

How Empowered are the Hands that Rock the cradle? Examining the level of awareness of ICDS among Rural Women

Ms Dhanya David¹, Mr. Lims Thomas², Dr. Jeryda Gnanajane Eljo³

¹MSW Student, Department of Social Work, St.Thomas' College (Autonomous), Thrissur, Kerala, India

²Assistant Professor, Department of Social Work, Vimala College (Autonomous), Thrissur, Kerala, India

³Assistant Professor, Department of Social Work, Bharathidasan University, Trichirapalli, Tamil Nadu, India

Abstract— ICDS programme is one of the flagship programmes of Government of India and represents one of the world largest and unique programme for early childhood care and development. It is the foremost symbol of the country's commitment to its children and nursing mothers as a response to the challenge of providing Preschool Nonformal education one hand and breaking the vicious cycle of malnutrition morbidity, reduced learning capacity and mortality on the other. The present study tried to assess the level of knowledge among the rural women in terms of services related to children, women, adolescents and old age. The convenient sampling method has adopted for the study and the sample size is 80. The results of the study significantly explain about the interventions from the governments and local systems to increase accessibility to these health resources.

Index Terms— Knowledge, Women, ICDS

INTRODUCTION

Integrated Child Development Services scheme launched on 2nd October 1975. The ICDS scheme is one of the flagship programmes of Government of India and represents one of the world largest and unique programmes for early childhood care and development. It is the foremost symbol of country's commitment to its children and nursing mothers as a response to the challenge of providing Preschool Nonformal education one hand and breaking the vicious cycle of malnutrition morbidity, reduced learning capacity and mortality on the other. The ICDS scheme is major childhood and educational programme in Kerala that attempts to reach out to millions of children from vulnerable and remote

areas. The first ICDS project in Kerala was set up in 1975 at Vengara Block in Malappuram district.

This scheme provides various services through Anganwadi. The ICDS services are immunization, Supplementary nutrition, health checkup, referral services, Preschool nonformal education, Nutrition and health information. These services are providing to children, adolescent, pregnant women, lactating mother and Elderly.

ICDS takes a holistic approach to the child by providing a package of services. Include health checkups, referral, and medical service, monitor of growth, immunization supplementary feeding, non formal preschool education and, nutrition and health education for mothers. ICDS services are provided through a vast network of ICDS centres it is known as "Anganwadi." The word Anganwadi is also developed from the Hindi word which refers to the courtyard of a house. In rural areas an Anganwadi is where people get together to discuss, meet, and socialize. The Anganwadi is also used, occasionally to cook food. This part of the house is - seen as the - heart of the house. Under the ICDS scheme, the one trained person selected to focus on the health and educational needs of children age 0-6 years. This person is the Anganwadi worker (AWW). The Anganwadi worker is the most important functionary of the ICDS scheme. The Anganwadi worker is a community based frontline voluntary worker of the ICDS programme. The immunization, health check-up, and referral services cater to the same population group as well. The pre-school education facility helps children between the age group of three to six years. This service will help the children to get to the right

from the preschool age. In case of health and nutrition education, The targets are women between the age group of 15 to 45 years. The ICDS scheme is utilized to help the family especially mothers ensure effective health and nutrition care, early recognition and timely treatment of the ailment.

The ICDS aims to improve the health and nutritional well-being of the children in India under the age of six years. It also lays the basis so that children in India are able to develop psychologically, socially and physically. The programme also look to bring down the rate of mortality, malnutrition and morbidity among children in India besides tackling the critical problem of children dropping out from schools, It aims to make sure that the various departments that are dedicated to promotion of child development pull in the same direction, i.e. they should be coordinated in terms of the policies in effect and also implement them optimally.

Under the immunization program the Integrated Child Development Services Scheme protects children from diseases such as polio, tetanus, diphtheria, tuberculosis. Pertussis and measles. These are basically ailments that can be prevented through vaccines. This particular component also takes care of pregnant women. The diseases mentioned already cause significant problems such as mortality, morbidity, disability and malnutrition among children. If pregnant women are immunized against tetanus it helps bring down the rate of neonatal and maternal deaths.

The supplementary nutrition facility is provided by Anganwadi helpers and workers. The main target groups in this case are children below six years and lactating and pregnant mothers. These records help the authorities detect if the children grow properly or not and get a proper idea of their nutritional condition. Children who are found to be suffering from severe malnourishment are normally referred for further medical services and also provided Supplementary feeding.

The health check-up facility is meant primarily for children who are younger than six years. Through this benefit, the authorities take care of the postnatal requirements of nursing mothers and provide antenatal care to women who are expecting. Apart from health check-up on a regular basis, this programme records the weight of children, immunizes them, looks after issues pertaining to

malnutrition, provides treatment for diseases such as diarrhea, de-worms them and provides basic medicines. Monitoring and growth are two of the most important activities of this program. Children, younger than three years, are weighed once every month and for children within the age group of three to six years, this exercise is undertaken once in three months. Growth cards are maintained for children younger than six years and here weight for age is noted down as well. Based on the health outcome indicators, there seems to have been a definitive improvement in nutritional status, morbidity pattern, immunization coverage and utilization of health services once ICDS was introduced.

The referral services are provided in case it is found during the health check-up that children are undernourished or suffering from an ailment. They should be in such a condition that they need to be provided medical care on an emergency basis. They are referred either to a primary health centre or a sub-centre of the same.

ICDS also provides preschool education (PSE) on an informal basis in fact it is regarded as the very backbone of this scheme. The Anganwadi center or village courtyards are responsible for executing this particular part of ICDS and as such have been instituted across all habitations in India and if actually realized, the number of Anganwadi centers across India could go up to 1.4 million. In a way, this can also be regarded as the most joyous daily activity of its kind in the ICDS programs. Apart from mobilizing. Young children in the villages for the purpose of providing them the basic education, these centers generate considerable interest in their parents as well. This is beneficial for the greater community and engages them positively for the betterment of the future citizens of the country. This particular facility also looks to ensure complete development of the beneficiaries till the age of six years when they can be enrolled to primary schools for further education. With the PSE program, ICDS tries to create a stimulating, happy and usual environment for the students, who are supposed to be in the age group of 3-6 years. It enables them to achieve their fullest potential for development at that stage of their lives. This is also supposed to lay the foundation for their future development. Through this programme the younger children in the families are also provided. Substitute care so that the elder ones can go to

school. This programme specially benefits the girls in rural areas who are at times forced to choose their familial duties over education and consequent betterment. There is some evidence that PSE of children, in ICDS areas has had an impact on enrolment and scholastic performance in the later years with better language, cognitive and conceptual skills compared to children from non-ICDS areas.

ICDS services that provides various services to women, especially to pregnant and lactating mothers, adolescents girls. In addition to this various services provided by ICDS to children also. So women, that is, their mothers are well aware about various services to get to their children-in the age group of 3 - 6 years. 6-14 years. Pregnant and lactating mother: ICDS provide services such as supplementary nutrition, counselling on diet. Adolescent girls: ICDS provide supplementary nutrition. Iron Folic Acid supplementation, vocational! Training of adolescent girls. Children. 3 to 6 years are ICDS services provide non formal preschool education. Growth monitoring, supplementary nutrition, referral services, health education and counselling for caregivers. The ICDS focus the development to child and women. The occurrence of diarrheal, dysentery, skin disease, respiratory infection, whooping cough, measles etc is also common. These things affect physical growth as well as mental growth of children. In present situation, ICDS provide various types of services for children, adolescent girls, pregnant women, lactating mothers, elderly etc. ICDS services are Immunization, Supplementary nutrition. Health check up, Referral services, preschool non formal education. Nutrition and health information. Immunization, supplementary Nutrition, Health check-up, Referral services. Nutrition and Health Information are provided for women. These services help to improve welfare of society. Awareness about these facilities among women help to improve the health condition of children, adolescent girls, pregnant women, Scatting mothers, Elderly. There is the lack of knowledge about the services of ICDS towards women. The research helps the researcher to know the services provided by the ICDS services and the percentage of benefits available to the common people. Most of women are not aware about these services, especially women in the rural area. By making aware women about services of ICDS its benefits are automatically transmitted to their

children and family members. So focus is given to women awareness of the programme about ICDS Services. Women play an important role in the welfare of the family .society and Nation. So it is very important.

MATERIALS & METHODS

The present study was descriptive in nature which tried to assess the level of knowledge of ICDS services towards different category of beneficiaries such as children, adolescents, women and old age. The convenient method of sampling was adopted for the study and the sample size was 80. The researcher administrated self prepared interview schedule consists of 46 questions to assess the knowledge level of the respondents.

RESULTS AND DISCUSSION

The following data explains the results of the study carried out in the aspects of knowledge level of ICDS services to different category of beneficiaries such as children, adolescents, women and old age among the respondents

Option	Frequency	Percentage
Low Level Knowledge	0	0
Medium Level Knowledge	17	21.25
High Level Knowledge	63	78.75
Total	80	100

Table 1: Knowledge level of ICDS services related to Children

Table 1 show that the knowledge about ICDS services to children. Out of 80 respondents, no respondents possess the low level knowledge, 21.25% have medium level knowledge and 78.75% have the high level knowledge. The most (78.75%) of the respondents have high level knowledge. Its a very positive note that the most of the respondents are aware about the services provided by the ICDS to the children.

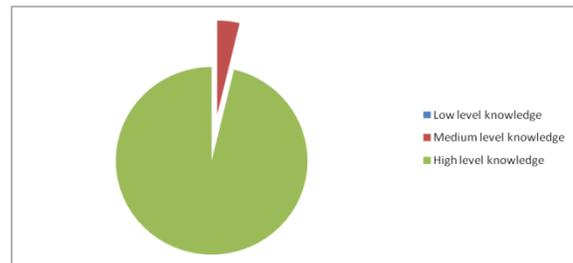


Figure 1: Knowledge level of ICDS services related to Adolescent

Figure 1 explains that the Knowledge level of ICDS services related to Adolescent .Out of 80 respondents, no respondents possess the low level knowledge, 3.75% have medium level knowledge and 96.25% have the high level knowledge. The most (96.25%) of the respondents have high level knowledge. Compared with the earlier results, around 18 percent knowledge level has increased when it comes to the area of adolescents.

Option	Frequency	Percentage
Low level knowledge	0	0
Medium level knowledge	6	7.5
High level knowledge	74	92.5
Total	80	100

Table 2 : Knowledge level of ICDS services related to Women

Table 2 depicts that the knowledge about ICDS services to women .Out of 80 respondents, no respondents possess the low level knowledge, 7.5% have medium level knowledge and 92.5% have the high level knowledge. The most (92.5%) of the respondents have high level knowledge.

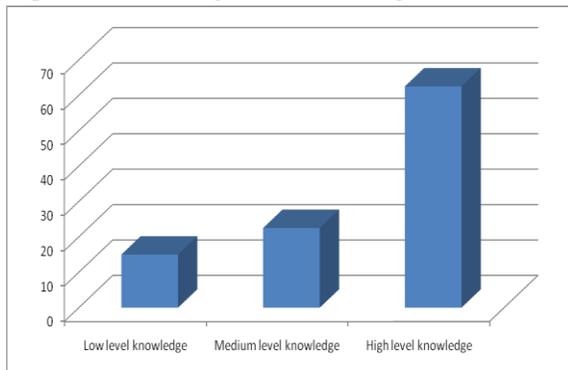


Figure 2: Knowledge level of ICDS services related to Old age

Out of 80 respondents, 15% have low level knowledge, 22.5% have medium level knowledge and 62.5% have the high level knowledge. The most (62.5%) of the respondents have high level knowledge. Compared to all the results, 62.5 % is the lowest score which means fewer categories of people who's having high level of knowledge of the ICDS Services to the old age.

Age	Frequency	Percentage
18-20		
Below average	0	0
Above average	2	2.5

20-30		
Below average	0	0
Above average	15	18.75
30-40		
Below average	0	0
Above average	26	32.5
40-50		
Below average	0	0
Above average	37	46.25
Total	80	100

Table 3: Comparison between the Women's knowledge about ICDS services and age of respondents

Table 3 explains about the comparison between the Women's knowledge about ICDS services and age of respondents. None of the respondents of in the age group 18- 20, have below average knowledge and 2.5% of the respondents have above average knowledge about ICDS Services. None of the respondents of in the age group 20-30, have below average knowledge and 18.75% of the respondents have above average knowledge about ICDS Services. None of the respondents of in the age group 40-50, have below average knowledge and 46.25% of the respondents has above average knowledge about ICDS Services. Its to be noted that the level of awareness increases when the age increases which shows a positive correlation between the above said items.

Education	Frequency	Percentage
Below 10th class		
Below average	0	0
Above average	8	10
10 th class		
Below average	0	0
Above average	17	21.25
Pre degree		
Below average	0	0
Above average	27	33.75
Degree		
Below average	0	0
Above average	22	27.5
Above P.G		
Below average	0	0
Above average	6	7.5
Total	80	100

Table 4: Comparison between education and women's knowledge about ICDS services

The above table explains the comparison between the Women's knowledge about ICDS services and

education of respondents. None of the respondents with educational qualification below 10th class have below average knowledge and 21.25% of the respondents have above average knowledge about ICDS Services. None of the respondents with predegree qualification have below average knowledge and 33.75% have above average knowledge about ICDS Services. None of the respondents with Degree qualification have below average knowledge and 27.5% have above average knowledge about ICDS Services. None of the respondents with above P.G qualification have below average knowledge and 7.5% have above average knowledge about ICDS Services.

Economics status	Frequency	Percentage
APL		
Below average	0	0
Above average	49	61.25
BPL		
Below average	0	0
Above average	31	38.75
Total	80	100

Table 5: Comparison between economic status and women's knowledge about ICDS services

Table 5 depicts that none of the respondents belongs to APL family have below average knowledge and 61.25% of the respondents have above average knowledge about ICDS Services. None of the respondents belongs to BPL family have below average knowledge and 38.75% of the respondents have above average knowledge about ICDS Services.

CONCLUSION

The above study shows that the majority of the respondents have adequate knowledge about the various services offered by ICDS for different target group. The basic thought of conducting the study was the author's personal experiences with the ICDS programme specially in terms of beneficiary knowledge creation as well as accessibility checking. But the result shows that they're well equipped with the information. On other hand, very less people were accessing to ICDS centres for various programmes. Its very sad that the people are not utilising the resources when which is available at your doorstep as part of public health concern. As per the results of the study, the problem is not the lack of knowledge, but the accessibility to those resources. The local

government along with the various departments should educate them the importance of using these resources for a better and healthy India.

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