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A study on nutrition and health education programme of ICDS scheme for women in Malwa region of Punjab

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Abstract
Integrated Child Development Services (ICDS) has been operating in the parts of Punjab for decades. Present study was conduct to examine the impact of Nutrition and Health Education (NHED) of ICDS on the women in terms of enhancing their knowledge in the critical Health Care areas like, health check-up, immunization, nutrition care of children and women, prevention of nutritional deficiency diseases, etc. and the extent to which the pregnant women put this knowledge into practice. A total of 80 women were in the sample, from 40 villages which were having Anganwadi for at least the last 25 years, as such women are expected to avail the NHED service of ICDS scheme. It was found that very high majority (91.25%) women did not receive any NHED training from AWWs. About 58.75% of the women did not give colostrum to their child which is rich in antibodies. Overall 42.50% of the women did not give breastfeed to their children as per recommended norms. It was very disappointing to note that a high majority (95%) women did not start breastfeed to their new born within first two hours of birth as per norms recommended by the Government of India. A high majority (97.50%) of the women did not have proper knowledge about the six vaccinations to their children and they were not able to tell the name of even one vaccination. A majority of (72.50%) women did not know how to prepare even the simple oral re hydration solution.

Keywords: ICDS, AWW, AWC, NHED, ORS

Introduction
Realizing the great importance of bringing improvement in women's health and nutritional status, Integrated Child Development Services (ICSD) Scheme was launched on 2nd October 1975, on the auspicious occasion of the 106th birth anniversary of Mahatma Gandhi, the Father of the Nation [1]. Government of India initiated an integrated approach for the delivery of health care as well as nutrition and education services at the village level through Anganwadi Centres (AWCs). ICDS 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 care as well as women etc. In the initial stages ICDS was implemented in 33 selected community development blocks all over India. ICDS has expanded considerably in subsequent years and Up to 31st March 2013; there are 7076 sanctioned projects, 7025 operational projects in India. In Punjab ICDS program has expanded very rapidly. At present, there are 155 sanctioned and 154 operational projects [2]. Vijay Rattan [3] is his book (1997) gave details about genesis, growth, components of ICDS and described a package of seven services comprising supplementary nutrition, immunization, health check-ups, and referral services' treatment of illness, Nutrition and health education and non-formal pre-school education which are provided under ICDS. Manisha Jain [4] rightly pointed out that the objectives of the ICDS mission would be to institutionalize essential services and strengthen structure at all level. There is a plan to roll out strengthened and restructured ICDS in three years beginning with 200 high burden districts in the first years 2012-2013 and so on.

Nutrition and Health Education (NHED) component of ICDS scheme for women has the long-term goal of capacity building of women in the age group of 15-45 years, so that they can look after their own health, nutrition and development needs as well as that of their children and families. The main objective of education in nutrition is to help individual to establish food habits and practices that are consistent with the nutritional needs of the body and adapted to the cultural pattern and food resources of the area in which they live. Nutrition and Health Education comprises basic health, nutrition and development information related to childcare and development, infant feeding practices, utilization of health services, family planning and environmental sanitation, maternal nutrition, ante-natal care, prevention and management of diarrhoea, acute respiratory infections and other common infections of children [5]. Health and Nutrition education is delivered by Anganwadi workers (AWW) and ANMs through inter-personal contacts and discussions at Anganwadi (literally meaning "the courtyard") Centres (AWC). Each Anganwadi usually covers a population of 400 to 800 in rural and urban areas and 300 to 800 in tribal and hilly areas. An important contact point is established with the nursing mothers to educate them about services for children like taking care and monitoring of child's growth, timely immunization, knowledge about breast feeding, colostrum feeding, treatment of diarrhoea/minor illness, not to provide home-made medicines during illness, preparation of nutritious food/feeding practices, importance of education of the child, about cleanliness and hygiene, preparation of oral dehydration solution, care of severely malnourished children. Services for

Mother provided are bout immunization during pregnancy, about institutional delivery, about feeding practices during pregnancy and lactating period, Iron-Folic Acid (IFA) supplementation, about correct posture during pregnancy, correct posture during breastfeeding, about self-care & health, about diseases illness, about nipple hygiene, purification of water to mothers and adolescent girls, small family norms, etc [6].

But, Ajay Kumar, Monika Singh and Kuldeep Bauddh (2010) [7] presented very grim realities saying that every sixth malnourished child in India lives in U.P., about 56% children born to illiterate mother were under weight, every second adolescent girls was anemic, about 49% women was below 45 kgs, less than 3% mothers received the minimum full dosage of Iron, Folic acid tablets, only one in 20 new born was put to the breast within the first hours of birth and 23% mother undergo health check-up after delivery. Dongre (2008) [8] found that poor co-operation from villages, mothers do not follow medical advice, mothers are busy with from work, irregular and poor health check-up services, mother do not follow dietary advices, poor personal hygiene of families, poor environmental sanitation and poor child care practices etc. are most common reasons for the limited success of ICDS programme.

In the background of these observations, it is very important to investigate the relevance and effectiveness of the world`s largest and most unique ICDS programme. So, this field study carried out in the Malwa region of Punjab to examine the impact of NHED of ICDS on the women in the age group of 15-45 years, in terms of enhancing their knowledge in the critical Health Care areas like, health check-up, immunization, nutrition care of children and women, prevention of nutritional deficiency diseases, etc. and the extent to which the nursing women put this knowledge into practice.

Materials and Methods

In order to achieve the objectives of the present study, Out of the fifteen districts covered by the Malwa region Barnala, Mansa, Bathinda, Sangrur, Moga, Muktsar, Fridkot and Ludhiana has been chosen for the study. A total of 40 villages (05 from each chosen district) were selected on the basis of random. From each village 2 women were selected randomly. Thus a total of 80 women were in the sample, from all 40 villages which were having Anganwadi for at least the last 25 years, as such nursing women are expected to avail the NHED service of ICDS scheme. These mothers were interviewed by house to house survey using interview schedule consisting of close ended question. Schedule were designed in English and for the convenience of the respondents it were translated in Punjabi which is common language spoken in the Malwa. Besides this, secondary sources of information like books, articles, and newspaper clippings, articles in research journals, websites and reports were also consulted to collect the factual data concerning the study. The data from the total sample of 80 women was edited. The data collected was analyzed manually and tabulated.

Findings

Keeping in view the specific objective, personal interviews with women were conducted. Interviews and observations brought important facts to light. The results are presented in the tabular form below.

Table 1: Have you received any nutrition and health education? If yes, who gave you this education?

(Women)	
Attributes	**Responses of Total GW**
Govt. health staff.	----------
Private practitioner	03(03.75)
Anganwadi worker	04(05.00)
Did not receive any education	73(91.25)
Total	80(100)

***Source*:** Culled from Primary data. Figures in brackets are percentages.

Nutrition and health education is a key element of the work of the AWWs. This education enables the women to look after their own health and nutrition needs as well as those of their children. It was shocking to find, as given in the Table 1, that an extremely high majority of (91.25%) women did not receive any NHED from AWWs. Merely three (03.75%) women received this education from Private practitioner and remaining four (05%) women received this education from AWWs.

It seems that AWWs had scant contact with the women in their respective areas of operation. They also did not know how to enhance the participation of women in the ICDS Programme.

Table 2: Did you give the colostrum doze to your new born? If yes, who advised you to do so?

(Women)	
Attributes	**Responses of Total GW**
Private health staff	06(07.50)
Govt. Health Staff	23(28.75)
Anganwadi worker	04(05.00)
Colostrum was not given	47(58.75)
Total	80(100)

***Source*:** Culled from Primary data. Figures in brackets are percentages.

Feeding colostrum to the baby helps in inducting of nutrients and anti-infective substances in the baby's body. This anti-infective substance protects the baby from infectious diseases such as diarrhea, to which the child may be exposed during the first few weeks after birth. It is clear from the Table 2 that 41.25% of women reported that they gave the colostrum to their newly born. They received advice about the importance of colostrum from different sources like 07.50% women received this advice from private health staff, 28.75% women received advice from government health staff and merely four of the women received this advice from AWWs. It was also found that a majority 58.75% of the women discarded

colostrum which is rich in antibodies just due to their ignorance.

Table 3: How long did you breast feed your youngest child?

(Women)	
Attributes	**Responses of Total GW**
Upto six months	03(03.75)
Upto one year	23(28.75)
Upto Two years	46(57.50)
Did not know	08(10.00)
Total	80(100)

***Source*:** Culled from Primary data. Figures in brackets are percentages.

It is a scientifically proven fact that breast feeding improves the nutritional status of young children and reduces morbidity and mortality. It also protects the child against infection. The timing and type of supplementary foods introduced in the child's diet with breastfeeding also significantly improve child's nutritional status. It is evident from the Table 3 that, a majority (57.50%) of women breastfed their children upto two years of age. Only three (03.75%) women breastfed their children upto six months, about 28.75% women replied they gave breastfeeding to their children upto one year of age and the remaining 10% women reported that they forgot the time span of breast feeding to their children. As per national norms, breastfeeding should be continued upto the age of two years of a child.

It was shocking to find that 42.50% of the women did not breastfeed their children as per recommended norms which can seriously affect the child's health.

Table 4: When did you start breast feeding to your new born baby?

(Women)	
Attributes	**Responses of Total GW**
Within 0-2 hours	04(05.00)
Within 2-12 hours	26(32.50)
Within 12-24 hours	36(45.00)
Within 24-48 hours	14(17.50)
Total	80(100)

***Source*:** Culled from Primary data. Figures in brackets are percentages.

Generally the new born baby is very active during the first hour of birth and if the baby is kept with the mother and effort is made to breastfeed, the infant learns sucking very fast. The Table 4 provides clear information about the women's maiden initiative to breastfeed their new born. About 05% women replied that they started breastfeeding their new born within 0-2 hours of delivery. 32.50% women answered that they started the breastfeed to their children within 2-12 hours of delivery. 45% of the women answered that they initiated breastfeeding to their child within 12-24 hours of delivery. The next of the fourteen (17.50%) women replied that they started breastfeeding to the new born within 24-48 hours of delivery.

It was distressing to note that a high majority (95%) of mothers did not start breastfeeding their new born child at the correct time which again shows the poor implementation of the programme.

Table 5: Did you know about the type of vaccination which your child got upto three years of age?

(Women)	
Attributes	**Responses of Total GW**
Yes	02 (02.50)
No	78 (97.50)
Total	80 (100)

***Source*:** Culled from Primary data. Figures in brackets are percentages.

Immunization is one major strategy for bringing down child mortality and promoting life of children. All children in the ICDS project area are to be immunized against six commonly prevalent illnesses like diphtheria, whooping cough, tetanus, poliomyelitis, tuberculosis and measles. Through the NHED, AWWs and ANMs educate the women about these vaccinations in their respective areas. The data given in Table 5 clearly indicates that a high majority (97.50%) of women did not have sufficient knowledge about these six child vaccinations and they were not able to tell the name of even one vaccination. Merely two (02.50%) women had proper knowledge about the child vaccinations. They were able to tell the names of some or all child vaccinations.

Thus, unfortunately, the awareness of the women is below the expected level about these important vaccinations crucial for child's life.

Table 6: Did you know how to prepare ORS (Oral Rehydration Solution)? If yes, who advised you?

(Women)	
Attributes	**Responses of Total GW**
Govt. Health Staff	09(11.25)
Private Health Staff	11(13.75)
Anganwadi worker	02(02.50)
Did not know	58(72.50)
Total	80(100)

***Source*:** Culled from Primary data. Figures in brackets are percentages.

It is said that Diarrhoea is the cause of one death out of every four deaths among children. Dehydration usually is the main cause of death and it is easy to prevent such death. Re hydration is the key to saving life which can be done by giving ORS at a low cost technology. As Table 6 describes that a majority (72.50%) women did not have any knowledge about how to prepare ORS. About 27.50% of the women have proper skill to prepare ORS. Out of them 11.25% women reported that they received this advice from government health staff, some (13.75%) viewed that they received advice about ORS from private health staff and merely two (02.50%) of the women received this advice from AWW. The responses again show that many women still did not know how to prepare ORS which is simple and life-saving.

Table 7: Did you get your youngest child weighted from time to time. If yes, where did you get the same from?

(Women)	
Attributes	**Responses of Total GW**
Anganwadi centre	11(13.75)
Primary health centre.	07(08.75)
Private hospital	02(02.50)
Did not get weighted.	60(75.00)
Total	80(100)

***Source*:** Culled from Primary data. Figures in brackets are percentages.

It is the duty of AWWs to weigh all the children upto three years of age every month and also weigh children from three to six years of age every three months. It is also the duty of AWWs to motivate and guide the mothers of concerned children to bring their children for weighing at AWCs.

It is a pity to note, as given in the Table 7, that a majority (75%) women reported that they did not get their children weighed from time to time at AWWs due to various reasons like AWWs did not motivate them, women were busy in house hold tasks, superstitious beliefs of parents and weighing machine was not available at AWWs. About 13.75% women replied that they weighed their children regularly at Anganwadi centre's, some (08.75%) answered that they weighed their children from time to time at primary health centre's and merely two (02.50%) of the women reported that they weighed their children regularly at Private hospital.

Conclusion

The impact of health and nutrition education component of ICDS programme on women between 15-45 years of age in terms of enhancement in their knowledge in the critical health areas and their practical knowledge on health care were analyzed and the major findings of the analysis show that a very high majority (91.25%) women did not receive any NHED training from AWWs. About 58.75% of the women did not give colostrum to their child which is rich in antibodies. Overall 42.50% of the women did not give breastfeed to their children as per recommended norms. It was very disappointing to note that a high majority (95%) women did not start breastfeed to their new born within first two hours of birth as per norms recommended by the Government of India. A high majority (97.50%) of the women did not have proper knowledge about the six vaccinations to their children and they were not able to tell the name of even one vaccination. A majority of (72.50%) women did not know how to prepare even the simple oral re hydration solution. It was unfortunate that 75% women did not carry their children from time to time for weighing due to various reasons like AWWs did not motivate them, women were busy in house hold tasks, superstitious beliefs of parents or weighing machine was not available at AWCs.. Thus, the overall picture that emerges from the data analysis about the women between 15-45 years of age is quite dismal as their awareness about crucial areas like general health care and nutritional deficiency diseases is low and worrisome. In this regard, it is recommended that Supervisors should be given the responsibility of organising formal NHED sessions at regular intervals in AWCs under their supervision. Continuous and effective monitoring by Child Development Project Officers (CDPOs) and district officials, as also active participation of health functionaries, can go a long way in the effective implementation of this component. For group formation and collecting women at one place for NHED sessions, locally popular social or recreational event or activity may be organised. Utilisation of folk media needs to be included in the training component of AWWs to strengthen their skills in imparting NHED effectively.

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