



COMMUNITY PARTICIPATION UNDER ICDS-A STUDY IN ATTAPPADI BLOCK OF PALAKKAD DISTRICT IN KERALA

Dr. Niloufer.M, Dr.Neema Gnanadev

Centre for Development Studies,
School of Health Sciences and Rural Development
Gandhigram Rural Institute (Deemed to be University),
Gandhigram, Dindigul, Tamilnadu.

ABSTRACT

Community Participation is essential to bring about long term and lasting changes in the status of women and children, make the programme self sustaining and more suited to the real needs of the community, and help women to become capable of taking control over their own health and children. The purpose of the study has been undertaken in Attappadi block of Palakkad district, Kerala to probe into the extent of participation and involvement of Anganwadi Workers, Panchayath members, beneficiaries in ICDS programme, to evaluate the involvement of Youth clubs/School teachers/Voluntary organizations in smooth running of the programme and recommend strategies to enhance Community Participation in ICDS Programme. Among 13 blocks in Palakkad district, Attappadi block where infant mortality is high has been selected based on Purposive Sampling. Out of 175 Anganwadi Centres in Attappadi 50 percent of the centres has, been selected on Simple Random Sampling. Problems in involving the community in ICDS services include indifferent attitude of the community, cultural taboos, superstitious beliefs, alcoholism, lack of awareness about the package of ICDS and its benefits for the well being of the community, long distance to reach the ICDS centre and absence of transport facilities, active engagement of women in livelihood activities and inability to find time to attend the meetings.

Keywords: Community Participation, Anganwadi, Panchayath, Beneficiaries, Alcoholism

INTRODUCTION

ICDS remains in the forefront of the efforts of the Government of India and State Government to reduce Maternal Mortality ratio and the death of new born and children less than 6 years of age aiming to reduce Neonatal Mortality thereby achieving child and mother health related Sustainable Development Goals. It is necessary to evaluate the various aspects of ICDS programme and to strengthen the implementation process of

ICDS. The study makes an attempt to assess the extent of Community Participation and isolate the challenges faced in implementation of ICDS in the study area, with a view to suggesting the strategies which can enhance Community Participation and improve service delivery responsibilities.

Review of Literature

The review of literature is an important step in a research and gives an apparent perspective of the overall field of research study. It provides the researcher an opportunity of gaining insight into the method and approaches classified by other's help and help to pursue the future research.

Harpreet Kaur et.al. (2015) analyzed the knowledge level of the Anganwadi workers regarding minor ailments among children in Amritsar district of Punjab, India. Stratified Random Sampling technique is used and 5 Anganwadi workers were selected per each training session.

Patil SB, Dobaile MK., (2013) conducted a study of Profile, Knowledge and problems of Anganwadi workers in ICDS blocks of Aurangabad district. From each block 10% AWWs were selected for the study based on stratified sampling technique. The functioning of Anganwadi workers was assessed by interviewing Anganwadi workers for their literacy status, years of experience, their knowledge about the services rendered by them and problems faced by them. Most of the AWWs were from the age group between 41-50 years; more than half of them were matriculate and 34 workers had an experience of more than 10 years. Majority of AWWs had knowledge of assessment score of above 50%. They had best knowledge about nutrition and health education. About 87.7% of the workers complained of inadequate honorarium, 28.5% complained of lack of help from community and other problems reported were infrastructure related supply, excessive workload and record maintenance. Complaints mentioned by them were chiefly honorarium related and excessive workload.

Anne MacFarlane, Mr. John Hennessy (2004) attempted to formulate a Framework for Implementation of Community Participation in Primary Health Care in Irish Setting. The framework is designed to provide with information about factors that promote community participation in Primary health care, It is based on National and International research about involving individuals and communities in primary health care. Stakeholders include paid and unpaid personnel involved in community groups, community groups, community representatives, general practitioners, HSE service planners, managers and employees working in front-line primary health care services.

Jyothiranjana Sahoo et.al. (2016) conducted a study on Operational assessment of ICDS Scheme at Odisha. Which is one of the states with poor maternal and child indicators and under six malnutrition is 50.5%. The researcher selected three panchayaths of Bhusandapur sector with 36 AWCs. Manpower resource, Material resource and functional aspects of AWC are the sources for the collection of information. Data was collected using a semi-structured questionnaire and checklist. Qualitative enquiry had done among Anganwadi Workers

(AWWs) about various components of their day to day activities; problems faced in executing their duties that could be related to infrastructure issues, logistics, human resource constraints etc.

Rekha Rachel Philip., KrishnapillainVijaykumar et al.,(2015) analyse the prevalence of under nutrition among tribal preschool children in Wayanad district of Kerala and assess the factors associated with variation in nutritional status. Cross-sectional survey was conducted among 438 tribal preschool children in 10 clusters of Wayanad district of Kerala. Height, weight, mid-arm circumference and hemoglobin level were measured. Children more than two standard deviations (SDs) below the standard median of World Health Organization Multi Centric Growth Reference Study were considered underweight (weight-for-age), stunted (height-for-age) and wasted (weight-for-height) respectively.

RESEARCH METHODOLOGY

Statement of the Problem:-

ICDS is the foremost symbol of India's commitment to children and response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. This is reflected in the emphasis on heightened awareness of mothers, change in attitude, beliefs and practices. The choice of having anganwadi workers (AWWs) at the grass-roots level as a voluntary worker makes it a scheme of the people. This would facilitate acceptance of the programme and the participation in it. After more than 40 years of rich experience, a paradigm shift is required in the ICDS programme with a framework restructured to suit the current needs which would not only hasten the universalization of ICDS with quality but also to intensify measures to achieve the objectives of the programme with Community Participation in the scheme is therefore essential to endure that ICDS is a programme where government and people are partners in development.

Community Participation is essential to bring about long term and lasting changes in the status of women and children, make the programme self sustaining and more suited to the real needs of the community, and help women to become self reliant and become capable of taking control over their own health and children.

Objectives:-

It is imperative to assess community participation in ICDS programme in the light of the following objectives; these are, to analyse the Socio-economic status of the selected respondents, to study the programme implementation in terms of coverage, outreach, co-ordination and convergence, to identify the problems in the health and nutrition related activities under ICDS in the study area, to assess the Community Participation in the

health and nutritional services of ICDS, to identify the challenges faced by the functionaries in promoting community involvement under the scheme in the study area.

HYPOTHESES

- There is no association between literacy status of the beneficiaries and participation in referral services
- There is no association between participation of women in meeting and nutrition education
- There is no association between distance and participation in supplementary nutrition
- There is no association between Awareness level of the beneficiaries and immunization services.

Multistage Random Sampling

Stage	Selection of Units	Reasons
I stage	District - Palakad	In the case of Child Sex ratio, third rank held in Census 2011.
II stage	Block -Attapadi	Prevalence of High malnutrition death among children
III Stage	Selection of Anganwadi centres	All the three panchayats under Attapadi block –Agali, Pudhur and Sholayur - are covered in the study. Out of 175 centres 50 per cent of the centres (88 centres) were selected
IV stage	Selection of beneficiaries	Out of 5200 beneficiaries, 10 per cent of the beneficiaries based on systematic random sampling was selected

Sample size of the study is 638. The beneficiaries, Anganwadi workers and Community leaders/Health Personnel were interviewed by using interview schedule. Three interview schedules bearing on the objectives of the study were prepared.

Tools for data collection

The beneficiaries, anganwadi workers and Community leaders/Health Personnel’s were interviewed by using Interview schedule.

ANALYSIS AND DISCUSSION

The chapter encompasses three sections. Section ‘A’ portrays the socio economic profile of the beneficiaries. Section ‘B’ gives an account of the functional status of the Anganwadi centres in the study area. Section ‘C’ deals with Community Participation.

Marital Status of Beneficiaries

Marital status	Number of beneficiaries	Percentage
----------------	-------------------------	------------

Married	329	61.54
Separated	120	23.08
Divorced	40	7.69
Widowed	40	7.69
Total	520	100

Marital status of the beneficiaries depicted in the table shows that majority of the beneficiaries

Source: Field data

Marital status of the beneficiaries depicted in table 4.2 shows that majority (61.54 per cent) of the beneficiaries are married followed by separated women (23.08 per cent). Women headed households including both divorced and widowed who badly need ICDS services constitute 15.38 per cent in the study area.

Education Level of Respondents:-

Educational level	Number of beneficiaries	Percentage
Illiterate	186	35.76
Primary	160	30.76
Secondary	122	23.46
Higher secondary	44	8.46
Above Higher secondary	8	1.56
Total	520	100

Literacy level of the community is a significant factor which influences participation level of the people in the development process. Lack of education of Parents reflects the poor educational development of their children.

The major barriers of attaining good education are as follows:

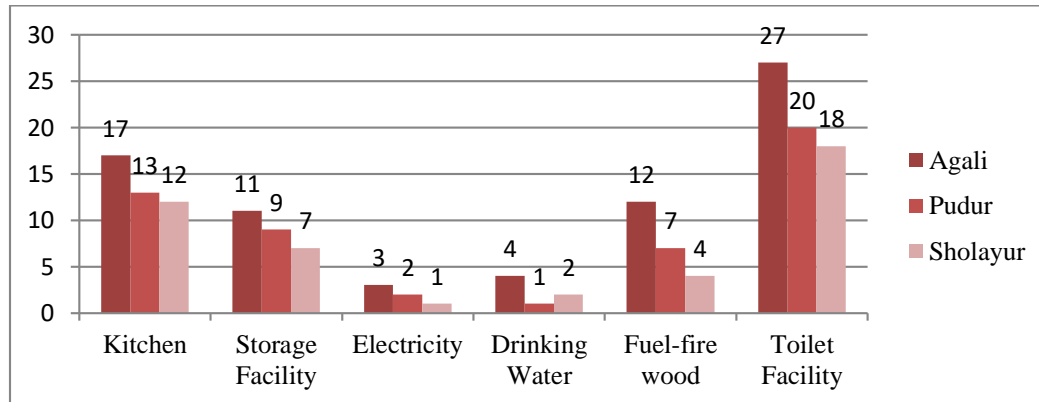
- The inaccessibility to reach the schools from tribal settlements,
- Language barrier
- Cultural barrier,
- Lack of sensitive tribal functionaries,
- Poverty in the tribal hamlets

Poor Infrastructure of the Anganwadi Centers (in percent)

Infrastructure	Agali	Pudur	Sholayur
No building	62.50	67.86	60.71
No drinking water	87.50	96.43	92.89
No electricity connection	90.62	92.86	96.43
No toilet	15.62	28.57	35.71
No separate kitchen	46.87	53.57	57.14
Storage facilities	85.62	67.86	75.00

Among the infrastructural facilities of the Anganwadi Centres in Attappadi, electricity and drinking water facilities were very poor calling for urgent attention. Around 90.62 percent of the centers in Agali block, 92.86 percent in Pudur and 96.43 percent of Anganwadi centres in Sholayur block exist without electricity facility.

Availability of Physical infrastructure



Awareness level of the women beneficiaries and immunization services availed in Agali Block

Awareness level	Availed	Not availed	Total
High	13 (92.56)	1 (7.14)	14 (100)
Medium	30 (40.54)	44 (59.46)	74 (100)
Low	14 (12.50)	98 (87.50)	112 (100)
Total	57 (28.50)	143 (71.50)	200 (100)

It is found from the table that 92.56 per cent of the respondents with high awareness about ICDS availed immunization services while only 12.50 percent with low awareness availed the immunization services.

Hypothesis 1

There is no association between awareness level of the women beneficiaries and immunization services availed in Agali block.

Awareness level of the women beneficiaries and supplementary nutrition received in Pudur Block

Awareness level	Received	Not received	Total
High	8 (72.73)	3 (27.27)	11 (100)
Medium	15 (37.50)	25 (62.50)	40 (100)
Low	15 (13.76)	94 (86.24)	109 (100)
Total	38 (36.25)	122 (63.75)	160 (100)

It is observed from the table that 72.73 per cent of the respondents in Pudur block with high awareness about ICDS availed Supplementary nutrition services and the majority (86.24 per cent) of the beneficiaries who did not avail the supplementary nutrition services had low awareness about ICDS.

Hypothesis 5

There is no association between awareness level of the women beneficiaries and supplementary nutrition received in Pudur block.

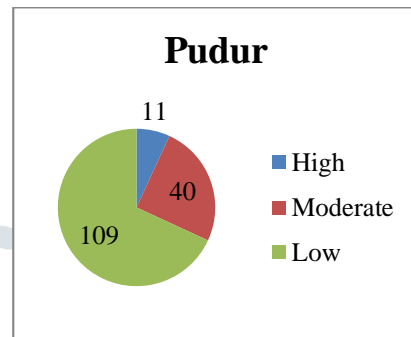
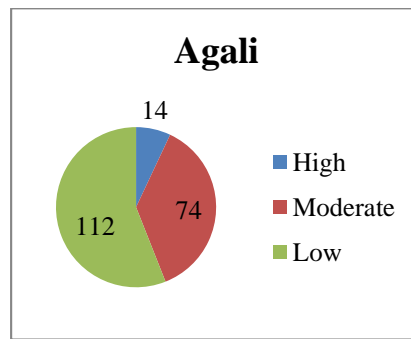
Literacy level of the women beneficiaries and referral services availed in Agali block

Literacy level	Availed	Not availed	Total
Illiteracy	8 (12.90)	54 (87.10)	62 (100)
Literacy level	59 (42.75)	79 (57.25)	138 (100)
Total	67 (33.5)	133 (66.5)	200 (100)

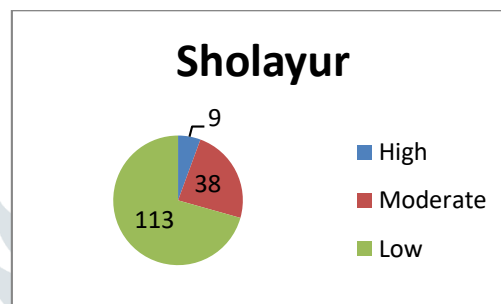
It is observed from the table that 42.75 percent of the literate respondents in Agali block availed referral services while only 12.90 percent of the illiterate respondents availed the referral services. The table also reveals that majority(87.10 percent) of the respondents who did not avail the referral services were illiterates.

Hypothesis 8

There is no association between literacy level of the women beneficiaries and referral services availed in Agali block. The results reveal that the calculated value 17.12 is higher than the table value 3.84 at 5% level of significance and hence the hypothesis is rejected. It is therefore concluded that there is association between literacy level of the women beneficiaries and referral services availed in Agali block.



Awareness level of the beneficiaries about the package services under ICDS



Problems/Issues in Community Participation:

Problems	Number	Percentage
Indifferent attitude of Community	40	7.69
Lack of awareness	205	39.42
Superstitious belief, Cultural taboos	15	2.88
People have no time to attend	80	15.38
Long distance to reach the centre and lack of transportation facility	180	34.61
Total	520	100

The built-in element of Community participation, ICDS in Attappadi block over several years of its operation has not been able to involve the Community to the desired level. The present study indicates that the beneficiaries have less awareness about the scheme, its components and possible benefits.

FINDINGS AND RECOMMENDATIONS:-

- Majority of the respondents are in the age group of 25-45

- On the whole 76.14 per cent of the Anganwadi Centres are run in own building as against 21.59 percent run in rented buildings. The building is rented by the community and rent is paid by the Panchayath.
- Drinking water facility is awfully low in the study areas. Hardly about 7 percent of the anganwadi centers have drinking water facilities.
- Field level discussion reveals the following factors are responsible for not celebrating the important days
 - Lack of cooperation among the beneficiaries
 - Low level of People's Participation
 - Lack of awareness
 - No time for AWWs to organize the programme
 - Problem with higher functionaries, officials, and
 - Paucity of funds.

The Reasons for not sending children to the AWCs are as follows:

- ❖ Lack of interest of Children and parents
- ❖ Long distance from their ooru(place)
- ❖ Road is not accessible
- ❖ No proper supplementary food is supplied to the children
- ❖ Tribal people have their own taboos and culture in remote areas

Some of the Recommendations to improve the functioning of ICDS and promotion of Community Participation are;

- ✓ Activities need to be refocused on the most important determinants of malnutrition.
- ✓ Greater Convergence in health sector, and in particular the Reproductive and Child Health(RCH) program would help tremendously in this regard;
- ✓ Activities need to be better targeted towards the most vulnerable groups(children under three and pregnant women)
- ✓ There should be increased emphasis in ensuring the participation of tribal women in the meetings of Panchayath all levels, as they suffer from inferiority complex to participate in the activities of ICDS.

Reference:-

- **Boraian M.P.**, *Community Development; An outreach approach*. Anmol Publications, Pvt Ltd. New Delhi. 2008
- **D.K Gupta.**, *Encyclopedia of Child Development (Set of 3 Volumes)* Omega Publications; New Delhi-110002; 2010
- **Devendra B. Gupta & Anil Gumber.**, “*Concurrent Evaluation of the Integrated Child Development Services (Vol.1)*”: National Council of Applied Economic Research (NCEAR); Research on ICDS; An Overview, Vol. 3, National Institute of Public Co-operation and Child Development, New Delhi., 2001
- **Dr. Sulochana Vasudevan., Meenakshi Sood.**, “*Research Abstracts on ICDS 1998-2009*”; Documentation Centre for Women and Children; National Institute of Public Co-operation and Child Development 5, Siri Institutional Area; HauzKhaz, New Delhi. 1998-2009.

- **Shahin Razi.**, *Women Driving Force of Development*; Kurukshetra (A journal of Rural Development) Vol. 66 (11), Sep 2018.
- **ShanthiGhosh.**, “*Integrated Child Development Services-Need for Reappraisal*”, Journal of Indian Pediatrics; View Point, Vol.34.,1997.
- **Sharma A., Guptha S.**, “*A study on impact of ICDS on health and Nutritional status of Children*”; Indian Journal of Maternal and Child health; Vol. 4(1); 1993
- **SusmithaBharathi., Pal M., Bharathi P.**, “*A study on Determinants of Nutritional Status of Pre-school children in India*”; Journal Biosocial Science; Vol.40 (6), 2001.
- **Thakare Meenal M, Kuril BM, Doibale MK et al.**, “*Knowledge of Anganwadi worker and their problems in an Urban ICDS block*”, Journal of Medical College, Chandigarh, Vol.1 (1), 2010.
- www.jstor.org retrieved on 01/11/2018
- www.wcd.nic.in retrieved on 01/11/2018
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5296463> retrieved on 22.09.2018
- <https://sjd.kerala.gov.in/scheme-info.php?scheme> retrieved on 25.09.2018
- planningcommission.nic.in/reports/peoreport/peoevalu/peo-icds-v1.pdf retrieved on 01/08/2016

