

Perceptions of Beneficiaries towards Implementation of ICDS Scheme - A Survey Study in Tribal Areas of Andhra Pradesh State

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ABSTRACT

Background: Integrated child development services (ICDS) scheme was launched in India to improve the nutritional and health status of children. Perceptions of beneficiaries about ICDS services provided by Anganwadi centres had not being sufficiently explored. Hence the objective of this study was to assess the perceptions of beneficiaries regarding Anganwadi ICDS services in tribal areas of Andhra Pradesh state.

Methods: A descriptive survey study was conducted in a tribal blocks/mandal in Andhra Pradesh state. Study participants were the beneficiaries who were receiving various services for at least the past one year. A total of 200 beneficiaries were interviewed using a pre-designed semi- structured interview schedule after obtaining informed consent. Data were analyzed by SPSS software version.

Results: The beneficiaries expressed high perceptions with respect to the areas viz., Anganwadi Facilities, Anganwadi Functionaries, Supplementary Nutrition Services, Immunization Services, Health Checkups Services, Health Referral Services, Pre-school Education Services, Health and Nutrition Education and Overall Perceptions towards Implementation of Integrated Child Development Services (ICDS) Scheme in Andhra Pradesh state, India.

Conclusions: The participants were aware of ICDS services, but their perception regarding Anganwadi services need to be improved. The reasons for poor perception regarding ICDS services need to be assessed by focus group discussions and in-depth interviews with beneficiaries.

Key words: Perceptions of beneficiaries and implementation of ICDS Scheme.

Introduction

The provision of 'basic needs' forms an integral part of development. Growth alone has not always led to equitable development, and governments feel the need for direct intervention, especially in the fields of nutrition, health and education¹². The ICDS is such a scheme. It is a national level scheme of the government of India providing a package of services to children below six years and to pregnant and nursing mothers, such as supplementary nutrition, immunization, health check-ups, referral services and pre-primary education. The scheme now covers almost all districts in the country; however this does not mean that all children below six years from poorer sections of society are covered by the scheme.

The Integrated Child Development Services Scheme (ICDS) is one of the biggest child development programmes of the world. It is regarded as the most prominent symbol of the pledge of a healthy and normal life that the country has made to its children. Through this programme India aims to provide pre-school education to its children. The ICDS also deals with critical issues such as lack of proper nutrition, lesser capability to learn, morbidity, and a death rate that is much higher than several developed nations.

ICDS in Andhra Pradesh state

Integrated Child Development Services (ICDS) in India is the world's largest integrated early childhood programme, which has 1047943 Anganwadi centres. It is a unique and single largest integrated scheme of Child Development in India. It was started in the state of Andhra Pradesh in Utnoor Block, Adilabad district and Kambadur Block, Ananthapur District in 1975. The Department has universalized the ICDS Programme in the entire State with the sanction of 387 ICDS Projects and 91,307 AWCs. Out of the total 91,307 AWCs, 75,249 AWCs are in Rural Areas, 8,005 are in Urban Area and 8,053 are in tribal areas. Further Government of India has sanctioned 19 Additional Projects and the administrative sanction orders are awaited from Government of Andhra Pradesh. The following services provided by the Anganwadi centres in Andhra Pradesh. Supplementary nutrition for 6 months to 6 years aged Child, Pregnant and Lactating Mothers Immunization to Children and Women Health check-ups to Children and Women Referral services to Children and Women Nutrition and Health Education to Mothers and Adolescent Girls along with Non-formal Pre-School Education to 3-6 years Children. The scheme is a powerful driving force designed to break the vicious cycle of child malnutrition, morbidity, reduced learning capacity and mortality. The scheme adopts multi-sectoral approach by integrating health; nutrition; water and sanitation; hygiene; behaviour and education into one package of services that primarily targets children below six years; women including expectant and nursing mothers; and adolescent girls with the help of Anganwadi centres. Recently, Government of Andhra Pradesh introduces 1000 days care for protecting pregnant and lactating mothers.

Need of the study

The purpose of the study was to explore whether Anganwadi centers and mothers have the necessary conceptual understanding regarding physical and cognitive development in early childhood affected by under-nutrition among children. The study will assist in gaining insights on the knowledge gaps of mothers and Anganwadi centers and thus assist in creating materials that will meet their needs. Further, it is assumed that if mothers understand the impact of childhood malnutrition during the first three years of life then they will understand the importance of services offered by the Anganwadi centers. On the other hand if Anganwadi centers have an understanding of the services they offer, as well as an understanding of why there is poor adherence to the programme, then they will be in a better position to counsel, assist and build the capacities of mothers with the appropriate knowledge and skills to care for their children. The study will further assist in identifying the knowledge and training requirements of Anganwadi centers in managing childhood malnutrition. If the Anganwadi centers have the required knowledge and reasons behind the services they are delivering, it is expected that they will become teachers (counsellors in this case) to mothers.

Objectives of the study

- To find out the perceptions of beneficiaries towards implementation of integrated child development services (ICDS) Scheme in Andhra Pradesh state.
- To study the significant difference among the perceptions of beneficiaries towards Angawadi Facilities based on their demographic variables i.e., Type of Beneficiary, Age, Educational Qualifications, Religion, Caste, Beneficiary Period, Size of the Family, No of Dependents in the family, Number of below 6 years Children in the Family, Father/Husband Occupation, Monthly Family Income.

Hypothesis of the study

- What are the perceptions of beneficiaries towards implementation of integrated child development services (ICDS) Scheme in Andhra Pradesh state?
- What is the significant difference among the perceptions of beneficiaries towards Angawadi Facilities based on their demographic variables i.e., Type of Beneficiary, Age, Educational Qualifications, Religion, Caste, Beneficiary Period, Size of the Family, No of Dependents in the family, Number of below 6 years Children in the Family, Father/Husband Occupation, Monthly Family Income.

Design of the study

The study was descriptive in nature and used qualitative research methodology to describe Anganwadi workers and Beneficiaries perceptions on Implementation of Integrated Child Development Services (ICDS) Scheme in Andhra Pradesh.

Study Area

East Godavari district has 64 blocks/mandals, of which 51 are rural, 2 are urban and the remaining 11 mandals are from tribal area, which also known as agency or scheduled area. For the present study, only 5 tribal blocks/mandals are considered, as it is schedule area and inhabited by the tribes. These 5 tribal blocks/mandals were namely Y. Ramavaram, Rampachodavaram, Addateegala, Rajavommangi and Gangavaram. These five blocks/mandals has been selected for the study by using simple random sampling. The selected cluster is Paderu. In these blocks/mandals, Anganwadi Workers and Beneficiaries are selected for the study in the following way.

Sample Selection and Size

The researcher has selected 200 Anganwadi workers (40 from each block/mandal) and 200 Beneficiaries (40 from each block/mandal) are selected from five tribal blocks/mandals of the East Godavari district. Thus, for the present study samples consists of 200 Anganadi workers and 200 Beneficiaries.

Interview Schedule for beneficiaries

The researcher designed an interview schedule for collection of data purpose from the beneficiaries. The data have been collected from the Beneficiaries, an interview schedule is prepared covering the following areas; Personal Information, Family Information, Anganwadi Facilities, Anganwadi Functionaries, Supplementary Nutrition Services, Immunization Services, Health Checkups Services, Health Referral Services, Pre-school Education Services, Health and Nutrition Education.

Data Collection procedure

The present study was based on primary data collected from 200 beneficiaries by adopting random sampling technique. A well-structured questionnaire prepared and was pre-tested. The researcher collected data from 30 beneficiaries for pre-test purpose and up dated the data where necessary. The researcher also collected expert opinion by giving questionnaire to the experts' viz., Professors, Field Supervisors and Scholars in this regard; the suggestions given by the experts were also taken care of and modified where necessary. After incorporating the necessary changes in the pre-tested questionnaire, it was administered to the selected samples and required information was collected.

Analysis of data

After collection of the data, the interview schedules were entered by the SPSS (Statically Package for Social Sciences). The data were fed into a computer and both uni-variate and bi-

variate tables were prepared. Statistical tests such as frequency tables, mean, standard deviation, t-test, Analysis of Variance (ANOVA) and correlation were used in the present study. The relationships between different socio-demographic variables of the respondents were explored.

Results and discussion

Research question-1: What are the perceptions of beneficiaries towards implementation of integrated child development services (ICDS) Scheme in Andhra Pradesh state?

The researcher has collected data and interpreted the overall perceptions of beneficiaries towards implementation of Integrated Child Development Services (ICDS) Scheme in Andhra Pradesh state as given below **table-1** with respect to pre defined components/areas.

Table-1: Overall perceptions of Beneficiaries towards Implementation of ICDS Scheme in Andhra Pradesh

Area	N	Min.	Max.	Mean	Mean Percent	Std. Dev.
Anganwadi Facilities	200	5	25	16.33	65.32	2.00
Anganwadi Functionaries	200	12	60	46.87	78.11	4.33
Supplementary Nutrition Services	200	12	60	46.88	78.13	2.34
Immunization Services	200	6	30	23.33	77.75	1.40
Health Checkups Services	200	9	45	34.76	77.24	1.69
Health Referral Services	200	11	55	42.81	77.83	1.51
Pre-school Education Services	200	13	65	48.19	74.13	5.50
Health and Nutrition Education	200	5	25	19.60	78.38	0.84
Overall Perceptions	200	73	365	278.75	76.37	11.52

Source: Survey Data

The **table-1** shows that the beneficiaries expressed high perceptions with respect to the areas viz., Anganwadi Facilities, Anganwadi Functionaries, Supplementary Nutrition Services, Immunization Services, Health Checkups Services, Health Referral Services, Pre-school Education Services, Health and Nutrition Education and Overall Perceptions towards Implementation of Integrated Child Development Services (ICDS) Scheme in Andhra Pradesh state, India. The average for all the areas were 16.3, 46.87, 46.88, 23.33, 34.76, 42.81, 48.19,

19.60 and 278.75 and the mean percentages for all the areas were 65.32%, 78.11%, 78.13%, 77.75%, 77.24%, 77.83%, 74.13%, 78.38%, and 76.37% on their total score.

Research question-2: What is the significant difference among the perceptions of beneficiaries towards Angawadi Facilities based on their demographic variables i.e., Type of Beneficiary, Age, Educational Qualifications, Religion, Caste, Beneficiary Period, Size of the Family, No of Dependents in the family, Number of below 6 years Children in the Family, Father/Husband Occupation, Monthly Family Income.

Further, the researcher has collected data on the perceptions of Beneficiaries based on their demographic variables with respect to Anganwadi Facilities with respect mean, SD, 't'/'F' values and given below table-2:

Table-2: Mean, SD and 't'/'F'- values on the perceptions of beneficiaries based on their demographic variables with respect to Anganwadi Facilities

Variable	Category	N	Mean	Std. Dev.	t/F-value	p-value
Type of Beneficiary	Child Guardian	50	16.42	1.94	0.37 ^{NS}	0.71
	Expectant Mother	150	16.30	2.02		
Age	18-25	89	16.17	2.00	0.76 ^{NS}	0.47
	26-35	99	16.51	1.81		
	36-45	12	16.08	3.23		
Educational Qualifications	Illiterate	10	15.80	2.10	3.66*	0.05
	Primary	18	15.56	2.97		
	Secondary	86	16.22	2.01		
	Intermediate	71	16.59	1.74		
	Degree & above	15	17.00	1.31		
Religion	Hindu	182	16.83	1.90	1.12 ^{NS}	0.26
	Christian	18	16.28	2.83		
Caste	SC	19	16.35	1.92	3.38*	0.04
	ST	156	17.16	2.34		
	BC	25	15.60	2.02		
Beneficiary Period	Up to 1 Year	56	16.39	1.86	6.18**	0.00
	1-3	74	15.72	1.98		
	3-5	45	16.58	2.26		
	Above 5	25	17.56	1.00		

Size of the Family	Up to 3	59	16.31	1.90	1.77 ^{NS}	0.17
	4-6	131	16.43	1.98		
	7 & above	10	15.20	2.66		
No. of Dependents in the family	None	18	18.00	1.68	5.85 ^{**}	0.00
	One	34	15.68	2.20		
	Two	76	16.25	1.85		
	Three & above	72	16.31	1.93		
No. of below 6 yrs. Children in the Family	None	60	16.07	2.03	0.80 ^{NS}	0.49
	One	82	16.39	1.92		
	Two	52	16.60	1.84		
	Three & above	6	15.83	3.76		
Father/Husband Occupation	Unemployed	3	17.00	0.00	4.88 ^{**}	0.00
	Self Employed	24	14.79	1.53		
	Employment	5	16.80	2.49		
	Daily Labour	165	16.50	1.98		
	Business	3	18.00	0.00		
Monthly Family Income	Upto Rs. 5000	153	16.42	2.03	0.85 ^{NS}	0.45
	Rs. 5001 to 10000	23	15.87	1.98		
	Above Rs. 10000	24	16.21	1.82		

Source: Survey Data

From the above table-2, it was observed that the mean perceptual scores of beneficiaries based on their type of beneficiary with respect to Anganwadi Facilities, the mean perceptual scores of Child Guardian was 16.42, whereas it is for Expectant mother was 16.30 and SD values are 1.94 and 2.02 respectively. The 't'-value was 0.37 and the p-value was 0.71, which was not significant. This shows that, there is no significant difference between the perceptions of beneficiaries based on their type of beneficiary and they perceived similar opinion towards Anganwadi Facilities.

With regard to age group, the mean perceptual scores of beneficiaries with respect to Anganwadi Facilities, it was for 18 – 25 years age group was 16.17, whereas it is for 26-35 years age group respondents was 16.51 and it was for 36-45 years age group was 16.08 and SD Values were 2.00, 1.81 and 3.23 respectively. The derived F – value was 0.76 and the p-value was 0.47 which was statistically not significant. This shows that, there is no significant difference among the perceptions of beneficiaries based on their age group and they perceived similar opinion towards Anganwadi Facilities.

With regard to Educational Qualification, the mean perceptual scores of beneficiaries with respect to Anganwadi Facilities, it was for Illiterates was 15.80, whereas it is for Primary education was 15.56, it was for secondary education was 16.22, it was for Intermediate was 16.59 and it was for Degree & above qualified beneficiaries was 17.00 and SD Values were 2.10, 2.97, 2.01, 1.74 and 1.31 respectively. The derived F – value was 3.66 and the p-value was 0.05 which was statistically significant at 0.05 levels. This shows that, there is a significant difference among the perceptions of beneficiaries based on their educational qualification and Degree & above qualified beneficiaries perceived high towards Anganwadi Facilities than that of the rest.

With regard to Religion, the mean perceptual scores of beneficiaries with respect to Anganwadi Facilities, it was for Hindus was 16.83, whereas it is for Christians was 16.28 and SD Values were 1.90 and 2.83 respectively. The derived t – value was 1.12 and the p-value was 0.26 which was statistically not significant. This shows that, there is no significant difference between the perceptions of Hind and Christian category beneficiaries and they perceived similar opinion towards Anganwadi Facilities.

With regard to caste, the mean perceptual scores of beneficiaries with respect to Anganwadi Facilities, it was for SC category respondents was 16.35, whereas it is for ST category respondents was 17.16 and it was for BC caste category respondents was 15.60 and SD Values were 1.92, 2.34 and 2.02 respectively. The derived F – value was 3.38 and the p-value was 0.04 which was statistically significant at 0.05 levels. This shows that, there is a significant difference among the perceptions of beneficiaries based on their caste and ST caste category respondents perceived high towards Anganwadi Facilities than that of the rest.

With regard to Beneficiary Period, the mean perceptual scores of beneficiaries with respect to Anganwadi Facilities, it was for up to 1 year was 16.39, whereas it is for 1-3 years was 15.72, it was for 3-5 years was 16.58 and it was above 5 years was 17.56 and SD Values were 1.86, 1.98, 2.26 and 1.00 respectively. The derived F – value was 6.18 and the p-value was 0.00 which was statistically significant at 0.01 levels. This shows that, there is a significant difference among the perceptions of beneficiaries based on their beneficiary period and beneficiaries who are having above 5 years beneficiary period perceived high towards Anganwadi Facilities than that of the rest.

With regard to Size of the family, the mean perceptual scores of beneficiaries with respect to Anganwadi Facilities, it was for up to 3 members was 16.31, whereas it is for 4-6 members was 16.43 and it was for 7 & above was 15.20 and SD Values were 1.90, 1.98 and 2.66 respectively. The derived F – value was 1.77 and the p-value was 0.17 which was statistically not significant. This shows that, there is no significant difference among the perceptions of beneficiaries based on their size of the family and they perceived similar opinion towards Anganwadi Facilities.

With regard to No of dependents in the family, the mean perceptual scores of beneficiaries with respect to Anganwadi Facilities, it was for no dependents was 18.00, whereas it is for one dependent was 15.68, it was for two dependents was 16.25 and it was three & above dependents was 16.31 and SD Values were 1.68, 2.20, 1.85 and 1.93 respectively. The derived F

– value was 5.85 and the p-value was 0.00 which was statistically significant at 0.01 level. This shows that, there is a significant difference among the perceptions of beneficiaries based on their no of dependents and beneficiaries who are not having dependents perceived high towards Anganwadi Facilities than that of the rest.

With regard to number of below 6 years children in the family, the mean perceptual scores of beneficiaries with respect to Anganwadi Facilities, it was for no below 6 years children was 16.07, whereas it is for one child was 16.39, it was for two children was 16.60 and it was three and above was 15.83 and SD Values were 2.03, 1.92, 1.84 and 3.76 respectively. The derived F – value was 0.80 and the p-value was 0.49 which was statistically not significant. This shows that, there is no significant difference among the perceptions of beneficiaries based on their no of below 6 years children in the family and they perceived similar opinion towards Anganwadi Facilities.

With regard to father/husband occupation, the mean perceptual scores of beneficiaries with respect to Anganwadi Facilities, it was for unemployed was 17.00, whereas it was for self employed was 14.79, it was for Employment was 16.80, it was for daily labour was 16.50 and it was business was 18.00 and SD Values were 1.60, 1.53, 2.49, 1.98 and 1.82 respectively. The derived F – value was 4.88 and the p-value was 0.00 which was statistically significant at 0.01 levels. This shows that, there is a significant difference among the perceptions of beneficiaries based on their father/husband occupation and beneficiaries who are doing business perceived high towards Anganwadi Facilities than that of the rest.

With regard to monthly family income, the mean perceptual scores of beneficiaries with respect to Anganwadi Facilities, it was for Upto Rs. 5000 was 16.42, whereas it was for Rs. 5001 to 10000 was 15.87, and it was for above Rs. 10000 was 16.21 and SD Values were 2.03, 1.98 and 1.82 respectively. The derived F – value was 0.85 and the p-value was 0.45 which was statistically not significant. This shows that, there is no significant difference among the perceptions of beneficiaries based on their monthly family income and they perceived similar opinion towards Anganwadi Facilities.

Findings & Conclusion

- Beneficiaries expressed high perceptions with respect to the areas viz., Anganwadi Facilities, Anganwadi Functionaries, Supplementary Nutrition Services, Immunization Services, Health Checkups Services, Health Referral Services, Pre-school Education Services, Health and Nutrition Education and Overall Perceptions towards

Implementation of Integrated Child Development Services (ICDS) Scheme in Andhra Pradesh.

- It was noticed that, with regard to Anganwadi Facilities, a significant difference was found among the perceptions of beneficiaries based on their socio-economic variables i.e., Educational Qualification, caste, beneficiary period, Number of dependents in the family and father/husband occupation. According to their Educational qualification, degree & above qualified category beneficiaries perceived high, whereas caste, ST category respondents perceived high. According to their no of dependents in the family, beneficiaries who are not having dependents are expressed high perceptions. According to their father/husband occupation, beneficiaries who are doing business are perceived high.
- It was noticed that, no significant difference was found among the perceptions of beneficiaries based on socio-economic variables i.e., Type of Beneficiary, Age, Religion, Size of the Family, No of below 6 years Children in the Family, Monthly Family Income towards Anganwadi facilities and they perceived similar opinion.

From the findings of this study it can be concluded that there is a general lack of knowledge about programme components amongst the Anganwadi workers and mothers. The ICDS programme has to develop an understanding about the service components, its importance and consequences for malnutrition. Nutrition education, health and family counselling, and community discussion are not taking place in the Anganwadi centre as expected thus showing that there are missed opportunities. In addition this has resulted in mothers and other stakeholders being deprived of important information which may have improved children's lives, thus leading to improved child survival and cognitive development. There is an urgent need to evaluate ICDS training provided to Anganwadi workers as well as constant retraining to reinforce critical messages.

References:

- Agarwal, K. N. et al. (2000). Impact of the Integrated Child Development Services (ICDS) on maternal nutrition and birth weight in rural Varanasi. *Indian Pediatrics*, 37(12): 1321-27.
- Akash Malik et al., (2015). An assessment of facilities and services at Anganwadi centers under the Integrated Child Development Service scheme in Northeast District of Delhi, India.
- Barman, Nibha Rani. (2001). Functioning of anganwadi centres under ICDS scheme : an evaluative study. Jorhat, Assam: Assam Agricultural Univ., Faculty of Home Science, Dept. of Child Development and Family Relations. P. 87.
- Sandhya Rani, P. M. (2002). Role of primary health centers in the promotion of nutrition programmes: a study in Andhra Pradesh. Mumbai: Tata Institute of Social Sciences. P. 2.

- Government of India (2012). Children in India 2012- A Statistical Appraisal, Social Statistics Division, Statistics Office, Ministry of Statistics and Programme Implementation, New Delhi, p. 17.