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# Perception of Rural Parents on Childcare & Feeding Services of ICDS Scheme in Telangana State

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**Abstract:** *Integrated Child Development Services (ICDS) scheme is one of the world's largest and most unique programmes for early childhood development. It was initiated in October 1975, in response to the evident problems of persistent hunger and malnutrition especially among children. The present study was conducted in the Nalgonda district of Telangana state involving 500 mothers of preschool children as study subjects. Cross sectional study was adopted and carried out using a structure interview schedule to elicit perception of rural women towards Anganwadi activities, child care and feeding services. Overall perception of the women on ICDS services is good to fair. The concept of social auditing should be encouraged and initiated from the community for maximum utilisation of the services of ICDS.*

**Keywords:** ICDS, Perception, Rural women

## 1. INTRODUCTION

India is home to the largest population of malnourished and hunger-stricken people and children leading to high infant and maternal mortality. Along with these issues are a deluge of problems ranging from diseases, lack of education, lack of hygiene, illness, etc. To combat this situation, the Government of India in 1975 initiated the Integrated Child Development Service (ICDS) scheme which operates at the state level to address the health issues of small children, all over the country. It is one of the largest child care programmes in the world aiming at child health, hunger, mal nutrition and its related issues.

The programme provides package of services, comprising supplementary nutrition, immunisation, health check-up, referral services to children below six years of age and expectant and nursing mothers. Non-formal pre-school education is imparted to children of the age group 3-6 years and health and nutrition education to women in the age group 15-45 years. High priority is accorded to the needs of the most vulnerable younger children under three years of age in the programme through capacity building of caregivers to provide stimulation and quality early childhood care.

It is multi-sectoral in nature and its successful implementation depends on inter- sectoral functional linkages. It calls for coordination among concerned departments and ensures optimal use of the existing governmental infrastructure at the project level.

The functional unit of ICDS scheme at village level is Anganwadi centre. The Anganwadi worker and helper are the gross root level functionaries of the ICDS who run the Anganwadi centre and implement the ICDS scheme in coordination with the functionaries of the health, education, rural development and other departments.

Since its inception, the programme has generated interest among academicians, planners, administrators and those responsible for implementing the programme. Consequently, a large number of research studies have been conducted to evaluate and assess the impact of the programme on the beneficiaries. A major chunk of the available ICDS research is focussed on health and nutrition component of the scheme.

The perception and views of beneficiaries are vital for assessing any programme. The findings provided comprehensive, empirical information on the efficacy of the delivery of services specifically care giving and feeding services and the extent to which the objectives of the scheme were being achieved.

Most of the studies revealed that the mothers who had received Nutritional Health Education were neither aware of the value of the growth charts in monitoring the health of the child nor of oral re-hydration therapy for diarrhoea diseases. Knowledge regarding immunisation schedule was poor. Breast-feeding was universally practised and most of the mothers were aware that breast-feeding is crucial in the planning and implementation of nutrition and health education.

## 2. MATERIAL AND METHODS

A cross-sectional survey was undertaken considering the rural mother committee members as subjects from 50 Anganwadi centres located in 5 mandals of Nalgonda district of Telangana state. Ten mother beneficiaries from each Anganwadi centres were interviewed by trained investigators using a predesigned questionnaire comprising statements on perception on the centre, and its childcare and feeding services of ICDS scheme.

## 3. RESULTS AND DISCUSSION

### 3.1 Perception of rural women

All the selected households in each Anganwadi centres were visited to identify the study subjects specifically the mothers of the preschool children and conducted the survey to obtain their perception towards Anganwadi Centre, child care giving and feeding services of ICDS scheme.

### 3.2 Perception towards Anganwadi activities

**Table 1: Perception of rural women on Anganwadi centre**

Sl. No	Statement	F	%
1	Anganwadi Centre open regularly		
	Yes		
	No	500	100
	Not known	-	-
2	Behavior of Anganwadi Worker		
	Friendly		
	Not friendly	400	80
	Not known	50	10
3	Opinion about child welfare benefit of ICDS		
	Beneficial	350	70
	Not Beneficial	50	10
	Not known	100	20
4	Services of ICDS through Anganwadi		
	Aware	415	83
	Unaware	85	17
5	Over all opinion on the Anganwadi center		
	Useful	500	100
	Not useful	-	-
	Unknown	-	-

Results presented in the Table 1 revealed that all (100%) mother committee members stated that the Anganwadi centres are opened regularly in time and majority (80.00%) of them expressed that the behaviour of the Anganwadi workers was friendly. Seventy per cent of the rural mothers opined that ICDS is beneficial to their children. Majority of the (83%) mothers were aware of a minimum of two services offered by ICDS through Anganwadi centres.

Overall opinion of women towards Anganwadi activities revealed that Anganwadi centre is useful and it is offering a great service for the vulnerable groups i.e. pregnant, lactating and preschool children from weaker sections of the society.

### 3.3 Perception towards child care services

**Table 2: Perception of rural women on child care services of Anganwadi centre**

Sl. No	Statement	F	%
1	Space availability for outdoor play		
	Sufficient	73	14.6
	Insufficient	427	85.4
2	Cleanliness of the Anganwadi Centre		
	Good		
	Fair	287	57.4
	Poor	54	10.8
3	Assistance of Anganwadi Worker during child illness		
	Available	348	69.6
	Not available	152	30.4
4	Preschool education benefit your child		
	Yes	325	65
	No	85	17
	No PSE	90	18
5	Emergency medicine availability		
	Available		
	Not available	55	11
	Not known	25	5
6	Drinking water facility		
	Good	30	6
	Fair	376	75.2
	Poor	94	18.8

Facts presented in the table 2 revealed that very few women felt that the available space in the premises of Anganwadi centre is sufficient for conducting outdoor play activities and more than fifty percent women expressed that the Anganwadi centre and its surroundings are clean and maintained well. One third of the women opined that the drinking water facility at centre is fair and needs to be addressed. Nearly seventy percent of the mother beneficiaries perceived that the Anganwadi worker extend help and assistance during the illness of the child.

Majority (65.00%) of the women perceived that the preschool education benefit their children and only 18.00 per cent of them stated that there is no preschool education services for the children in the age of 3-6 years. A great majority (84.00%) of the mothers did not know that the government medicines are available with the Anganwadi Worker and only 11.00 per cent made use of the medical facilities available at the centre.

### 3.4 Perception towards feeding services

Seventy percent of the mothers opined favourably about the quantity and quality of food supplied to the child is sufficient and acceptable. Nearly one third respondents felt that the quantity of food supplied is insufficient (30.60%) and not acceptable (30.00%).

Major reasons for non acceptability of food were monotonous (32.00%) followed by poor quality material(28.7%), not good in taste(24.6%) and improper cooking (14.7%). Advising mothers on discussing the growth chart and child feeding practices although are very important activities of Anganwadi Worker, yet majority of the mothers were deprived of these services (69.4% and 67.00% respectively).

**Table 3: Perception of rural women towards feeding services**

Sl. No	Statement	F	%
1	Quantity of food received		
	Sufficient	347	69.4
	Insufficient	153	30.6
2	Quality of food received		
	Acceptable	350	70
	Not acceptable	150	30
3	Reasons for not acceptable quality		
	Poor quality material	43	28.7
	Not good in taste	37	24.6
	Monotonous	48	32
	Improper cooking	22	14.7
4	Child growth chart		
	Discussed	165	33
	Not discussed	335	67
5	Child feeding practices / nutrition education		
	Discussed	153	30.6
	Not discussed	347	69.4
6	Frequency of food supply in a week		
	All working days		
	5 days	480	96
	4 days	20	4
	3 days	-	-
	2 days	-	-
7	Food consumption pattern		
	Consumed at centre	453	90.6
	Take home ration	47	9.4

With regard to frequency of food supply in a week a great majority (96.00%) of women expressed that the Anganwadi worker supply food in all working days and only a meager per

cent (4.00%) of them expressed that the food is supplied only for five days in a week. Statement on food consumption pattern revealed that huge majority (90.00%) of the mothers stated that their children consume food at Anganwadi Centre only and only 9.4 per cent of them take ration to home when the child is not well.

### 4. CONCLUSION

The ICDS scheme may be very attractive but beneficiaries do not aware and realise its importance. Proper and sufficient nutritional supplementation provided to beneficiaries may help children towards leading a healthy and happy life and combat malnutrition. Importantly, the quantity and quality of food in its adequacy are to be ensured to encourage children to mostly consume at the centres only to impart full impact of the benefits of the ICDS scheme.

Majority of the rural women were not aware of different services provided were unknown to them. At first and foremost, awareness of different services must be addressed and ensured properly. Different components of services also need to be addressed separately to respective beneficiaries. The concept of social auditing should be encouraged and initiated from the community for maximum utilisation of the services of ICDS.

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