



ORIGINAL RESEARCH PAPER

Social Science

UTILIZATION OF MATERNAL HEALTH CARE SERVICES WITH REFERENCE TO INTEGRATED CHILD DEVELOPMENT SERVICES

KEY WORDS: Women, Children, Services, Supplementary Nutrition

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ABSTRACT

Background: Each year, millions of women and children die from preventable causes. These are not mere statistics. They are people with names and faces. Their suffering is unacceptable in the 21st century (UN, 2010). The world has failed to invest enough in the health of women, adolescent girls, newborns, infants, and children. As a result, millions of preventable deaths occur each year. With a view to cope up with these challenges, Government of India has introduced a scheme named Integrated Child Development Services. Integrated Child Development Services (ICDS) is a unique and single largest integrated scheme of Child Development in India. The beneficiaries of the ICDS scheme are to a large extent identical with those under the Maternal and Child Programme. It has made a positive impact on improving the maternal and child health.

Objective: 1. To study utilization of services offered to women beneficiaries under Integrated Child Development Services 2. To study association between some of the selected dependent and independent variables

Methods: A community based descriptive study was conducted. Sampling frame was all women beneficiaries from nine selected villages of Anand Taluka, Gujarat. Sample of 300 Recently Delivered Women were selected through Stratified Proportionate Sampling procedure. Study instruments included a self designed Interview Schedule. Study variables included Socio demographic characteristics of the women such as age, education, caste, religion, income, ICDS services such as Immunization, Supplementary Nutrition, Health Education.

Findings: Majority of the women (94.3%) were immunized during pregnancy and majority of the women (72.3%) received supplementary nutrition regularly.

INTRODUCTION:

India has around 15.8 million children constituting 13.12% of India's population, who are below the age of 6 years (Census of India, 2011). Majority lives in an environment of poverty, poor sanitation, infection, malnutrition, and lack of access to primary health care. Families need additional support through outside interventions for proper health care, nutrition and education of their children. Every year around 8 million children die of preventable causes and more than 350000 women die from preventable complications related to pregnancy and child birth (UN, 2010).

The Integrated Child Development Services (ICDS) is an initiative undertaken by government for holistic development i.e. health, nutrition and education of children under 6. It is aimed at reducing infant mortality, child malnutrition and to provide pre-school education.

The Integrated Child Development Services (ICDS) Scheme is one of the major flagship programmes launched in 1975 in 33 blocks by the Government of India. It represents one of the world's largest and unique programmes for Early Childhood Development.

It is the symbol of our country's commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries of the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers. ICDS is the largest outreach programme operational through Anganwadi Centers (AWC) which serves as first outpost for health, nutrition and early learning services at the village level. These centers are manned by Anganwadi worker (AWW) and an Anganwadi Helper (AWH).

The objectives of the scheme are:

- to improve the nutritional and health status of children belonging the age-group of 0-6 years;
- to lay the foundation for proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;

- to attain effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- to increase the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education

MATERIALS AND METHODS:

The present community based study was conducted in selected nine villages of Anand Taluka of Gujarat State. The villages were selected based on high Infant Mortality and Maternal Mortality. The study was conducted during 2015. The objective of the study is to evaluate the utilization of Integrated Child Development Services among recently delivered rural women. Stratified Proportionate Sampling method was used for data collection. Total 300 recently delivered women constituted the sample size. Data was collected in a predesigned structured proforma. The relevant information regarding utilization of ICDS services by the women beneficiaries was recorded. Data was entered and analyzed in Statistical Package for Social Sciences (SPSS). Test of significance (Chi square test) was used where ever necessary. A probability value of <0.05 was taken as statistically significant.

REVIEW OF LITERATURE:

Sivanesan S., et al. (2016) conducted a study on Utilization of Integrated Child Development Services (ICDS) Scheme by child beneficiaries in Coastal Karnataka, India. A community based cross sectional study was done among mothers of 271 children in the age group three to six years registered in anganwadis. Results of the study reveal that median duration of absenteeism to anganwadi was five months during the last six months enquired. About 95.9% of registered child beneficiaries utilized supplementary nutrition services and only 48.7% mothers of child beneficiaries were attending nutrition and health education sessions. Among mothers who were aware of growth monitoring, only 73.6% of their children's weight was checked regularly. About 60% of mothers were not happy with the quality of food served to their children in the anganwadi. Among children adherent to anganwadi, 72.5% children's weight remained normal. Only 75% children were regularly attending. Median duration of adherence to anganwadi services was only 12 months and the most common reason for not adhering to the services is

due to their simultaneous enrollment in other private nursery school.

Findings of the study conducted by **Bhagat, VM, et al. (2015)** reveal that out of these 140 women respondents in reproductive age, 13 (9.29%) were pregnant, 22 (15.71%) were lactating mothers and 45 (32.14%) had at least a child of 0 to 6 years age and rest 60 (42.86%) women in reproductive age did not have any children beneficiaries. Regarding the approachability to AWC, it was observed that 43(30.72%) women had AWC within half Km from their residence and 97(69.28%) had it between 0.5 – 2 Kms. When the study participants were asked regarding the 'home visits' by anganwadi worker (AWW), majority of them 103(73.57%) reported they had visited. The results showed that the majority of the respondents (85.7%) had knowledge regarding the antenatal care, followed by nutrition supplementation (81.43%), and immunization (80%). Moreover, 32.14% of them had awareness about nutrition education. Out of total 140 study participants, 125(89.29%) utilized one or more services by the AWC. Beneficiary-wise type of services availed from AWC revealed that out of 13 pregnant women, 11(84.61%) utilized the antenatal services and TT immunization. Lactating mothers 19(86.36%) utilized postnatal care services. Out of 45 women having children of 0 to 6 years of age, 41 (91.11%) availed one or more service for their children in the last one month. Among these services growth monitoring and immunization services are utilized by majority of them 37(90.24%). Out of rest, 54(90%) women of reproductive age group availed nutrition education, health check up and referral services. Out of total 125 participants utilizing the AWC services, majority i.e. 103(82.4%) were satisfied with services of AWC.

Helena, K., et al. (2014) conducted a study titled "Status of services among child beneficiaries under Integrated Child Development Services (ICDS) scheme in Greater Visakhapatnam Municipal Corporation, Andhrapradesh, India". The findings regarding status of services reveal that majority of children say 99.2 percent were immunized, 93.6 percent received preschool education and 92 percent supplementary nutrition. Only 59.7

percent of children's growth was monitored and only 15 percent received treatment for minor ailments by the Anganwadi Worker. About 47.2 percent of the children were stunted and 25.3 percent were underweight.

RESULTS AND DISCUSSIONS:
Utilization of Integrated Child Development Services among women beneficiaries

Table 1 Distribution of women beneficiaries according to the utilization of Integrated Child Development Services

Services	No. of women beneficiaries utilizing services (N=300)			
	Yes		No	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Supplementary Nutrition	275	91.7	25	8.3
Immunization	283	94.3	17	5.7
Health Education	294	98	6	2
Health Check Ups	279	93	21	7
Iron Folic Acid	288	96	12	4

The above table shows that the most common service utilized by the study subjects were Health Education (98%), followed by Consumption of Iron Folic Acid (96%), Immunization (94.3%), followed by Health Check Ups (93%) and supplementary nutrition (91.7%). The findings of the present study are found to be in contrast to the study conducted by Sivanesan, S, et al. reporting the most common service utilized by the study subjects were supplementary nutrition (95.9%), followed by pre-school education (83.4%) and health check-up (66.1%).

Factors influencing Utilization of Integrated Child Development Services

From the table 2, it can be seen that there is a statistically significant association between Supplementary Nutrition and independent variables namely, age and religion while statistically non significant association is found between Immunization and all other independent variables.

Table 2 Factors influencing Utilization of Integrated Child Development Services

Socio-Demographic Profile	Supplementary Nutrition		P Value	Immunization		P Value	Health Education		P value	Health Check Ups		P Value	IFA		P Value
	Yes	No		Yes	No		Yes	No		Yes	No		Yes	No	
Age Group															
19-29 Yrs.	229	14	.001	229	14	.206	239	4	.023	227	16	.446	236	7	.002
30-39 Yrs.	44	9		51	2		52	1		49	4		50	3	
40-49 Yrs.	2	2		3	1		3	1		3	1		2	2	
Religion															
Hindu	224	22	.027	230	16	.603	241	5	.370	228	18	.351	237	9	.994
Christian	7	0		7	0		7	0		7	0		7	0	
Muslim	43	3		45	1		45	1		43	3		43	3	
Other	1	0		1	0		1	0		1	0		1	0	
Caste															
SC	50	3	.104	49	4	.446	50	3	.029	46	7	.002	51	2	.394
ST	14	3		15	2		16	1		16	1		15	2	
OBC	112	8		113	7		119	1		113	7		118	2	
Minority	33	3		36	4		36	0		34	2		33	3	
General	66	8		70	0		73	1		70	4		71	3	
Family Income (Monthly)															
Less than Rs. 1500	63	5	.073	60	8	.087	68	0	.001	61	7	.064	63	5	.592
Rs.1501-Rs.3000	90	6		92	4		95	1		92	4		92	4	
Rs.3001-Rs.5000	60	8		66	2		67	1		65	3		66	2	
Rs.5001-Rs.8000	29	0		29	0		28	1		27	2		29	0	
More than Rs.8000	33	6		36	3		36	3		34	5		38	1	
Respondents' Educational Qualification															
Illiterate	52	7	.322	53	6	.106	58	1	.358	57	2	.254	57	2	.706
Std.1 to 8	115	6		117	4		119	2		114	7		114	7	
Std. 9 to 10	63	5		64	4		66	2		61	7		66	2	
Std. 11& 12	35	2		36	1		37	0		35	2		36	1	
Graduate	6	3		7	2		8	1		6	3		9	0	
More than Graduate	4	2		6	0		6	0		6	0		6	0	

From the table 2 it is also evident that a significant association is found between another component of ICDS i.e. Health Education and age, caste & Income while a non significant association found with other independent variables. There is statistically a significant association between Consumption of Iron Folic Acid and age of the respondents.

CONCLUSION:

It is concluded from the present study that the utilization of Integrated Child Development Services among recently delivered rural women was high. Among the women not utilizing the services; the reasons for non-utilization need to be addressed for optimal utilization of Services under ICDS. Statistically significant association is found between Supplementary nutrition and independent variables namely, age and religion. There is statistically a significant association between Consumption of Iron Folic Acid and age of the respondents.

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