

**CHAPTER II**  
**RESEARCH METHODOLOGY**

## CHAPTER II

### RESEARCH METHODOLOGY

---

#### 2.1 SELECTION OF TOPIC

The Integrated Child Development Services Scheme is the largest single programme of child development. It aims at providing services to pre-school children in an integrated manner so as to ensure proper growth and development of children in rural, tribal and slum areas.

After Independence, successive Five Year Plans have laid special emphasis on providing at least minimum health facilities integrated with family welfare and nutrition for women and children, side by side with the acceleration of health and nutrition education for women.

The two most vulnerable groups in the slums are children and women. Mostly illiterate, the women struggle by day to complete the household work and earn some petty income outside the home before they nearly collapse by nightfall from exhaustion. Often the men take to alcohol to escape their own drudgery. Family life in the slum seldom stands up to all this pressure, not to mention the acute inadequacies in the physical environment, in shelter, lighting, water and ways to dispose off waste. According to 1991 estimates, India has 63 per cent the most malnourished children and there were

*126 child deaths per 1,000 births in India.<sup>1</sup>*

It is high time to pay much attention to the services which are relevant to child development to reduce high infant-mortality rate (IMR), high levels of morbidity, high incidence of malnutrition and low literacy rates. Thus, this is the overall situation of India.

At present in Kolhapur city, 100 Anganwadi Centres are run under ICDS scheme. The scheme provides supplementary nutrition, immunization, nutrition and health education to pregnant women, pre-school education to children, water supply and sanitation. The rapid growth of the city has inevitably resulted in the growth of population of the slum dwellers day by day. So, these people have to tackle psychological, physical and social problems.

The present study has been undertaken for the purpose of understanding the socio-economic condition of the slum-dwellers and the impact of Integrated Child Development Services scheme on them.

## 2.2 TITLE

'A Study of Integrated Child Development Scheme  
in Kolhapur'

### 2.3 OBJECTIVES OF THE STUDY

- (i) To assess the effects of health programmes given under ICDS on children and mothers.
- (ii) To study the facilities given under ICDS to children from 0 to 6 years and to expectant and nursing mothers.
- (iii) To know the reactions of the beneficiaries towards auxiliary facilities provided under the scheme.
- (iv) To study the extent of benefits derived from the programme by the beneficiaries.
- (v) To investigate the procedural lacunae, if any, in getting benefit from the programme and suggesting ways to simplify the procedure.
- (vi) To make suggestions to the Government with a view to improvement of the scheme.

### 2.4 SIGNIFICANCE OF THE STUDY

The study is expected to yield information about the new ways and means to improve the working of the Integrated Child Development Services scheme. The advisers and planners at the national level may be benefited from the findings so as to introduce necessary changes in the existing approach to make the scheme more effective.

The findings may also help the researchers

in having adequate information about the various aspects of the scheme, in order to do further research. It is apt to further enlighten the administrators and planners about the shortcomings, if any, in the appropriate selection of beneficiaries and the procedural lacunae in getting benefits from the programme. The study will be also useful to know its effectiveness at the implementation level.

## 2.5 UNIVERSE OF THE STUDY

The study was conducted in Kolhapur city. The sample of the respondents was drawn from Rajendranagar slum where five Anganwadi Centres are run under the ICDS scheme.

*In Kolhapur city, there are 57 slums covering a population of 1,06,409. There are a hundred Anganwadi Centres under the ICDS scheme in the city. The total number of beneficiaries under ICDS is about 14,637 and out of them 8,239 are under nutrition service of the ICDS scheme in the year of 1992-93.<sup>2</sup>*

The above statistics is related to Kolhapur city as a whole. Coming to the area of investigation, i.e., Rajendranagar slum, there are five Anganwadi Centres. The total population of the slum dwellers is 6,500. There are 500 beneficiaries under the said scheme and the researcher has applied random sampling method and

selected at random 25 per cent of samples out of 500 total beneficiaries which constitutes to 125 respondents. The sample respondents are split into two groups as respondent fathers and pregnant and nursing women. The total number of respondent fathers is 74 and the total number of women respondents is 51.

## 2.6 SAMPLING PROCEDURE

The random sampling method and its actual application has been discussed above. The procedure was applied to five Anganwadi Centres of Rajendranagar slum and Anganwadi-wise beneficiaries were calculated as shown in the below mentioned table:

S.No.	Anganwadi Centre No.	Total Respondents
I	26	30
II	27	25
III	28	20
IV	88	30
V	94	20
<u>Total:</u>		<u>125</u>

## 2.7 METHODS OF DATA COLLECTION

### 2.7.1 Interview Schedule

Since the ICDS beneficiaries for the present study were mostly illiterate, the researcher used Interview Schedule as a tool of data collection consisting of

structured and open ended questions.

The available literature, manual of ICDS and officials of the ICDS project were consulted while preparing the Interview Schedule. The Preliminary Schedule was tried out on a random sample of 10 male/female respondents to find out its suitability, coverage and utility of information. It consisted of five parts such as personal information about respondents, information about the child beneficiaries, the pregnant women beneficiaries, nursing women beneficiaries and the information about the other women beneficiaries from the age group of 15 to 45 years.

#### RATIONALE OF USING INTERVIEW SCHEDULE AS A

#### METHOD OF DATA COLLECTION FOR THE PRESENT STUDY

In the present study as well as in the similar studies conducted earlier, the Interview Schedule as a method of data collection has been used because of the following reasons:

- (i) An interview schedule is highly suitable for getting the information from the illiterate and less educated respondents after creating a personal rapport.
- (ii) The investigator can clarify the meanings of the question in case, if it is not understandable to the respondents.

- (iii) The investigator can create a congenial atmosphere for seeking the right responses and can make any enquiry or cross questioning in case of some doubts about respondents.
- (iv) By using interview schedule the investigator can establish contacts with the respondents and get to know about their moods and the way in which the information is being supplied.
- (v) The investigator can also establish good rapport with the respondents to obtain their free and frank responses.

More or less, this was the only suitable tool for the collection of information with the researcher. Hence, the rationale for using the personal interview schedule method in the study.

#### 2.7.2 Narrative Interview

The researcher used Narrative Interview method to collect information relevant to the present study. For this purpose, he personally interviewed the officials of the ICDS scheme. Thus, the data collected is reliable and dependable which enables the investigator to assess the attitudes of the respondents concerned. It is possible to have probing questions and find out the mood in which the person is answering the questions. It thus becomes very easy to test the veracity of facts and thereby appropriate conclusions can be drawn.



As the present study does not have reliable, dependable printed and published materials, the researcher has no alternative but to depend more on Narrative Interview method.

#### 2.7.3 Observation Method

As it was found necessary to make use of the Observation Method, the researcher himself visited the field to investigate the problems and avail himself of first-hand information about the problems which are under study. The researcher assessed the situation and followed Participation Observation Method of group work by actively remaining in the midst of the respondents and thus established rapport with them. This helped the investigator and vice versa for better understanding.

In this manner, after completion of data collection the total data has been statistically processed in the form of tables which were analysed later.

#### 2.7.4 Limitations of the Study

The study was carried out with the following limitations:

- (i) The findings of the study are based on the expressed opinions of the respondents. Although every effort was made to secure accurate information from the respondents, the possibility of a respondent giving biased information cannot be completely ruled out since vital information

could have been kept back.

- (ii) The present study is conducted in Kolhapur city only. The data collection by the investigator is restricted to one of the small areas of Kolhapur city known as Rajendranagar slum pocket, where the sample drawn is also of a small quantity. This being the case, the conclusions and inferences drawn may contain some percentage of error. Hence, the investigator feels that such conclusions of the present study may not be justifiable to apply to the rest of the states.
- (iii) Due to illiteracy of the respondents, the researcher found that, some questions were not answered confidently by them and it affected to some extent in getting more information on ICDS implementation.

#### 2.7.5 Duration

The initial period of ten months was spent in reading as much as possible available materials on Child Development Services schemes. Simultaneously review literature was collected in order to be upto date with the other research works which had been done on child development programmes.

A period of three months later was devoted to adjustment, understanding and establishing rapport so that proper co-operation and better communication

could be ensured. Thus, it formed the base of rough schedule which was used for pilot study. During the same period from time to time the necessary modifications were made in the schedule in order to formulate the final schedule.

The next seven months were taken to see the respondents according to the time convenient to them in order to fill the schedules. At the same time, observations were being made side by side.

In this way, after collection of data, it was tabulated and analysed and various findings and observations were made. The last four months were devoted for compiling of the whole research work.

#### 2.7.6 Report Writing

Report writing is an important and fundamental stage of research. The present report is arranged in the Chapter-scheme mentioned below:

- I. Introduction
- II. Research Methodology
- III. Statistical Tables and Interpretation
- IV. Conclusions and Suggestions.

#### 2.8 REVIEW OF LITERATURE

Prabhakar, R. (1955)<sup>3</sup> in her study on women working in a stone quarry, found that mostly young couples who have migrated from villages are employed in this

type of work. About 59 per cent of the women having children below the age of six months carry them to the workplace. The mothers were found to be generally inattentive or unable to attend to their children. In 25 per cent of the cases, older children looked after the younger ones and played nearby.

Grover, S. (1962),<sup>4</sup> has reached the conclusion in studying married working women in government and semi-government offices in Delhi, that women take up work in order to support the family or supplement income until it is sufficient for the family. Forty-two per cent out of 60 per cent women having children felt that they were doing justice as mothers, while 18 per cent felt that by taking up a career they were not doing justice as children were neglected and were running greater risk of their being spoilt. A sizable section, i.e., 60 per cent of the total sample, was of the view that they could not give the required attention to their children and thus deprived them of some love and affection. In spite of this, these women worked because of economic pressures and they felt that if they did not work, their children's economic needs would not have been met satisfactorily.

Singhal, M. (1968),<sup>5</sup> while studying working women in selected areas of Delhi, found that joint families provide favourable conditions for women to go out

for work because household duties and child care responsibilities are shared by other female members in the house. But the age of the child is an important factor. Women having children less than five years of age (56 per cent of the total sample) and working away from home for 7 to 9 hours or more in full time employment have to bear the heavy strain of the double responsibility. In nuclear families the child care responsibility is a big problem especially for women working in factories, Kharia (chalk) and stone quarries. Almost all women having pre-school children, and engaged in different occupations - factory (44 per cent), Kharia (38 per cent) and stone quarries (42 per cent) complained that there were no alternative arrangements for child care and suggested the provision of Balwadis or creches near their workplace.

Longania, S. (1969),<sup>6</sup> has studied the problems of husbands of working wives. He emphasized the advantages of joint families over nuclear families and felt that middle class nuclear families virtually have to sacrifice household work at the altar of some monetary gain. Their justification for this lies in the fact that their survival and maintenance of their standard of living depend on their joint income. The study further revealed that in high income groups, husbands of working wives were not satisfied and felt that working mothers

could not spend sufficient time with their children, leading to their neglect and consequent delinquent behaviour. It was also found that couples in low income groups rely more upon their relatives for child care while those in high income group could employ servants.

Chandrasekhar, S. (1970),<sup>7</sup> remarked, in India, 41 per cent of the population is of below 15 years age group and there are just not enough resources for its care. In a country that is too poor to look after all its children properly, the preventive aspect of paediatrics is more important. Where mothers don't get the nourishment necessary during pregnancy, the new-borns will be puny and more susceptible to nutritional discrepancies and infectious diseases. Our infant mortality rate is more than 100 per 1,000 live births compared with 15.25 in the advanced countries. The causes of infant mortality may be classified as under:

- (i) Infantile debility and malnutrition covering cases of marasmus, rickets and anaemia
- (ii) Convulsions
- (iii) Prematurity and congenital malformations
- (iv) Respiratory diseases among which bronchitis and pneumonia predominate and,
- (v) Diarrhoea, colitis, enteritis and gastro enteritis.

Khandekar, M. (1974),<sup>8</sup> in her analysis of the reasons for dropping out from school, in Bombay found that, out of 390 respondents, 162 (41.5 per cent) indicated the inability of their parents to continue providing necessary clothes, books, stationery etc. as the principal reason.

We do see that, many programmes fail to make any appreciable impact on problems they are not meant small when their coverage should be extensive because of the continental size of our country if not for anything else. Instead of keeping projects to small proportions, we should see how they could be expanded once they are past the experimental stage. Research studies, too, highlight the problem of inadequate manpower for welfare services.

The methods of pre-school education will help significantly in realising the ICDS objective, viz., 'to lay for proper psychological, physical and social development of the child'. Therefore, there is a very real need for Anganwadi Workers, District Social Welfare Officers, CDPO and other functionaries to understand the concept and methods of pre-school education so that pre-school programmes can be effectively implemented.

The nation's children are supremely important asset. Their nurture and solicitude are our responsi-

bility. Children's programme should find a prominent part in our national plans for the development of human resources so that, our children grow-up as robust citizens physically fit, mentally alert and morally healthy, endowed with the skills and motivations needed by the society.

UNICEF (1977),<sup>9</sup> has suggested that, children who survive the first month of life but die before they complete one year, usually succumb to post-natal influences such as the various epidemic diseases, diseases of respiratory system, faulty feeding and environmental factors which are largely attributed to preventive causes, i.e., factors associated with environmental conditions.

The Public Accounts Committee of the Lok Sabha submitted its 128th report. The target of its criticism was the Integrated Child Development Scheme (ICDS), "Too ambitious" was its verdict and it advised the organisers to prune the scheme commensurate with the limited available resources in both money and personnel.

Rajendran, M.M., Joint Secretary in the Department of Social Welfare, Government of India (1978),<sup>10</sup> has mentioned briefly the shortcomings of the programme and the directions in which improvements are possible. The enthusiasm among the villagers has not yet been channelised to achieve sustained involvement of the community. At the grassroot level, the 'Anganwadi Worker'



has to shoulder all the responsibility for implementation though it had been originally envisaged that gradually village level voluntary organisations should be able to take over the functions of the 'Anganwadi Workers'. It is necessary to make it a people's programme so that, the village community can take over the responsibility for many of the functions. An important fact that has come to light is the difficulty in reaching the children below three who are really the most vulnerable section among the children. There are various reasons for this but it is necessary to evolve a suitable strategy for reaching these children, as investment of resources on them is even more rewarding than children in the higher age group.

Sankaran, B., Director General of Health Services, Government of India (1978),<sup>11</sup> has written that, the idea of people's participation as far as health service is concerned, have been adequately implemented and this vast resource has hardly been tapped to the desired extent. As people's expectations from health services increased the need for strengthening country's health services was recognised and subsequently the need for enlisting people's active participation assumed great importance.

Henderson Julia (1978),<sup>12</sup> says, Governments are likely to make many resounding policy statements but

the fulfilment of these plans will constantly be curtailed because of an economic or political crisis, a flood, a plague of locusts or a civil war.

With such massive numbers of children living in countries where poverty, disease and illiteracy are still the lot of a majority of the population, it is hardly realistic to expect the great improvements in meeting the basic needs of children will take place in the short run.

Sankaran, B. (1979),<sup>13</sup> quoted, "Happy child - A Nation's pride, A healthy child - A sure future". None could take exception to these soul-lifting slogans about citizens in the offing. But what is the state of the child born today?

The problems we face in the management of the child who is born today, it is observed, are that 35 to 40 per cent of children born in most parts of this country are born with a low birth weight of below 2.5 kg. The survival of such children is certainly much less than a child born healthy and above 2.5 kg.

The CAG Report (1988),<sup>14</sup> conducted a study on evaluations of the Integrated Child Development Services scheme in the seven projects in Assam found that, as many as 3,055 Anganwadi centres were supplied with first-aid boxes which had no medicines and instruments required for the purpose of first-aid, while out of 11,257 medicine

kits supplied by the Central Government during 1987-88, more than 1,350 kits were lying idle in the stores or in the offices of the District Social Welfare Officers of the State.

Joshi, Uma (1992),<sup>15</sup> in her article on 'Revamping the Integrated Child Development Scheme' has studied the scheme. She further stated that, ICDS should be revamped strictly on a time-bound basis and it should be subjected to constant reviews by different agencies including the Planning Commission time to time. Training Programmes should be restructured on the basis of involving community participation. She also has pointed out that according to the report of the Comptroller and Auditor General of India, submitted to the Parliament and various documents published by the National Institute of Public Co-operation and Child Development, the Scheme ICDS has failed to achieve the desired targets. This is mainly due to inadequate understanding in fixing the intersectoral priorities. Deficient training of functionaries is also one of the reasons.

Kashyap, Samudra Gupta (1993),<sup>16</sup> in his article on 'Bungling Wrecks ICDS in Assam' has noted that, almost 91 per cent of the centres in the three projects, Udalguri, Boko Bongaon and Baska in Assam State did not have any provision for supply of safe drinking water to the children and expectant mothers, despite the fact that, the provision

for safe and protected drinking water is an important component of the ICDS Programme to reduce the incidence of mortality, morbidity and improvement of nutritional and health status of the children and mothers.

He has pointed out that, the CAG report (The Comptroller and Auditor General of India) mentioned that, in one project (Paschim Nalbari) there were 659 severely malnourished children, but these cases were not referred for treatment, in these other projects the children have not been categorised into malnourished and severely malnourished groups.

UNICEF (1993),<sup>17</sup> according to a report published by UNICEF in The Progress of Nations every year in India and China 'fifty million babies are born' and 40 million of them are immunised against measals before their first birthdays.

It is very clear from the report that, UNICEF is miles ahead in its national achievements in child survival, health, nutrition, education, family planning and progress for women. In Indian context the services rendered by the Organisation had been tremendous in its advancement. It must also be admitted that, the Indian Government is rather disinterested in its pursuit in child welfare by not taking this issue on the political agenda of India. The Panchayats if they are asked to do this task, they could play a major role in working

for the betterment of children.

The percentage of malnourished children in India is about 63 per cent which needs more efforts to be put into at Government level alongwith the other voluntary organisations like UNICEF, WHO and IUCW.

SAARC Summit (1993),<sup>18</sup> The Seventh SAARC Summit (Dhaka, April 1993), has reviewed resolution on children held at Colombo (SAARC Conference on Children, September 1992). The SAARC countries discussed in depth the welfare of the children and urged all the member-states to implement many welfare activities for the development of the children. The excerpts of the Dhaka SAARC Summit are as below:

*Reaffirming their commitment to accord the highest priority to child survival, protection and development, the Heads of State or Government noted with satisfaction that all Member States had completed their National Plans of Action on Children. They reiterated their call at the Colombo Summit to continue to ensure coordinated follow-up action by Member States on their respective plans.*

*The Heads of State of Government endorsed the Colombo Resolution on Children adopted by the Second SAARC Ministerial Conference on Children held at Colombo in September 1992 and urged Member States to implement programmes as appropriate in their respective national context, to achieve the illustrative goals embodied in the Resolution,*

*and the goals of the SAARC Plan of Action on Children.*

*The Heads of State or Government noted in particular the need to take effective measures to protect children against all forms of neglect, cruelty and exploitation and agreed to promote cooperation among Member States in devising such measures.*

## 2.9 OUTLINE OF THE STUDY

The present study attempts to examine the effectiveness of ICDS scheme in Kolhapur city by evaluating the implementation of the scheme. Therefore, efforts were made to assess the effects of health programmes, facilities given under the scheme, reactions of the beneficiaries, the extent of benefit derived from the programme and procedural lacunae. Taking these objectives into consideration, the data were collected, consolidated and analysed. The entire study is presented in four chapters, the outline of which is mentioned below:

CHAPTER I deals with the Statement of the Problem, History of Child Care Services in India, Child Development Services after Independence, Integrated Child Development Services Scheme, Mechanism of ICDS, the ICDS in Kolhapur city and Rajendranagar slum pocket.

CHAPTER II highlights the Methodology adopted in the present study which includes, Selection of Topic, Title of the Study, Objectives of the Study, Significance

of the Study, Universe of the Study, Sampling Procedure, Methods of Data Collection and Processing and Review of Literature.

CHAPTER III explains Statistical Tables and Interpretation which includes Personal Characteristics of the Respondents and Implementation of the ICDS scheme.

CHAPTER IV summarises the Conclusions and Suggestions on the improvement of the ICDS functioning in the area under consideration. The Structured Interview schedule used for the purpose of data collection and pictorial view of ICDS appear as Appendices and the dissertation concludes with a comprehensive Bibliography which includes Books, Periodicals and Newspapers.

#### NOTES AND REFERENCES

- 1 UNICEF, future 29-30: Missing links (1993), p. 4.
- 2 Information received from Department of the Slum, Kolhapur Municipal Corporation and the Office of the ICDS City Project, Kolhapur.
- 3 Prabhakar, R., 1955. Thesis: A Study of Hundred Rajasthani Scheduled Caste Women Working in a Quarry in Delhi, University of Delhi.
- 4 Grover, S. (1962). Thesis: A Study of Career Women, University of Delhi.

- 5       Singhal, M., 1968. Thesis: A Socio-economic  
Study of Working Women in a Selected Village  
of Delhi, University of Delhi.
- 6       Longania, S., 1969. Thesis: Study of Problems  
of Husbands of Working Wives, University of  
Delhi.
- 7       Chandrasekhar, S., 1970: The Hindu: Priority  
for Health Education.
- 8       Khandekar, M., 1974. Indian Journal of Social  
Work: A Study of Drop-outs, Vol. 34, p. 378.
- 9       UNICEF, 1977. Statistical Profile of Children  
and Youth in India, Report, New Delhi, p.11.
- 10      Rajendran, M.M., 1978. Swast Hind: Integrated  
Approach to Child Development Central Health  
Education Bureau, New Delhi, p. 294.
- 11      Sankaran, B., 1978. Swast Hind: Health Situation  
in India, Vol. 22, p. 308.
- 12      Henderson, Julia., 1978. People: A Crusade  
for Children, Report, Vol. 5, International  
Planned Parenthood Federation, London.
- 13      Sankaran, B., 1979. Deccan Chronicle: A Health  
Child - A Sure Future, May 27, Hyderabad, p.4.
- 14      Indian Express, Pune, 1988, p. 9.
- 15      Joshi, Uma, 1992. Yojana: Revamping the Integrat-  
ed Child Development Scheme, December, p. 25.



- 16     Indian Express, Pune, January 1993, p. 3.
- 17     Ibid., Sept. 1993, p. 9.
- 18     UNICEF, 1993. Future 29-30. The SAARC Process  
for Children: Dhaka Declaration (April, 1993),  
Colombo Resolution (September 1992), Future  
Desk, UNICEF (India), New Delhi, pp. 40-44.