



Awareness and satisfaction of ICDS services availed by women beneficiaries of Raipurani block (Panchkula)

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Abstract

Background: Launched on 2nd October, 1975, the Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood and maternal care.

Method: A cross sectional study was conducted in Raipurani block (Dist Panchkula) 478 women beneficiaries were interviewed using pretested questionnaires.

Result: In Raipurani block ICDS is well accepted as a welfare program by the community. Majority of beneficiaries were aware about and also were utilizing most of the six packages of services provided by ICDS. The most acceptable services were immunization and preschool education with awareness/satisfaction more than 90%.

Conclusion: Effectiveness of ICDS can be improved by increasing awareness about some of its services and especially by popularizing Health and nutrition education.

Keywords: integrated child development services (ICDS), women beneficiaries, awareness, satisfaction

Introduction

The Integrated Child Development Services (ICDS) scheme, which is a program for child protection as well as development, was started on 2nd October 1975. The beneficiaries who receive these ICDS services are: pregnant mothers, lactating mothers, children between zero to six years and adolescent girls. The focal point for the delivery of ICDS services is an Anganwadi (literally meaning "the courtyard"), a child care centre which is located within the village. Each Anganwadi is run by an Anganwadi worker (AWW) and a helper and covers a population of 1000 in rural and urban areas^[1].

In India there were 13.42 lakh operational Anganwadi Centre's (AWC's) in India as on 31.12.2014^[2].

In Haryana the ICDS scheme has been expanded and as a step towards universalization of ICDS, the total number of sanctioned ICDS projects in the state has risen from 116 to 137 having 17444 Anganwadi Centre's, including 252 Mini AWCs. Now all the rural blocks and 18 urban ICDS Projects have been covered under ICDS Scheme. In aspect of coverage of ICDS scheme, Haryana government has covered the entire population of the state under ICDS scheme. It is the only state in the country where all the rural blocks are covered by the ICDS scheme^[3].

Utilization, involvement, awareness and satisfaction of beneficiaries for ICDS scheme have shown wide variations in different reports^[4, 6]. Although large number of research studies have been conducted, ICDS has always been one of the most studied, reviewed, and researched program in India. However scientific studies particularly in Haryana in the Raipurani block are not available. Therefore for the present

study entitled 'Assessment of ICDS services availed by women beneficiaries of Raipurani block (Panchkula)' was conducted to facilitate the availability of first hand scientific data from the villages of Raipurani block. The present study aimed to find out level of awareness, satisfaction and utilization of services by women beneficiaries of Raipurani block.

ICDS hopes to provide a congenial prenatal and postnatal environment for the child by adopting a holistic strategy towards children and their mothers. Hence mothers are equal recipients of the benefits of the ICDS scheme. The scheme operates with the objectives to improve the nutrition and health status of children in the age group of zero to six years, to lay the foundation for all round development (psychological, physical and social) of the child, to reduce the incidence of mortality/morbidity and malnutrition, to decrease school dropout rates, to ensure the capability of the mother to look after the normal health and nutritional needs of the child, to achieve effective co-ordination among the various departments to promote child development. In order to achieve these objectives ICDS scheme provides a package of six services consisting of supplementary nutrition program (SNP), immunization, health checkups, referral services, non formal pre-school education (PSE), nutrition and health education (NHE).

Materials and Methods

The present cross-sectional study was conducted in Raipurani block of Panchkula district, Haryana. Four hundred and seventy eight women pregnant and lactating mothers were

selected from two villages of Raipurani block namely Raipurani and Ratta Tibbi. The respondents were beneficiaries of ICDS services. These respondents were interviewed using a pretested structured questionnaire cum interview schedule consisting of close ended questions. The questionnaire included services provided under ICDS scheme and questions pertaining to utilization, satisfaction and awareness of beneficiaries. Respondents were enrolled after taking an informed consent for participating in the study.

Results

A total of 478 beneficiaries s were included in the study with age ranging from 19 to 26 years (mean 22 years). Most of them (45.4%) were in the age group of 21-22 years. Large number (72%) of the beneficiaries had completed their education level up to high secondary level. Also majority (38.7%) of them were homemakers. However it was interesting to note that some if the respondents were enrolled for higher education (1.5%). (Table I)

Table 1: Socio-economic status of the beneficiaries

	Parameters	Numbers of Respondent	Percentage
Age Group (years)	<=20	66	13.8
	21-22	217	45.4
	>22	195	40.8
Occupation	Self occupied	92	19.2
	Student	7	1.5
	Unemployed	88	18.4
	Employed for wages	54	11.3
	Home maker	185	38.7
	Looking for work	52	10.9
Educational status	Primary	21	4.4
	High secondary	344	72
	Senior secondary	92	19.2
	Graduate	21	4.4
Age of marriage	18-19	152	31.8
	20-21	281	58.8
	22-23	45	9.4
Type of family	Nuclear family	142	30.1
	Joint family	336	69.9

Table II depicts the utilization, awareness and satisfaction of beneficiaries with respect to ICDS scheme. From the table it is clear that except that for health and nutrition services, for all of the other services viz SNP, Immunisation, Health Check up, Referral services and Preschool Education the respondents

were well aware, utilizing(indicated by utilization of services to almost more than 70 percent) and quiet satisfied with the services. However, the degree of satisfaction varied amongst each category.

Table 2: Utilization, Awareness and Satisfaction of women beneficiaries about ICDS

	Parameters	Numbers of Mothers	Percentage
Supplementary Nutrition Program	Received SNP	353	73.8
	Regularly	114	23.8
	Alternately	119	24.9
	Once a week	120	25.1
	Never	125	26.2
Sharing of food	With children	254	72
	With other family members	89	25.2
	Not sharing	10	2.8
Immunization	Received TT during last pregnancy	444	92.9
	Fully immunized their child	192	97
	Partly immunized their child	6	3
Health check-up	At least one ANC during last Pregnancy	102	21.3
	Twice ANC check up	104	21.8
	Thrice ANC check up	272	56.9
	Four times ANC check up	0	0
Referral services	Satisfied with service	315	65.9
	Not satisfied with the service	12	2.5
	Not aware about service	151	31.6
Health and Nutrition Education	Attend Health Meetings regularly	198	41.4
	Not attended HM	280	58.6
	Implementing HM	165	83.3

Pre-school education	Satisfied with preschool education	433	90.4
	Not satisfied with the service	42	9
	Not aware about the service	3	0.6
	Useful for mother: all round child	409	94.5
	Development		

Immunisation and preschool education were found to be the services most satisfactory as reported by more than 90 percent of respondents, followed by Health Checkup (78,7%), Supplementary Nutrition (74 percent), Referral services (66%) and least satisfied by Health and nutrition Education (41%).

Almost all (92%) of the respondents knew that immunization against Tetanus Toxoid is very important during pregnancy and immunization saves the child from different diseases and got themselves immunised. It was interesting to note that a very high percentage (97%) of respondents got their children fully immunized.

Most of the mothers (90.4%) favored Pre School Education. Large numbers of mothers sent their children to anganwadi's for pre-school activities with the main intent of getting time for household works or obtaining supplementary nutrition for the child from anganwadi's. Some of respondents were not satisfied (9%) with the preschool education provided to their child at Anganwadi centre. Majority of them (94.5%) were aware of the intended purpose of PSE i.e. it helps in all round development of the child and prepares the child for further education.

Most of the mothers had not attended Anganwadi meetings, which discussed health and nutritional education, although only 41.4% of the respondents were regularly attending these health meets. Interestingly, more than eighty percent of these beneficiaries were found implementing this education in their daily practices and were found to be well aware about child care and other hygienic practices.

None of the respondents was found taking four ANC, ideally in 16th, 24–28th, 32th and 36th week, as recommended by WHO (2003). Nearly more than half (56.9%) beneficiaries had gone for antenatal check-up at least three times during their pregnancy.

Under referral services, sick or malnourished children, in need of prompt medical attention, are referred to the primary health centers. This service was also relatively one of the less popular services with respondents (65.9%) reporting low level of satisfaction.

SNP was the comparatively less popular ICDS service in our study area even though 73.8% respondents received supplementary nutrition to various extents regularly (23.9%), alternately (24.9%) and once a week (25.1%). Only 2.8 % of the respondents were not sharing the supplementary nutrition. Further, 97% of the respondents reported sharing the supplementary nutrition with children and other family members thus diluting of the whole objective of overcoming the deficient calorie gap in the respondents under the ICDS scheme.

Discussion

Among the six services provided by the ICDS scheme, immunization was most valued and all around used by beneficiaries of Raipurani block. These discoveries are similar to that of another study [7, 8]. In rural settings which

demonstrated a close aggregate scope of more than 95% in immunization of pregnant mothers and infants. Another ICDS action that was held in high respect and used by every one of the beneficiaries in our review area was PSE. It was thought to be the primary movement of ICDS by the mothers. This is in sharp difference to a review [4] in nearby West Bengal where just 21.7% of mothers were aware about this service. Ironically almost 50% of our respondents favored it for reasons that it helped in the overall development of the child.

SNP being one of the most important services under ICDS was bothered with a considerably more noteworthy level of ignorance. Approximately one third of the respondents were not availing this service. The common reasons reported by respondents for not availing SN were poor quality of food, personal likes and dislikes and lack of time. Additionally most of the women availing this service were sharing the supplementary nutrition against the dilution of the whole objective of fulfilling the calorie gap deficient in the beneficiaries. A communication gap between Anganwadi workers and respondents by all accounts a conceivable reason for this ignorance. However the strikingly low level of awareness among respondents about the genuine reason for supplementary nourishment summons encourages further examinations.

Our findings were similar to the reports of a survey conducted in Uttar Pradesh [7] which reveals that more than half of sample mothers were dissatisfied with the quality of SNP food and more than two third of women said that the quantity was inadequate. But contrary to these are findings of a study conducted in some ICDS areas of Haryana [9] where all the respondents viewed distribution of supplementary nutrition to be useful.

Some services registered a low level of satisfaction due to various reasons. The low awareness about the real purpose of supplementary nutrition probably contributes to a decrease in intrigue and in this way fulfillment for the satisfaction of this service. But the main reason for dissatisfaction as reported was the low quality and quantity of food provided by the anganwadi's. The present study findings were similar to the reports of a survey conducted in Uttar Pardesh [10]. The fact that SNP has been well appreciated but need more improvement as the beneficiaries were found sharing the SN against the dilution of the whole objective of fulfilling the calorie gap deficient in the respondents. Quantity of food but also proper dissemination of information about SNP by Anganwadi workers can make it a more effective part of ICDS plan.

Under HNE, education related to health and nutrition is provided to beneficiaries, in meetings organized at anganwadi's. The dissatisfaction of a sizable proportion of beneficiaries for HNE appears to stem from the fact that many of the mothers were unable to practice the information provided due to lack of basic amenities and a heavy work burden and also because attending the meetings required them

to take out time from their already busy work schedule. Consequently this service was also comparatively underutilized. A study conducted in Kangra district of Himachal Pradesh ^[11] also showed an inefficient HNE program, but here it was the consequence of poor physical setup of anganwadi's and indifferent Anganwadi workers. A change in policy to adapt the information and its dissemination so that it can suite various categories of beneficiaries can make HNE a more useful service of ICDS scheme in our study area.

Few other services also showed a low level of utilization. Health checkup facility was not being availed adequately as none of the respondent was found visiting for ANC check up 4 times as recommended by WHO(2003) ^[12]. Also Referral service was underutilized as nearly one third of mothers were not at all aware about the existence of this service. This is unfortunate as all the mothers who were aware of or had availed this service were satisfied with this provision provided for treatment of various ailments. Thus the only stumbling block for this service seems to be unawareness, which can be dealt with relatively more easily.

Satisfactory measures, if taken, to expel the insufficiencies of ICDS plan can make it a significantly more valuable program for the open populace of provincial Raipurani block.

Conclusion

In Raipurani block ICDS is accepted as a welfare program by the community because of some of its popular services like immunization and pre-school education. Most of the beneficiaries are utilizing ICDS services and are quite satisfied with these services except Health and Nutrition Education. There are also some services like SNP and PSE whose real purpose is not properly known to the beneficiaries. It is pertinent that capacity building of Anganwadi workers should be regularly undertaken so that they can effectively communicate the usefulness of these services to the beneficiaries. This will ensure better utilization of these services. Also the quality and quantity of supplementary diet should be improved.

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