that about 18 per cent of the beneficiaries (57) were benefited in developing

Sr. No.	Particulars	No. of Respondents (n=315)	Percentage (%)
1.	Useful	198	62.85
2.	Partially useful	86	27.30
3.	Not useful	15	4.76
4.	Do not know	16	5.07

Sr. No	Benefits obtained	No. of respondents reporting (n = 315)	Percentage (%)
1.	Improving health status of the family	155	49.20
2.	Reducing the incidence of mortality and morbidity	96	30.47
3.	Developing children in physical, social, and intellectual level	57	18.0
4.	Do not know	7	2.22

**Table 3 : Percentage distribution of beneficiaries who will to continue with the programme**

Whether they like to continue with the programme	No. of beneficiaries Total (n = 315)	Percentage (%)
Yes	176	55.87
No	58	18.41
No answer	81	25.71

their children in physical, social and intellectual level. It was only 2 per cent of beneficiaries who did not know whether they could derive any benefit from the programme.

#### **Beneficiaries impression on ICDS:**

ICDS is a community concept and the programme envisages active participation of each beneficiary. Therefore, the attitude and participation of the beneficiaries will largely determine the fate of the programme and such active participation would be a yardstick to measure the success of programme with indication of positive attitude of the beneficiaries.

In this study, it was also enquired from the beneficiaries about their liking or disliking of the scheme and their usefulness. Most of the answer was found to be positive in nature. On being asked to express their views towards the programme, beneficiaries answered that the scheme embodies a unique integrated cost effective approach for holistic development, converging basic sectoral services where child survival, growth and development go hand in hand. Table 3 shows the number of beneficiaries who wanted to continue with the programme.

Table 3 shows that out of total 315 respondents, 176 (55.87%) decided to continue with the programme while only 18.41 per cent of beneficiaries answered in negative. Significantly, 25.71 per cent of beneficiaries failed to come up with any categorical answer and they remained undecided. These beneficiaries could not decide whether to continue with the programme or not.

#### **Suggestions offered by beneficiaries:**

The beneficiaries were asked for their personal suggestion regarding the implementation of the programme. 50 per cent beneficiaries did not respond at all. But the

remaining 50 per cent beneficiaries enthusiastically gave their suggestions. Their suggestions have been presented as below:

- The Anganwadi Centres should be located in well ventilated separate room with storage facilities and also it should be nearer to the place of residence;
- Supplementary food should be regular,
- Health check-up and referral services should be provided in Anganwadi Centres,
- Camps/Demonstration should be organized for health and nutrition education,
- Organizing pre-school activities should be strengthening more.

The ICDS is required to mobilize women for promoting their own health, nutritional well-being and self-development as well as of their children and their family. The programme can have better impact with sustained interest of the beneficiaries if this mobilizes community support in promoting and enabling better children practices, contributing local resources and in improving service delivery and utilization.

Authors' affiliations:

**REKHA MONI SAIKIA**, Department of Extension Education, College of Home Science, Assam Agricultural University, JORHAT (ASSAM) INDIA

#### **■ REFERENCES**

- NCAER (2000). Evaluation Survey of the ICDS Programme, NEW DELHI (INDIA).
- Shukla, R.P.** (2004). *Early childhood care and education*, Roshan Offset Press, NEW DELHI (INDIA).
- Walter, M.** (2002). *Encyclopadia of Population & Development*, Vol. II, Sarup & Sons, NEW DELHI (INDIA).

\*\*\*\*\*