

Original Article

Perception About ICDS Services in a Rural Population of Lucknow, Uttar Pradesh

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Abstract

Objective: To assess the perception of mother/fathers about the Anganwadicentres in a rural block of Lucknow district.

Study design: Cross-sectional study.

Study site: Kakori Block of Lucknow district, UP.

Study subjects: Mothers/fathers whose children were attending the Anganwadicentre to receive the ICDS scheme.

Results: A total of 453 mothers/fathers were interviewed. Majority (86.8%) belonged to Hindu community and scheduled caste (62.8%). More than half (63.8%) of the respondents viewed that their children received cooked food item as one full glass measure (80 grams) per day. About half (53.9%) of the respondents viewed that their children consumed food items at the AWCs itself, while 24.2% viewed that children brought it partially at home. However, 21.9% of them viewed that they brought all the food items at home whatever they received. About one third (33.8%) of the respondents perceived that the purpose of enrolment at AWCs of their children was learning. Majority (81.9%) of the respondents viewed that there were the benefits of AWC in the village.

Conclusions: The ICDS scheme may be very attractive but beneficiaries do not realize its importance. Proper and sufficient nutritional supplementation provided to beneficiaries may help children towards leading a nutritionally sound and healthy life and combat malnutrition.

Key words: Anganwadicentre, nutritional supplementation, Perception

Introduction:

Governmental concern for the promotion of services for the growth and development of pre-school children is evident from the constitution of National children's Board and also from the Resolution of National Policy for Children-1974 (Govt. of India, 2009)¹. Further, a number of expert bodies have been set up from time to time to frame policies for the welfare of children. These committees collect valuable data related to the needs and problems of children, examined the effectiveness of existing programmes & services and suggested long-term measures to improve and strengthen them qualitatively and quantitatively.

The most visible and best known of the services of the ICDS is supplementary nutrition. It provides in fact a range of other services which are arguably even more vital and should be monitored as well. The six services covered under the ICDS programme are Supplementary Nutrition, pre School Education, Immunization, Referral Services, Nutrition and Health Counseling & Health

checkups. The ICDS scheme has been in focus in the recent past. In policy and civil society discussions, especially after the release of the results of the National Family Health Survey (NFHS-3)² which showed that 46 percent of children under three years in the country were underweight. Even more worrying is the fact that there has been almost no improvement in this figure since 1998-99³ when the previous NFHS-2 survey was conducted which found that about 47 percent children under three were underweight. Such poor performance in improving the nutritional status of children in the country has called for rapid improvements in the ICDS scheme both in terms of expanding coverage and enhancing quality.

ICDS appeared to have had little success encouraging mothers to adopt appropriate child care and feeding behaviors (including rearing practices related to the breastfeeding, weaning and diet) that have the potential to improve child growth and health outcomes. Data from Kerala, Maharashtra, Rajasthan and Uttar Pradesh as

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well as from other states yield very little evidence that these healthy behaviors are more common in villages with AWCs than without AWCs (Bredend and Akin 2004)⁴. It is with this view, the present study was carried out to know what are the perceptions of the people about Anganwadi Centres so that program can be improved accordingly.

Material and Methods:

The present study was carried out in Lucknow district where ICDS Scheme has been in operation since 1981. Lucknow is centrally placed district of Uttar Pradesh, spread over an area of 2528 sqkms, which constitute 0.85% of the total area of country. In 2011, the district Lucknow has a population of about 4,588,455. There are 906 females per 1000 males.

Study Population

Study population comprised the mothers/fathers of children of age group 3-6 years who were ICDS beneficiary.

Sampling Unit

Village with an Anganwadicentre.

Study Unit

The mothers of children of age 3-6 years in the selected village of Kakori block constituted the unit of the study.

Selection of Block

There are 9 blocks in Lucknow district. Out of 9 blocks, one block namely Kakori, was selected randomly for the present study.

Selection of AWCs/Villages

In the Kakori block, there are 157 centre divided into 5 sectors and each AWC caters to about 90 to 95 beneficiaries children of age 3-6 years. From each sector, two AWC centers were selected randomly. Thus, a total of 10 Anganwadi centers as well as 950 households were covered for the present study.

Selection of Respondent

The primary respondent of the child was mother. In absence of mother, grandmother/father of the child was interviewed.

Study Instruments

The study was carried out using a quantitative instrument. The quantitative instrument was used to collect the information on demographic profile of the respondents, dietary pattern of the child and anthropometric parameters. The information was also collected regarding the perception about the program particularly regarding various aspects, of the program including limitations as well as recommendation for improvement. The information was collected by a pre-

designed & pre-tested questionnaire developed for this purpose.

Data Analysis

The quantitative data so collected was entered in the Microsoft Excel computer program. The data was cleaned for any inconsistency. Proportions/percentages were calculated. All the analysis was carried out by using SPSS (15.0).

Results:

A total of 929 mothers of children were interviewed of which 453 mothers of children utilizing the ICDS services and 476 were mothers of children not utilizing the ICDS services. Thus, the data on 453 mothers is being analyzed and presented in this paper.

Socio-demographic characteristics of the respondents

The majority of the respondents belonged to Hindu (86.8%) community followed by Muslims (13.2%) and belonged to SC/ST category (62.8%). About more than half (57.6%) of the respondents were from nuclear type of family and 42.4 percent of them were from joint type of family. Majority (80.6%) of the respondents had 5 and above family size. More than one third (48.1%) respondents were illiterate and 24.5 percent were educated upto junior high school. About one third were involved in agriculture (36.2%) and in business (32.2%) and 24.3% were laborers. About half (54.4%) had family income below Rs.3000 per month and only 9.5 percent had above Rs.5000. Majority (74.6%) of the respondents belonged to lower socio-economic status (SES) followed by middle (21.6%) and upper (3.8%)(Table-1).

Perception about services offered by AWCs

About one third (33.8%) of the respondents perceived that the purpose of enrolment at AWCs of their children was learning. However, 46.5% perceived that they get enrolled their children to take food. About one fifth (19.6%) of the respondents told that they get enrolled their children because there were nobody at home to take care of children (Table-2).

Amount and frequency of food items received / consumed

More than half(63.8%) of the respondents viewed that their children received one full glass measured (approx. 80 grams) per day. However, 25.2 percent of them viewed that they did not weigh the food items received and 9.3 percent viewed that their children received only ¾ of one glass (approx. 50 grams) per day. More than one third (41.5%) of the respondents viewed that their children received food items at AWC 6 days in a week.

However, 32.2 percent told that their children received 5 days in a week and 20.5 percent told that their children received 4 days in a week. Only 5.7 percent of the respondents viewed that their children received food items 3 days in a week. About half (53.9%) of the respondents viewed that their children consumed food items at the AWCs itself and 24.2 percent viewed that children brought partially at home. However, 21.9 percent of them viewed that they brought all the food items at home whatever they received. More than one third (46.4%) of the respondents viewed that the food items given to the children was not good in taste. However, 33.3% viewed that it was not properly cooked and 20.3% perceived that it was palatable (Table-3). More than one third (41.5%) of the respondents viewed that their children shared 50 - <=75% of the food items brought at home and 31.6 percent viewed that it was >75%. However, 25.1 percent told that their children shared 25% - < 50% of the brought foods (Table not shown).

Benefits of AWCs

Majority (81.9%) of the respondents viewed that there were the benefits of AWC in the village. The main benefit was receiving additional nutrition (52.6%) for the children followed by learning (23.5%), immunization (12.1%) and child became healthy (11.9%) (Table-4).

Table-2: Perception about main services offered by AWCs

Services of AWCs	No. (n=453)	%
1 .To avail food	211	46.5
2. For Education/learning	153	33.8
3. No body at home to take care of child	88	19.6

Table-1: Socio-demographic characteristics of the respondents

Socio-demographic characteristics	No. (n=453)	%
Religion		
Muslim	60	13.2
Hindu	393	86.8
Caste		
SC/ST	247	62.8
OBC	89	22.6
General	57	14.5
Type of family		
Nuclear	261	57.6
Joint	192	42.4
Family size		
<5	88	19.4
≥5	365	80.6
Education		
Illiterate	218	48.1
Junior high school	111	24.5
High school	71	15.7
Intermediate	38	8.4
Graduate & above	15	3.3
Occupation		
Agriculture	164	36.2
Business	146	32.2
Labor	106	23.4
Service	37	8.2
Family income per month (in Rs.)		
<3000	247	54.4
3000-4000	87	19.2
4001-5000	76	16.8
>5000	43	9.5
Socio-economic status		
Lower	338	74.6
Middle	98	21.6
Upper	17	3.8

Table-3: Perception towards food items received

	No. (n=453)	%
Amount of food received		
One full measure (approx.80 gram)	289	63.8
¾ of measure (approx.50 gram)	42	9.3
Not measured amount	114	25.2
Do not know	8	1.8
Frequency of receiving food/ week		
3 days	26	5.7
4 days	93	20.5
5 days	146	32.2
6 days	188	41.5
Consumption pattern		
Consumed at AWCs	244	53.9
Partially brought to home and shared	110	24.2
Bring it to home and shared with others	99	21.9
Quality of food		
Not good in taste	210	46.4
Not properly cooked	151	33.3
Palatable	92	20.3

Table-4: Perception about benefits from AWCs

Perception about Benefits (n=453) No %		
No Benefit	82	18.1
Yes Benefit	371	81.9
Additional nutrition	195	52.6
Education/Learning	87	23.5
Immunization	45	12.1
Child becomes healthy	44	11.9

Discussion and Conclusions:

The ICDS scheme after 35 years of its existence and progressive expansion has entered in to a new and more exciting phase for the mother’s and child care. A better understanding of the performance would be to look at the improvements within ICDS areas over the period of time as many of these outcomes take effect after a longer time and also knowledge dissemination about nutritional requirements etc. takes time.

Both quantity and quality of food intake affects the nutritional status of an individual and inadequacies in either or both of these have adverse impacts on health, cognitive ability and school achievement. All of these determine the productivity of an individual thereby affecting the income, learning abilities and hence the standard of living. In the present study, 63.8 percent of the respondents viewed that their children received one full glassmeasured (80 grams) per day. However, 25.2 percent of them viewed that they did not measure the food items received and 9.3 percent viewed that their children received only ¾ of one measured (approx. 50 grams) per day. However, Sobha (2003)⁵ reported that from 7th month onwards, the child received approx. 80 grams of supplementary food daily and if the child was in 3rd& 4th grade of malnutrition, they received double the share of food.

Kumar (2008)⁶ reported that high calorie food was given for four days whereas, semi-cooked amylase energy rich food were given for two days in a week and supplementary food was given for 300 days in a year. However, in our study, 32.2 percent told that their children received 5 days in a week and 20.5 percent told that their children received 4 days in a week. Only 5.7 percent of the respondents viewed that their children received food items 3 days in a week. In our study, 46.4% of the respondents viewed that the food items given to the children was not good in taste. However, 33.3% viewed that it was not properly cooked and only 20.3% perceived that it was palatable. However, Dash et al (2006)⁷ reported that 92% mothers mentioned that the quality of food was good and Dixit et al (2010)⁸ reported that though the quality of food was acceptable to be the beneficiaries, shortage of food was a problem at the centres.

In our study, 53.9% of the respondents viewed that their children consumed food items at the AWCs itself and 24.2 percent viewed that children brought partially at home. However, 21.9 percent of them viewed that they brought all the food items at home whatever they

received. More than one third (41.5%) of the respondents viewed that their children shared 50 - <=75% of the food items brought at home and 31.6 percent viewed that it was >75%. In a study in Delhi⁹ reported that only 2.9% of the beneficiaries were taking food in the centre and 76% shared supplementary food with their family members & rest took to their home and consumed themselves.

The ICDS scheme may be very attractive but beneficiaries do not realize its importance. Proper and sufficient nutritional supplementation provided to beneficiaries may help children towards leading a nutritionally sound and healthy life and combat malnutrition. Importantly, the quality and quantity of food in its adequacy are to be ensured to encourage children to maximally consume at the centres only to impart full impact of the benefits of the ICDS scheme.

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