



A study to assess the knowledge regarding Integrated Child Development services (ICDS) among women in Ernakulam district, Kerala.

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ABSTRACT **Objective:** To assess the knowledge regarding Integrated Child Development Services (ICDS) among women. **Study design:** Descriptive survey. **Materials and methods:** A sample size of 100 women from Ernakulam district, Kerala. **Statistical analysis used:** Frequency and percentage to describe sample characteristics, knowledge level of ICDS services. Chi-square test was used to find the association between knowledge and selected variables. **Results:** Out of 100 women 6% had good knowledge, 58 % had average knowledge and 36 % had poor knowledge regarding ICDS services. **Conclusion:** Accurate information and encouragement from health personnel will further help to improve the knowledge regarding ICDS services.

KEYWORDS : Knowledge, health checkup, supplementary nutrition, non-formal education, immunization, health education, referral services

Introduction

The integrated child development scheme (ICDS) was launched in 1975, to provide an integrated package of services for the holistic development of the child.¹ The beneficiaries are children below 6 years, pregnant and lactating women in the age group of 15 to 45 years.¹ The scheme aims to improve the nutritional and health status of vulnerable groups through providing a package of services including supplementary nutrition, pre-school education, immunization, health check-up, referral services and health education.¹ ICDS is a multi-sectoral program and involves several government departments. The program services are coordinated at the village, block, district, state and central government levels. These services are provided through community based anganwadi centres.¹

India is the home to the largest child population in the world. "The development of children is the first priority on the country's development agenda, not because they are the most vulnerable, but because they are our supreme assets and also the future human resources of the country".¹

A significant proportion of these children lives in economic and social environment which impedes the child's physical and mental development.¹ These conditions include poverty, poor environmental sanitation, disease, infection, inadequate access to primary health care, inappropriate child caring and feeding practices etc.¹ The real shock lies in the fact that all these lives could be saved with better child care facilities. Fifty per cent of the total under-five mortality is due to malnutrition.¹

The aim of the study was to identify the knowledge regarding ICDS services among women. This study will further help in creating awareness among women and to improve the health status and utilization of services

Materials and methods

The present study was a descriptive survey analysis done among 100 women residing in Ernakulam district, Kerala. The study used convenient sampling technique. Structured knowledge questionnaire was used to collect data. The content validity of the tools were obtained. Tool was translated to Malayalam and pretesting was done on 5 women, to determine the clarity of items. The reliability of the instrument was tested by administering the tool to 10 women. The reliability coefficient of the knowledge questionnaire was $r = 0.92$. Pilot study was conducted among 20 women to assess the feasibility and practicability. The data was collected after obtaining formal administrative permission from District Medical Officer, Child Development Project Officer (CDPO), Block Development Officer and Institutional Ethical Committee. Informed consent were obtained from the participants. The data collection was done in month of October 2016 to February 2017. The obtained data was tabulated and analyzed using the statistical package SPSS 17 version for windows. Findings were described using frequency, percentages and chi-square.

Results

Section 1: Description of sample characteristics

Table 1 shows that out of 100 women, 52 % belonged to the age group of 26-30 years and 99% were married and living with their husbands. 75 % had education upto SSLC, 40 % were house wife, 56 % were belonged to joint family, 81% were Hindu's and 42 % had a monthly income between Rs.3001 to 6000. 98 % women were aware about ICDS services and among that 74% houses were visited by anganwadi teacher.

Table 1: Frequency and percentage distribution of samples characteristics (n = 100)

SI. No	Sample characteristics	Frequency (f)	Percentage (%)
1	Age (in years)		
	18-25	37	37
	26-35	52	52
2	Marital status		
	36-45	11	11
	Married	99	99
	Widow	01	01
3	Education		
	Divorced	00	00
	Living separately	00	00
	Uneducated	00	00
	Up to SSLC	75	75
4	Occupation		
	PUC	16	16
	Diploma/Graduate	06	06
	Post graduate & above	03	03
5	Type of family		
	House wife	40	40
	Coolie worker	20	20
	Unprofessional	16	16
6	Religion		
	Professional	24	24
	Nuclear	44	44
7	Monthly income (in rupees)		
	Joint	56	56
	Christian	19	19
8	Aware about ICDS programme		
	Hindu	81	81
	Muslim	00	00
	Upto 3000	42	42
	3001- 6000	28	28
9	Visited by anganwadi teacher		
	6001 - 9000	20	20
10	Yes	98	98
	No	02	02

9	Anganwadi worker visited you	74	74
	Yes	26	26
	No		

Section 2: Knowledge level of women regarding ICDS services

Table 2 shows that, out of 100 women 6% had good knowledge, 58 % had average knowledge and 36 % had poor knowledge regarding ICDS services.

Table 2: Frequency and percentage distribution of knowledge score (n=100)

Knowledge category	Range of score	Frequency (f)	Percentage (%)
Poor	0 – 10	06	06
Average	11 – 20	58	58
Good	21 – 30	36	36

Section 3: Association between knowledge and selected variables

There was significant association between knowledge and selected variables like education and occupation and no significant association between knowledge and selected variables like age, religion, type of family and monthly income.

Discussion

A study was conducted on awareness and utilization of ICDS services among pregnant (106) and lactating women (177) in Haryana. Awareness of women regarding services provided by ICDS was mainly for 2 areas viz, nutrition (50%) and immunization (70%). Less than 25% of women were aware of rest of the services viz, nonformal education and health checkup. The study showed that in subcentre areas beneficiaries were less aware of location and staff of anganwadi centre (AWC) and that they visited AWC less often as compared to their counterparts in non-subcentre areas. Utilization of services was more in non-subcentre area than subcentre area.

A comparative study was conducted in Jammu and Kashmir on impact of nutritional status among 15 ICDS and 15 non- ICDS preschool children and their mothers. Majority of the mothers whose children did not attend any ICDS centres did not have any knowledge regarding supplementary foods and nutritional needs. It was also observed that ICDS children had good dietary intake as compared to the children who did not attend ICDS centres.

A study was conducted in Andhra Pradesh to investigate the effects of the nutrition and health education programme (NHEP) on ICDS. Study showed that knowledge of mothers in the intervention group had significantly higher scores than the control mothers. The education intervention did not have significant impact on the nutritional status of children.

An evaluative study was conducted in Bombay among mothers to assess the knowledge of mothers regarding health and nutrition (a component of ICDS). Data was collected from mothers using interview technique. The study findings revealed that knowledge of mothers about the various components (importance of weight chart, feeding the newborns, weaning of the infants, immunization, family planning, antenatal, natal and post natal care of mothers) was poor and superstitious regarding measles (it is good to occur in all children) and colostrum (poisonous to the child) were prevalent in the community. And there was a general belief that the children are a gift from God. The study revealed that educate the community at large scale can improve the awareness and health status of the community people.

A comparative study was conducted to identify the pattern of utilization of selected maternal and child health services before and after the commissioning of integrated child development services scheme at Rural Project Kathura, Haryana. First survey was conducted in the year 1976 and repeated survey was conducted in 1979. Health check up utilized by children < 6 years increased from 28.2% to 92% and in pregnant and lactating mothers increased from 18.7% to 38%. Supplementary nutrition utilized by children < 6 years increased from 8% to 50% and in pregnant and lactating mothers increased from 0% to 25%. There was a marked reduction in prevalence of severe degrees of malnutrition in children (below 6 years of age) from 17.6 to 8.4 per cent attributable to delivery of a package of services and interventions.

Immunization utilized by pregnant mothers increased from 1% to 50%. The utilization of supplementary nutrition, health check up and immunization increased significantly in pregnant women, lactating mothers and children.

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