



A Study on Utilization of ICDS Scheme Among Children Bellow 6 Years Age, in an Urban Area of Agartala, Tripura.

KEYWORDS

ICDS, utilization, under six children, Tripura.

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ABSTRACT *The community based cross-sectional study was conducted to assess the utilization of ICDS scheme among children under six years and to study the factors determining the utilization of the ICDS centers by them. The study revealed that 77.40% of the children were utilizing any of the services provided under the scheme; whereas 67.50% children were taking supplementary nutrition and 28.10% children were taking non formal pre-school education. Regarding the reason for non-utilization 53.84% of the non-utilizers cited that they send their children to private nursery school whereas 42.30% parents had no knowledge regarding the services for children bellow 3 years. Age of the children and occupation of the father were found to be significant determinants of utilization of ICDS scheme. Thus the present study revealed that the coverage performance of ICDS centers in child health services still needs improvement in the study area.*

Introduction:

Integrated Child Development Services (ICDS) Scheme was launched in India as a unique program for women and child care and development.[1] The ICDS program includes a network of ICDS centers, with Anganwadi workers (AWW) providing integrated services comprising of supplementary nutrition, immunization, health check-up, and referral services to children below six years of age and expectant and nursing mothers [2,3]. Beside non-formal pre-school education is imparted to children in the age group 3-6 years, and nutrition and health education day is conducted for women in the age group 15-45 years under the scheme [3]. But even after four decades of implementation, the success of ICDS program in tackling childhood problems is still a matter of concern in India. According to NFHS 3 report, only 33% of children under 6 years receive any kind of service from an ICDS center. [4]

However, the factors affecting this under-utilization of ICDS centers have been less explored in the Northeastern part of India. Hence this present study has been conducted in an urban area of Agartala with the objective to assess the utilization of ICDS scheme by the under six children and to study the factors determining the utilization of the ICDS centers.

Materials & method:

This community based Cross-sectional study was conducted in Dukli, Agartala in the month of December to February, 2015 to assess the utilization of ICDS scheme among the children. The study area had two ICDS centers under it. The study included children bellow 6 years of age and information was collected from their mother who had given consent for participating in the study.

Considering the utilization of supplementary nutrition in urban area to be 48.03% (P) [5], with a relative precision (E) of 20% of prevalence, and the level of significance (or type 1 error) as 5%, the minimum required sample size for assessing the utilization of ICDS scheme was calculated to be 104 using the formulae, $Z^2_{1-\alpha/2} PQ/L^2$. Considering 10% nonresponse rate the sample size was rounded to 115 children. A simple random sampling procedure was adopted to select 115 families from the Municipality House list of the area. Then from

the selected house one child matching the inclusion criteria was selected for the study. If the selected house had no children then the subsequent next houses were searched for children bellow 6 years of age with the help of multipurpose worker of the area. If a particular house had more than 1 eligible child then randomly one child was selected.

Data was collected by interviewing the mothers of the randomly selected children in their home after taking written informed consent from them. Information on their socio-demographic status and utilization of ICDS scheme, has been collected using a structured, semi-open ended, interview schedule. Data analysis has been done using Epi info version 7. Data were expressed in frequency and percentage and statistical analysis has been done using Chi square test and Fishers exact test.

Results:

The socio-demographic profile of the study participants showed that the mean age of the children was 2.5 ± 1.3 years. 47.80% of the children were male and all of them were Hindu by religion. Majority of them belonged to Scheduled Caste (43.50%) followed by General Caste (31.30%). Regarding the education of the parents, majority of the parents had primary education followed by secondary education. 92.20% mothers were housewife and 57.40% of the fathers were skilled labor by occupation and majority of the children belonged to families with a per capita monthly income of less than Rs 2000.

Table 1: Utilization of various services available at the ICDS center.

Name of the service	Frequency (n=115)	Percentage
Any services	89	77.40
Supplementary nutrition	77	67.50
Non formal preschool education	32	28.10
Immunization	20	17.40
Health check up	35	30.70
Referral	2	1.70
Does not go to ICDS center	26	22.60

The present study revealed that 77.40% of the eligible children were utilizing any of the services provided under the ICDS scheme at the ICDS center. (Table 1) Regarding the individual services, the study revealed that 67.50% of the children were taking supplementary nutrition from the ICDS center, whereas non formal preschool education was taken by 28.10% respondents. Immunization services were utilized by 17.40% children and health checkup facility was utilized by 30.70% children. Referral services was utilized by only 2 children among the participants. (Table 1)

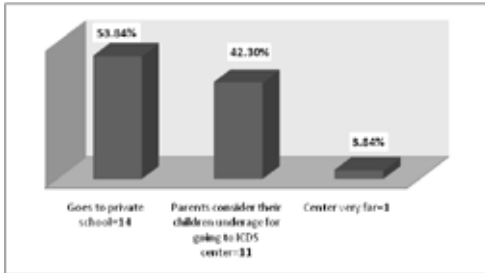


Fig 2: Bar diagram showing reason for non-utilization of ICDS Center.

Fig 2 reveals the reasons for the non utilization of ICDS center and majority (53.84%) of the non-utilizers cited that they send their children to private nursery school whereas 42.30% respondents cited that they had no knowledge regarding the services for children bellow 3 years in ICDS center and so they have not taken their children to the nearby ICDS centers.

Table 2: Factors affecting utilization of ICDS scheme.

Socio-demographic variables		Utilization of ICDS center		P value
"Yes (%)"		"Yes (%)"	No (%)	
Age of the children (years)	<2 years	20 (55.60)	16 (44.40)	0.001 *
	2-4 years	55 (87.30)	8 (12.70)	
	>4 years	14 (87.50)	2 (12.50)	
Sex	Male	44 (80.00)	11 (20.00)	0.52*
	Female	45 (75.00)	15 (25.00)	
Caste	General	25 (69.40)	11 (30.60)	0.20**
	ST	2 (50.00)	2 (50.00)	
	SC	41 (82.00)	9 (18.00)	
	OBC	21 (84.00)	4 (16.00)	
Education of the mother	Illiterate	6 (100.00)	0	--
	Primary	55 (78.60)	15 (21.40)	
	Secondary	21 (70.00)	9 (30.00)	
	H/S	6 (85.70)	1 (14.30)	
Education of the Father	Illiterate	1 (50.00)	1 (50.00)	0.73**
	Primary	58 (77.30)	17 (22.70)	
	Secondary	23 (79.30)	6 (20.70)	
	H/S	5 (83.30)	1 (16.70)	
Occupation of the mother	Labour	5 (71.42)	2 (28.57)	--
	Service	2 (100.00)	0	
	Housewife	82 (77.40)	24 (22.60)	
	Unemployed	8 (88.90)	1 (11.10)	
Occupation of the father	Unskilled	11 (64.70)	6 (35.30)	0.005**
	Skilled	57 (86.40)	9 (13.60)	
	Service	7 (77.80)	2 (22.20)	
	Business	6 (42.90)	8 (57.10)	
Per capita monthly income of the family (in Indian Rupee)	<=1000	43 (81.10)	10 (18.90)	0.50*
	1001-2000	35 (71.40)	14 (28.60)	
	> 2000	11 (84.60)	2 (15.40)	

* Chi square test

** Fisher's exact test.

Table 3 reveals that majority of the children above 2 years of age were using the services in ICDS center, whereas, only 55.60% children bellow 2 years of age were utilizing any services in the ICDS center and age of the children was found to be a significant determinant of utilization of ICDS scheme (p value=0.001). Besides, occupation of the father was also found to be a significant determinant of utilization of ICDS scheme (p value- 0.005)

Discussion:

The present study revealed that the utilization of the ICDS center among the children was 77% for any services provided under the scheme. According to a report published in 2005-06 [4] use of ICDS centers varied widely among states, ranging from only 12 percent in Delhi to about 66 percent in Orissa and Chhattisgarh with the overall utilization being 33%. Thus the utilization of any service in the study area is better compared to other areas of the country.

Regarding the utilization of various services the study revealed that supplementary nutrition coverage was 67.50% among the children, but non formal preschool education, immunization services and health checkup and referral facility has been less utilized by them. In a study conducted in Latur district by Surwade et al [5] utilization of supplementary nutrition was 48.03% in urban area. Non formal preschool education service utilization in urban area was 57.72%. Utilization of health checkup facility was 21.65% and immunization service utilization was 90.95%. Again in another study conducted in Gujrat by Chudasama et al [6] supplementary nutrition coverage was reported in 48.3% in children. Thus the present study showed that though the supplementary nutrition coverage is better in the study area but all other services provided under the scheme are under-utilized in the study area.

Regarding the reasons for non-utilization of ICDS center majority of the non-utilizers cited that they send their children to private nursery school or they consider their children under age for any services there. This shows the lack of awareness in the community regarding the services and beneficiaries under the ICDS scheme.

The study also revealed that age of the children was a significant determinant of utilization of ICDS scheme and 55.60% children bellow 2 years of age were using any services in the ICDS center. But the utilization of ICDS center by children bellow 2 years of age was higher in the present study compared to the NFHS 3 Tripura Report [7], where 38.5% children bellow 2 years were using any services in the ICDS center. But this poor utilization among under two year children may be due to the lack of awareness in the community regarding the services and beneficiaries under the ICDS scheme

Thus the present study revealed that, the coverage performance of ICDS centers regarding various child health services still needs improvement. The study also highlighted that there is a gap in generating awareness regarding the services and beneficiaries under the scheme. Hence, there is a definite need to strengthen the IEC and BCC activities regarding the ICDS scheme and to reflect the awareness in their practice.

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