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Study on Nutrition and Child Development

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Abstract – The Integrated Child Development Services (ICDS) system, initiated by the Government of India for early childhood care and creation, is a special, robust and the world's largest network. It aims to improve children's survival and all-round growth, especially for the poorer and most disadvantaged parts of society. For infants, pregnant women, nursing mothers and teenage girls, the ICDS scheme initiated in 1975 is discussed in near collaboration with health facilities to enhance the health condition and overall welfare of children and other beneficiaries. It delivers an interconnected bundle of six programmes, since the usefulness of a given programme relies on the assistance it gets from the linked programmes. The ICDS has grown dramatically in its reach and reach over the years after its conception in 1975, and is still one of the greatest and most special needs of a child in the world. Since the inception of the ICDS project in 1975, three phases of expansion have been carried out from time to time throughout the world.

Keywords – Infant Education, Comprehensive Child Development Programs (ICDS), Programs for Child Development.

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INTRODUCTION

Children are our nation's most precious and main commodity on which this country's prosperity depends. For their all-round development, proper rear and care from childhood is therefore quite necessary. India has the highest number of children in the world at present. According to India's 2011 census, the infant population in the 0-6-year age group is 164.5 million and comprises 13.12 percent of the overall population. Again, 14.5 and 16 of the overall SC and ST population (Primary Census Abstract Scheduled Castes and Scheduled Tribes, 2011) was the number of Scheduled Caste (SC) and Scheduled Tribe (ST) children (0-6 years of age), respectively. Although, the most disadvantaged community in our country is youth. Their plight represents a pathetic image of the world. Health, food intake and diet, schooling, jobs and working conditions, accommodation, social welfare, clothes, leisure and human rights are the nine fundamental components of human growth defined by the United Nation Statistical Commission in 1960 (Roy Burman, 2005, quoted from Vidyarthi, 2005). Among these, the two focus fields for the nation's grass root level growth are health and diet. But a significant number of people in the developed world have lower nutritional input and health status, especially children and women. The developmental factors therefore indicate that the state of these two groups of the population is not adequate. Every year, approximately 2.5 million children die in India, accounting for one in five baby deaths in the country. India still accounts for 35 percent of low birth weight (LBW) babies in the developed world and 40 percent of babies afflicted by infant malnutrition. In the country, India has the largest number of births and neonatal deaths. According to the 2005-06 National Family Health Report, the overall average for malnourished children in India is 47 percent. Any second child is malnourished under the age of 5 years. Approximately three-quarters of the babies are anaemic. In NFHS-3, childhood anaemia below 3 years has increased from 74.2 percent to 79.2 percent. This is partially because of household-level food shortages. About one-third of all infants up to 3 years of age are stunted and about one-sixth was lost. Two in five of them was underweight. The National Family Health Survey-3 (NFHS-3) reports details on an impressive 54 percent of pregnant women and anaemia is observed in about the same proportion of married couples. In the womb itself, this condition of young Indians points at widespread malnutrition. The mortality rate for babies (IMR) is as high as 57 in 1000 live births. India is host to one out of every three malnourished children in the world and every second infant is underweight (Eleventh Five Year Programme, 2007-2012). Assam has the largest amount of malnourished kids in the seven North-Eastern nations. Assam has 76.7% anaemic babies, 72.0% anaemic people and 62.3% anaemic pregnant mothers, according to the NFHS-3 survey (Status of Children in India Some NFHS-3 Findings). As part of the national assessment mechanism of the Rural Sanitation and Water

Supply Programme, Karin Hulshof, a representative of the United Nations Children 's Fund (UNICEF) India, said in a speech at a state-level workshop conducted in Guwahati, "Assam has the country's fourth highest infant mortality rate, with 132 babies dying in the state every day." Mortality is similarly alarming for children under five years of age, with 169 of them dying every day until they can hit five years of age (Talukder, 2010). In the other side, the nutrition of mothers retains an impact on the developing foetus and throughout pregnancy, proper and well-balanced diet is important. But in India, the health condition of women is still not adequate. Bad socio-economic circumstances have had a perverse effect on their quality of health. Indeed, to make them extremely fragile, malnutrition in India is very serious among women and children (Pakrasi, et al. 1987). The wellbeing of the mother is important for the child's welfare. Therefore, as a composite entity, the ICDS initiative clubbed women and children and even promoted increasing women's health. At the same moment, SC and ST are the two least affluent groups of Indian society who are socio-economically disadvantaged. They are removed from the national main stream, far behind. The condition of children and women is more pathetic in these two underprivileged groups. High infant mortality rate, mother mortality rate (MMR), child malnutrition, etc. is recorded among the research findings. S. Sinha, Chair of the National Commission for the Protection of Child Rights (NCPCR), highlighted the vulnerable parts in the battle against malnutrition, especially the SC, ST and OBC (Goswami, 2012).

INTEGRATED ICDS (Integrated Child Welfare Services)

India implemented the National Children's Policy in 1974 and formed a National Children's Board to ensure the continuous preparation, supervision and integration of different children's programmes. The need for a comprehensive plan to include an effective solution to child growth and development was reinforced by an in-depth evaluation of the prevalent programmes. It was determined that such a curriculum should have wellness, nutrition, pre-school, and non-formal health and nutrition education elements. The country's largest initiative was then initiated on the fateful day of 2 Oct. 1975 in 33 experimental blocks (4-metropolitan, 18- agricultural, 11- tribal) in search of National Policy for children (Ministry of Human Resource Growth, Annual Report 1995-96, quoted from Mathew, 2011). It seeks to build a solid base, i.e. children and women, for a stable society. The scheme serves as an organisation for the creation of human capital and as a mechanism for social reform. India 's response to the shift in the provision of pre-school education, on the one side, and the breaking of the vicious circle of deprivation, morbidity, diminished academic ability and mortality, on the other, is the primary sign of India 's dedication to its children. Via a comprehensive strategy that provides essential resources for enhanced infant care , early engagement and learning, increased enrolment and enrollment, and health and wellness, the ICDS project supports infant protection and growth. Thus, ICDS is a special curriculum encompassing the core components of the growth of human capital, wellness, safety and schooling. It is probably the only nationwide initiative in the world that needs multi-sectoral activities and inter-sectoral linkages to be applied on a broad scale (Mathew, 2011). The system gives preference to the places that are primarily populated by scheduled tribes / scheduled castes, drought-prone places and urban slums in choosing the schemes.

ICDS organisation

Under the Ministry of Human Resource Growth, the Department of Women and Child Development is responsible for the enforcement of the National Child Policy, Comprehensive Child Development Programs, and the operation of ICDS training (Sirohi, 2005). The overall course and execution of the programme is the responsibility of the Department of Social Welfare, Women and Child Development or the Nodal Department at the state level, as may be determined by the State Government. At district level, the planning and execution of the policy is the responsibility of the district officer (Collector / District Creation and Project Officer / Deputy Commissioner). At the block stage, the execution of the programme is the responsibility of the CDPO. An Additional Child Development Project Officer (ACDPO) is often hired in broad rural and tribal blocks, who forms the bond between the supervisors and the CDPO and supports the CDPO in day-to-day working and field visits. The facilities are given at the Anganwadi centre at village level (Evaluation Study on ICDS, 2011).

ICDS Beneficiaries The numerous focus categories benefiting from the programmes protected by the initiative are: pregnant women (PW) or expectant mothers, nursing mothers (NM), children under 6 years of age, teenage girls (school dropout girls 11-18 years of age) and other women aged 15-45 years of age. In the overall schematic architecture of the ICDS project, age is an significant consideration. There are three connotations of the age dimension. The first is to see whether pregnant people get enough care during birth. Furthermore, to know if the breastfeeding mother feeds a 'complete grown' and quickly developing baby whose diet needs to be raised day by day. Thirdly, to discover the physical , social and psychological progress of children in the age range of 3-6 years according to the model concept from the viewpoint of the ICDS Non-formal pre-school education curriculum. In order to enhance the nutritional and health status of children and to lay the groundwork for the appropriate physical , psychological and social

growth of children, the age group of children under the age of 6 years has been identified as a healthy age category, thus minimising death, morbidity and deprivation as well as dropping out of school. The ICDS often takes account of the critical needs of mothers living in socially and economically deprived communities who are breastfeeding and breastfeeding. It is also proposed that exclusive breastfeeding of infants up to 4-6 months of age, prompt immunisation, and the encouragement of adequate and prompt supplemental home feeding and sustained breastfeeding of infants up to 2 years of age are promoted. Adolescent children, along with males, often have extra access to higher reproductive health care. A stunted adolescent girl, when married is accountable for giving birth to a small baby. Thus, the service of supplementary nutrient under ICDS is provided to the school dropout adolescent girls in the age range of 11-18 years (especially in the socio-economically backward communities).

Services under the ICDS Programme

In an interconnected strategy under the ICDS plan, the bundle of six programmes offered to beneficiaries is:

i. Supplementary Intake (SN)

ii. Non-formal schooling in pre-schools (PSE).

iii. The vaccine.

iv. Check-up for fitness.

v. Facility for referrals.

vi. Training in Quality and Wellbeing (NHE).

The three programmes are provided by public health facilities, including immunisation, health check-up and referral. Under the Ministry of Health and Family Development, Health sub-centre or main and rural health centre. Supplementary feeding and development screening of children and management of nutritional anaemia are part of the SN programme. The goal populations are equipped with extra feeding assistance for 300 days a year. The Anganwadi aims to close the protein energy deficit between the prescribed dietary allowance and the real dietary consumption of children and women by offering supplementary feeding. Children under three years of age are weighed once a month and children 3-6 years of age are weighed periodically for development control and diet surveillance. For all children below six years, weight-for - age development maps are preserved. Special supplemental nutrition is provided to chronically malnourished infants and directed to medical facilities. The cornerstone of the system, which is designed for children aged three to six years, is the non-formal pre-school education part. The PSE curriculum for children between the ages of three and six is geared at delivering and achieving the most fun everyday play-way experience in a relaxing atmosphere, noticeably preserved for three hours a day. It focuses on the overall growth of the infant, especially from underprivileged communities, at the age of up to six years. It further leads to the universalization of children's primary education by offering the requisite primary school preparedness. An significant service of the ICDS programme is the immunisation of expectant mothers, babies and adolescents under 6 years of age, which will reduce child morbidity and mortality. In pregnant mothers, tetanus vaccination is given for healthy childbirth and child immunisation prevents them against six vaccine-preventable diseases, such as poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles.

Immunization against tetanus by pregnant women decreases maternal and neonatal mortality. Health education provides prenatal services for adolescents under the age of six, pre-natal treatment for expectant moms, and post-natal treatment for nursing mothers. Daily health screening, immunisation, hunger prevention, diarrhoea care, de-worming and delivery of basic drugs, etc., are included throughout the different health facilities. Sick or malnourished children who require immediate medical care are sent to the Primary Health Centre (PHC) or its sub-centre through health check-ups and development surveillance. The AWW was also targeted towards the identification of disabilities among small children. Both such cases are hired by the AWW and assigned to the Auxiliary Nurse Midwife (ANM) and Medical Officer (MO) in charge of the main or sub-center health centre. A major aspect of the ICDS is diet and health education. The goal of this aspect is to improve women’s knowledge of health and nutrition in the age range of 15-45 years, so that they can take charge of their own health, nutrition and developmental needs, as well as those of their children and communities. The AWW could arrange seminars, workshops and workshops on family control, immunisation, breast feeding, prevention of infectious and waterborne diseases, cleanliness and hygiene, preparation of healthy food products from locally produced edibles, etc., at least once a month for this reason.

The facilities are given at a facility named the 'Anganwadi' (AWC) at the Anganwadi Centre (AWC). The Anganwadi, situated inside the village itself, is a child-oriented courtyard play centre. AWC is the ICDS service distribution focus point that usually runs for four hours a day except Sundays and holidays. One AWC usually caters to 1000 inhabitants in a rural / urban project and 700 in a tribal region, with sufficient adaptation, where possible, taking into account local circumstances. For 150-400 inhabitants for rural / urban projects and for 300-800 inhabitants for tribal / reverine / desert / hilly and other distinct areas / projects

(ICDS, ChildLine India), a Mini-AWC is also approved.

Anganwadi Worker (AWW) and Anganwadi Aid (AWH) The AWW and AWH are honorary staff at the grass root level and operate the AWC, where the ICDS programmes are provided at the ultimate stage to the target groups. At the grass root stage, the AWW is the main ICDS functionary. Typically hired from within the local population, she is a volunteer and honorary staff. The AWW has a decent range of tasks allocated to it. The AWW's fundamental task is to carry out pre-school programmes for children between the ages of 3 and 6. She has to provide services mainly at the AWC, namely PSE, SNP and NHE, while the other services, viz. Immunization, clinical check-up and referral are given with the assistance of the nearest PHC or its sub-center clinical functionaries, MO / ANM. The AWW is also responsible for compiling a monthly progress report providing statistics on children's births and injuries, maternal deaths and the number of students attending the SN and PSE AWC. She needs to hold a variety of documents to document all the centre's operations. The AWW also has to do with the nutritional condition of children by development control, the coordination of the NHE service at the centre and home visit. In addition, for the primary health check-up and immunisation of mother and infant beneficiaries, she would arrange a forum for 'Mother Infant Security Day.' AWW is needed to create a correlation with ANM and ASHA for this service. After development evaluation and check-up, the ill or malnourished children found must be sent to the PHC or its sub-center for immediate medical treatment. In comparison, AWW is the centre's chief operator. Therefore, it is her duty to ensure that the centre is hygienic and to have clean drinking water. The other significant duty is to arrange, whenever appropriate, meetings with representatives of the Village Level Management Committee (VLMC) and the group. A boss actively directs the AWW and an AWH accompanies her in numerous practices at the core. The AWH normally takes the children to the AWC by meeting them door-to - door if they do not come to the school. In addition to cooking meals for preschool children and keeping the centre and the general area tidy and clean, whether the AWW needs to join any official conference, and is in leave time or has to be gone to do certain ICDS-related jobs, the AWH has to cope with the activities at the centre. Neither the AWW nor the AWH, though, are standard government workers.

The Child Development Project Officer (CDPO) The Child Development Project Officer (CDPO) is responsible for the ICDS project at the block level and is the main executive functionary. Supervising the leader and the AWW is the most significant duty of the CDPO. He / she is required to have technological and professional guidance and to offer instruction to the block team via the organisation of frequent meetings and visits. In addition, the CDPO is expected to submit to the State Government the Monthly Progress Report and Half-Yearly Progress Report. The Monthly Progress Summary of the CDPO comprises of block and AWC level vacancies for ICDS functionaries. The CDPO is aided by a seven-member organisation and advisory committee (including self-government) comprising officials from various agencies to accomplish its goals. The committee comprises of CDPO, Health and Family Welfare, Elementary Education Department, Block Development Officer (BDO), Drinking Water Supply Department, Panchayati Raj Member and CDPO itself to fulfil health, sanitation, drinking water, pre-school education, etc. specifications. At the block stage, the CDPO organises frequent discussions with the representatives of the committee to manage the project efficiently.

REVIEW OF LITERATURE

Anthropologists, social scientists, the Community Health Department, the Department of Women and Child Development (DWCD), the Society for Economic Development and Environmental Management (SEDEM), the National Institution of Public Cooperation and Chi-Chi have carried out a large number of studies on the results, effect and assessment of the ICDS scheme in different areas of India. Here are some of the past study work, reports and evaluative data provided.

For areas covered by the Comprehensive Child Health Services network, Tandon, et. al. (1992) operated on immunisation coverage in India. In the research, they observed that in the ICDS community, more than 60% of maximum coverage was reported with BCG, diphtheria-pertussis-tetanus (DPT) and poliomyelitis vaccine. But in the non-ICDS community, the ratio was less than 30 for the same vaccines. Total Tetanus Toxoid immunisation of the mother was also more widespread in the ICDS group than in the non-ICDS category.

In five blocks of southern Rajasthan, Iyengar and Mohan (2000) performed work on the nutritional condition of rural preschool girls. The research was also carried out in order to determine the nutritional health of children less than three years of age and to equate the ICDS programme with non-beneficiary children. The analysis showed that there was no specific schooling for the high frequency of mothers and did not know about the position of the AWCs. The degree of immunisation was exceedingly poor and no full immunisation at all was detected. Nearly half of the children from birth to the age of three were stunted, nearly half of which were seriously stunted. There was no substantial gap in stunting between recipients and non-recipients because the recipients identified in the AWW registry were incredibly thin. Compared to other castes, a greater proportion of children belonging to SC and ST is malnourished in rural

Rajasthan. In fact, the incidence of illness was large amongst children between the ages of 6-35 months. The boy was given solid food at twelve months of age.

Study was undertaken by Burman (2001) to determine the effect of the ICDS programme on the beneficiaries and the success of the AWWs in the Jorhat district of Assam. The research showed the disappointment of beneficiaries with the Diet and Health Education initiative, class material and PSE pacing.

Children and pregnant women were still not properly immunised, and development patterns have still not been translated for these ages. The research also indicates weak facilities in the largest AWCs. The beneficiaries were not happy with the SN service because of the inconsistent delivery, poor quality and insufficient quantity.

In three districts of Maharashtra, Datta (2001) conducted work on factors influencing the employment success of Anganwadi employees in agricultural , urban and tribal parts. The study was witnessed by the AWCs' inadequate facilities and oversight. In the other side, refresher preparation was not encouraged by managers. The overall number of AWWs, however, were completely qualified and had ample knowledge to calculate the height and weight of the infants. AWWs' experience trained them for informal instruction, demonstration of eating, home tour, weight charts mapping and health-related topics. The research, however , shows that in the unhygienic atmosphere and atmosphere the AWCs are controlled.

Goswami (2002) published an article on 'Child Malnutrition: Cause for Concern' in a leading Daily News Paper in Assam, where he observed that the ICDS has a promising and important effect on child malnutrition, but the allocation of funds for the programme is lower than the requirement. The role of the ICDS in the Pooh Block in Himachal Pradesh was evaluated by NIPCCD, Lucknow Regional Centre, Uttar Pradesh (2003). The results revealed that no AWH was aimed towards all the qualified AWWs under a brief orientation course that was introduced in the state. The services given to the AWCs were very bad, while children's growth monitoring was not implemented adequately due to a lack of growth monitoring skills instruction. The Health and Fitness Counseling, Referral, etc. programmes were not adequately applied. Similarly, the analysis also showed the inadequate involvement of the group and insufficient oversight and supervision.

An editorial released in the Journal of Community Medicine regarding the universalization of Comprehensive Child Development Services (ICDS) was written by Lal and Paul (2003). An evaluative analysis of ICDS in Haryana was carried out by the Haryana Department of Economics and Statistics, Chandigarh (2004). The analysis shows that the ICDS performed well in Supplemental Care, Immunization and Pre-School Education, but the performance of the supervisory personnel was not nice. Public representation was also weaker. The research to test the functioning of the ICDS in 5 flood-prone districts of Bihar was undertaken by the Society for Economic Growth and Environmental Protection (2005). Women, like pregnant and breastfeeding women, teenage girls, and children under six, are included in the report. The study indicates that the health status of women and children was low, and there were also inadequate health facilities and Anganwadi programmes. Bangalore 's Indian Institute of Management (IIM) (2005) completed an ICDS social appraisal in Karnataka. The analysis showed that all the system's main programmes were not fully introduced. As such, the beneficiaries were not happy and stayed distant from the true meaning of the scheme 's benefits. Improper position of the AWCs, shortage of appropriate transport for CDPOs, administrators, and reduced participation of community stakeholders have had a detrimental influence on the effective implementation of the initiative.

Balsekar, et. al. (2005) published an appraisal paper on child development and group engagement in the Kerala district of Trivandrum. The research attempted to determine the working of the Anganwadis at the level of the grass roots, and the complete absence of significant malnutrition among the children was discovered. Better performance were also obtained by the AWCs in distant areas. The Panchayats and the local society operated successfully for the interests of the AWC in tight collaboration. Dutta's (2005) unpublished sociological Ph.D. study on ICDS and its effect on rural communities of Assam in the Lakhimpur district of Dhakuakhana block, Assam. She undertook a macro-level analysis considering 35 AWCs in the respective section, illustrating the variables responsible for the programme's success and failure.

OBJECTIVES OF THE STUDY

1. To lay the framework for the child's proper psychological development.

2. Achieve good cooperation between the different agencies at the policy and execution levels to support child growth.

CONCLUSION

This paper has been dedicated to restate and sum up the mass of information introduced and talked about in the former papers. Some closing comments have additionally been consolidated toward the finish of the paper. The current investigation is an endeavor to investigate the

working example and the effect of Integrated Child Development Services (ICDS). The universe of the examination comprises of four chose towns under Margherita Development Block of Tinsukia locale, Assam, occupied generally by two oppressed ethnic networks, in particular the Hajongs and the Kaibarttas. The ICDS is a novel and significant program, which focuses on all round advancement of the country's group of people yet to come directly from the youth upon whom country's future improvement depends. Yet, it is seen that the financially in reverse networks, living in the provincial zones are frequently more convention bound which remains as obstruction in getting the advantage of any advancement program. Simultaneously, because of some lacuna in the current program it can't be entered effectively among them or the networks can't get the advantage of the program in to full degree. In this way, to defeat these disadvantages and to set off viable arranging in future, the current investigation is viewed as high need research territory.

Mirrors the status of kids in India. India is the second crowded nation however it has biggest youngster populace on the planet. Childrenin the age gathering of 0-6 years establish 13.12 percent of the absolute populace. The level of Scheduled Caste (SC) and Scheduled Tribe (ST) kids (0-6 years old) are 14.5 and 16 of the absolute SC and ST populace individually. Be that as it may, youngsters are the most weak gathering in our nation and their condition mirrors a disgraceful image of the country. In India low-birth weight, neonatal demise, baby mortality, malnourished is found at high rate. Simultaneously, mother's wellbeing is responsible for the soundness of the youngster, however the wellbeing status of ladies and pregnant ladies is additionally not palatable. In this manner, so as to elevate the everyday environments and generally status of these two particular gatherings, execution of advancement program is basic. The ICDS plot be that as it may, is such an improvement program which gives particular accentuation on these socio-financially in reverse segments of the general public.

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