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Impact of Nutrition and Health Education of ICDS Scheme on Women in rural Punjab

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Abstract: Integrated Child Development Services (ICDS),which has been operating in the parts of Punjab for decades. The objective of present study is to examine the impact of Nutrition and Health Education (NHED) of ICDS on the women in terms of enhancing their knowledge in the critical Health Care areas like, health check-up, immunization, nutrition care of children and women, prevention of nutritional deficiency diseases, etc. and the extent to which the women put this knowledge into practice. The study was conducted during August to December 2012 in all three ICDS projects of Banala district of Punjab. A total of 30 villages (10 from each ICDS project) were selected on the basis of random. From each village 4 women were selected randomly. Thus a total of 120 women were in the sample, from all 30 villages which were having Anganwadi for at least the last 25 years, as such women are expected to avail the NHED service of ICDS scheme. It was found that about 31.66% women did not go to a proper place for the child delivery and their deliveries had taken place at home. Majority (68.33%) women did not receive supplementary nutrition ration from AWCs. Only 25.83% women began breast feeding the new born within the first two hours of birth. A majority (61.66%) of the women did not know about the different types vaccinations to be given to child. It was shocking to note that 80% women did not have awareness about the main cause of measles and a high majority (83.33%) of women were not sure about the right way of managing measles.
Keywords: Integrated Child Development Scheme (ICDS), Anganwadi Centres (AWCs), Anganwadi Workers (AWWs), Nutrition and Health Education (NHED), Auxilary Nurse Midwife (ANM).

INTRODUCTION

The Integrated Child Development Services (ICDS) is a unique Child Development Program in India and the biggest county -wide multi-sectoral program in the world, which covers the main components of sustainable human development, viz., health, nutrition and education. ICDS was launched on 2nd October 1975, on the auspicious occasion of the 106th birth anniversary of Mahatma Gandhi, the Father of the Nation [1]. In the initial stages ICDS was implemented in 33 selected community development blocks all over India. ICDS has expanded considerably in subsequent years and Up to 31st March 2013; there are 7076 sanctioned projects, 7025 operational projects in India. In Punjab ICDS program has expanded very rapidly. At present, there are 155 sanctioned and 154 operational projects [2]. Vijay Rattan [3] is his book gave details about genesis, growth, components of ICDS and described a package of seven services comprising supplementary nutrition, immunization, health check-ups, and referral services' treatment of illness, Nutrition and health education and non-formal pre-school education which are provided under ICDS.S.L. Goel [4] in his book observed that the ICDS scheme aims to improve the nutritional and health status of women through providing a package of services including supplementary nutrition, immunization, health checkups, referral services and nutrition and health education. Manisha Jain [5] rightly pointed out that the objectives of the ICDS mission would be to institutionalize essential services and strengthen structure at all level. There is a plan to roll out strengthened and restructured ICDS in three years beginning with 200 high burden districts in the first years 2012-2013 and so on.

Nutrition and Health Education (NHED)component of ICDS scheme for Women has the long-term goal of capacity building of women in the age group of 15-45 years, so that they can look after their own health, nutrition and development needs as well as that of their children and families. The main objective of education in nutrition is to help individual to establish food habits and practices that are consistent with the nutritional needs of the body and adapted to the cultural pattern and food resources of the area in which they live. Nutrition and Health Education comprises basic health, nutrition and development information

related to childcare and development, infant feeding practices, utilization of health services, family planning and environmental sanitation, maternal nutrition, ante-natal care, prevention and management of diarrhoea, acute respiratory infections and other common infections of children [6]. Health and Nutrition education is delivered by Anganwadi workers (AWW) and ANMs through inter-personal contacts and discussions at Anganwadi(literally meaning " the courtyard") Centres (AWC). Each Anganwadi usually covers a population of 400 to 800 in rural and urban areas and 300 to 800 in tribal and hilly areas. An important contact point is established with the nursing mothers to educate them about services for children like taking care and monitoring of child's growth, timely immunization, knowledge about breast feeding, colostrum feeding, treatment of diarrhoea/minor illness, not to provide home-made medicines during illness, preparation of nutritious food/feeding practices, importance of education of the child, about cleanliness and hygiene, preparation of oral dehydration solution, care of severely malnourished children. Services for Mother provided are bout immunization during pregnancy, about institutional delivery, about feeding practices during pregnancy and lactating period, iron-folic acid (IFA) supplementation, about correct posture during pregnancy, correct posture during breastfeeding, about self-care & health, about diseases illness, about nipple hygiene, purification of water to mothers and adolescent girls, small family norms, etc. [7].

But, Ajay Kumar, Monika Singh and Kuldeep Bauddh [8] presented very grim realities saying that every sixth malnourished child in India lives in U.P., about 56% children born to illiterate mother were under weight, every second adolescent girls was anemic, about 49% women was below 45 kgs, less than 3% mothers received the minimum full dosage of Iron, Folic acid tablets, only one in 20 new born was put to the breast within the first hours of birth and 23% mother undergo health check up after delivery. Dongre [9] found that poor co-operation from villages, mothers do not follow medical advice, mothers are busy with from work, irregular and poor health check up services, mother do not follow dietary advices, poor personal hygiene of families, poor environmental sanitation and poor child care practices etc. are most common reasons for the limited success of ICDS programme.

In the background of these observations, it is very important to investigate the relevance and effectiveness of the world`s largest and most unique ICDS programme. So, this field study carried out in the Barnala district of Punjab to examine the impact of NHED of ICDS on the women in terms of enhancing their knowledge in the critical Health Care areas like, health check-up, immunization, nutrition care of children and women, prevention of nutritional deficiency diseases, etc. and the extent to which the women put this knowledge into practice.

MATERIALS AND METHODS

The present study was conducted in all three ICDS project: Barnala, Sehna and Mehal Kalan of the Barnala District of Punjab. The study was conducted during August to December 2012. A total of 30 villages (10 from each ICDS project) were selected on the basis of random. From each village 4 women were selected randomly. Thus a total of 120 women were in the sample, from all 30 villages which were having Anganwadi for at least the last 25 years, as such women are expected to avail the NHED service of ICDS scheme. These mothers were interviewed by house to house survey using interview schedule consisting of close ended question.

RESULTS

In the present investigation as described in Table 1, about 31.66% of deliveries had taken place at home and also they were attended by untrained dais. The deliveries of 68.33% women had taken place at primary health centres/sub centres and government hospitals and private hospitals. According to the laid down system, normally the mother and the baby should have two health check-ups within 7-10 days of delivery for their well-being and to prevent infection. But a high majority (79.16%) of the women did not undergo any health check-up after the delivery. Only 20.83% women got their health check-up after delivery. Out of them 12.5% of the women underwent the check up at primary health centres/sub centres or Governmental hospitals and merely four(8.33%) women underwent this check-up at such private hospital. It was appalling to note that a majority (68.33%) women did not receive any ration from AWCs. Overall, 31.66% women received supplementary nutrition supplementary nutrition ration from AWCs. Out of them, only some(14.16%) women consumed all food given by AWWs and about 17.5% women consumed some part of the given food. On further probing, it was found that it was due to various reasons such as it was hard to digest, was not tasty, was of poor quality or was not cooked properly. It was shocking to found that 91.66% of the women did not receive nutrition and health education at all.

Colostrum constitutes rich vitamins, minerals, protein and immunoglobulin that protect the child from infections. The data presented in the Table 2 describes that a majority (63.33)women reported that they fed the colostrum to the new born after delivery. It is prescribed that breast feeding should begin immediately after child birth, preferably within one hour of the delivery. It was badto find that only 25.83% women reported that they began breast feeding to new born within the first two hours of birth. The government of India has prescribed that breastfeeding must be continued up to the age of two years. It is find from the data that 45.83% women

reported that a child should be breastfed up to two years of age. Immunization is ensured by providing BCG, DPT, Polio and measles vaccines as necessary to the child. They prevent young child from six child-killer diseases like measles, diphtheria, whooping cough, tuberculosis, poliomyelitis and tetanus. The Government of India began the process to bring awareness to the parents about the need for child vaccination. This message is reinforced by AWWs, ANWs, television and radio advertisements, by newspapers, posters and public address systems and by all the communication resources at the local level. In the present study as explained in the Table 2 found that a majority (61.66%) of the women did not know about the different types of child vaccinations.Measles is caused by minute particles or viruses which are only visible under the electronic microscope. It is highly infectious and can spread by droplets from the nose or throat of infected children. It was shocking to notethat large number (80%) women did not have proper knowledge and awareness about the main cause of measles which is the number one killer disease among the six preventable diseases by vaccination. The findings again indicated that a large number (83.33%) of the women nursing women were not sure about the correct way of managing measles. A majority (62.5%) woman did not have any knowledge to prepare oral re hydration solution.

Table 1: Place of delivery and Utilization of ICDS Services by women

Parameters		Number of Pregnant Women	Percentage
Place of delivery	Home	38	31.66
	Institutional	82	68.33
Conducted regular health check-ups after delivery	Yes	25	20.83
	No	95	79.16
Received Supplementary Nutrition from Anganwadicentres	Yes	38	31.66
	No	82	68.33
Received Nutrition and Health Education	Yes	10	8.33
	No	110	91.66

Source: Called from primary data

Table 2: Knowledge and Awareness of Nursing Women

Parameters		Number of Pregnant Women	Percentage
Knowledge about colostrums	Fed	76	63.33
	Discarded	44	36.66
Knowledge about Initiation of Breast feeding	Yes	31	25.83
	No	89	74.16
Knowledge about Exclusive Breast feeding	Yes	55	45.83
	No	65	54.16
Knowledge about child vaccination	Yes	46	38.33
	No	74	61.66
Knowledge about causes of Measles	Yes	24	20
	No	96	80
Knowledge about treatment of Measles	Yes	20	16.66
	No	100	83.33
Knowledge about prepare ORS. (Oral Rehydration Solution)	Yes	45	37.5
	No	75	62.5

Source: Called from primary data

DISCUSSION

The impact of health and nutrition education component of ICDS programme on women in terms of enhancement of their knowledge about child vaccination, nutritious food for children, prevention of nutritional deficiency diseases, family size and family planning etc., was analyzed on 120 women in rural area of Barnala district of Punjab. It was found that about 31.66% women did not go to a proper place for the child delivery and their deliveries had taken place at home. The result from our finding is much better compared to the 50% deliveries had taken place at home reported by Syed E. Mahmood [10], A majority (79.16%) of the women did not undergo any health

check-up after the delivery. It was sad to find that a majority (68.33%) women did not receive supplementary nutrition ration from AWCs due to various reasons like lack of time, the uncalled for behaviour of AWWs and irregularity of supplementary nutrition ration at AWCs. Majority (63.33%) women gave colostrum to the new born after delivery which was a good practice. Syed E. Mahmood [10] in their rural study reported that 84.6% of mothers fed colostrums to their child.Only 25.83% women began breast feeding the new born within the first two hours of birth which was suitable time. The average time of initiating breast feeding was found to be 16.44 hours in urban slums Chandigarh [11]. More than half (54.16%) women did not have knowledge and awareness about age of child to continue with the breastfeeding with adequate complementary foods. But 70.2% women did not have knowledge and awareness about age of child to continue with the breastfeeding with adequate complementary foods was reported by J Sriviraja Rani et. [12], in their urban slum study.A majority (61.66%) of the women did not know about the different types vaccinations to be given to child. Our finding is very unsatisfactory compared to the 23.2% reported by Paul. B et al [13]. It was shocking to note that 80%nursing women did not have awareness about the main cause of measles. The findings also indicated that a high majority (83.33%) of nursing women were not sure about the right way of managing measles. A study conducted by SEDEM, New Delhi [14] reported that 61.6% women did not know what causes of measles and about 52.4% were not sure about managing measles. A majority 62.5% ofnursing women did not have any knowledge to prepare oral re hydration solution. Adequate measures, if taken, to remove the deficiencies of ICDS scheme can make it an even more beneficial program for the receptive population of rural Punjab.

CONCLUSION

The results showed that the women did not have adequate knowledge and proper awareness about nutrition and health care areas related to the children and women. In this regard, it is recommended that Supervisors should be given the responsibility of organising formal NHED sessions at regular intervals in AWCs under their supervision. Continuous and effective monitoring by Child Development Project Officers (CDPOs) and district officials, as also active participation of health functionaries, can go a long way in the effective implementation of this component. For group formation and collecting women at one place for NHED sessions, locally popular social or recreational event or activity may be organised. Utilisation of folk media needs to be included in the training component of AWWs to strengthen their skills in imparting NHED effectively.

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