ICDS — Is It The Entitlement Of Every Indian Child?

Vyas Shaili*, Kandpal SD, Semwal Jayanti***, Sharma Parul**** Nautiyal Vipul*****

*Assistant Professor, Department Of Community Medicine, SRMSIMS, Bareilly, **Professor & HOD, ***Professor, Department Of Community Medicine, HIHT, Dehradun, ****Assistant Professor(MD),Department Of Community Medicine, Subharti Medical College,Meerut.***** Senior Resident (MD), Department Of Radiotherapy, RML Hospital, Lucknow.

Abstract: Objectives: To assess the extent of utilization of services by underthree & their mothers at AWC's & to study the gender differences in availing the services . Methods : A cross- sectional study regarding the utilization of services by children (0-3 years) & their mothers among 11 Anganwadis in 8 villages registered under RHTC,HIHT Dehradun. The data was tabulated on Microsoft Excel sheet and analyzed using the software SPSS 17.0 for Windows. Results : Study findings showed that majority of underthree children i.e. 89.2% were enrolled in the AWCs whereas only 29.20 % went to AWCs to avail the combined benefits of vaccination, supplementary nutrition, healthcheckups followed by Immunization services(23.2%).63.55% children in the age group 0-3 years were attending the AWC to receive SN whereas only 22% of children were availing it regularly. Conclusion: The problems encountered at AWCs were under utilization of services due to lack of awareness of parents & insufficient motivation of AWW. There is a need to improve awareness about the services especially in the underthree age group so that eligible beneficiaries can avail them. [Vyas S et al NJIRM 2013; 4(2) : 97-101]

Key Words: AWC, Integrated Child Development Services, Supplementary Nutrition, Underthree

Author for correspondence: Dr.Shaili Vyas, Assistant Professor, Deptt of Community Medicine, SRMSIMS, Nainital Road, Bareilly. Email :shailivyas7@gmail.com

Introduction: Thirty-seven years after the then Prime Minister Indira Gandhi launched the Integrated Child Development Services (ICDS) to address the nutrition and health needs of children less than 6 years of age, the nutrition profile of the population has not changed much [1].

While the original intent of the ICDS programme was to address the various sub-stages (conception-1 month, < 3 years and 3-6 years) of growth in order to ensure that negative health and nutritional outcomes do not accompany the child from one stage to the next, the way the programme manifests on the ground, it effectively concentrates only on the 3 to 6 age group [2].

Ironically, though most of the malnutrition remains in age group of 0-3yrs, their nutritional needs remains unaddressed most of the times & the focus of ICDS on children under three, remains weak & our prime concern remains on children above three yrs of age. Most surveys and studies on the ICDS programme note that the ability of the programme to reach out to children under three remains a problem, even though, technically, they are enrolled in the AWC [3].

Further targeting children under three yrs remains an important concern, as most of the malnutrition in children develop from this period, and most long term consequences of malnutrition may be minimised if this cohort of children are properly monitored nutritionally instead of focusing primarily on children in the 3-6 year age group, when malnutrition may have already set in & hence there arises a need to take a hard look at the ICDS to improve the programme. " This forms the rationale behind the present study.

Objectives: To assess the extent of utilization of services at AWC's & to study the gender differences in availing the services.

Material and Methods: The endeavour of the present study was to assess utilization of ICDS services in the rural areas. The study covered 11 AWCs & eight villages of rural health training centre, Rajeev Nagar, under the field practice area of Department of Community Medicine of Himalayan Institute of Medical Sciences, Dehradun. These 8 villages together cater a total population of 12,588. These 8 villages have 11 AWCs & all of them were included in the study. The present cross-sectional study was conducted from June 2010 to January 2011. All the households with children less than 3yrs were the final unit of study. Prior to the start of the study, a baseline data of all registered families were collected from RHTC. A total sample of 500 children in the age group of 0-36 months were

gathered for the study. Information was gathered through detailed interviews with a sample of about 500 women who had at least one child below the age of 3 years. These mothers were interviewed by house to house survey using a pretested and structured interview schedule consisting of close ended questions after an informed consent was taken for the same. The status of receipt of services in terms of immunization, supplementary nutrition, health checkup and referral was collected. The mothers were also interviewed regarding the utilization & regularity of supplementary nutrition during her last pregnancy & lactation. The data obtained by the interview was substantiated with the AWC records & the health cards available with the beneficiaries. The data was entered on pre-tested proforma, tabulated and analyzed.

Results: Amongst the eligible children of less than three yrs, majority i.e. 89.2% were enrolled in the AWC's. Regarding the utilization of services, it was found that majority of the underthree children(29.20 %) mentioned that they went to AWCs to avail the combined benefits of vaccination, supplementary nutrition, healthcheckups followed by children who were coming to the anganwadi for availing Immunization services(23.2%).

Table-1: Distribution of children according to Registration at AWC(N=500)

Registration	Frequency	Percentage
Yes	446	89.25
No	54	10.75
Total	500	100.00

*Figures in parenthesis indicates percentage

All services were utilized by only 18.4% of children & 17.2% respondents were not availing any kind of child care services. 63.55% children in the age group 0-3 years were receiving supplementary nutrition either daily/ weekly/ monthly of which only 22% of children were availing the Take HomeRation(THR) regularly & almost two third of these received supplementation less than once a week or was found to be irregular(77.94%) Further SN in rural areas was availed by males and females to a similar extent. It was found that the achievements under SNP was 61.4% for pregnant mothers of which 52.44% were receiving it regularly and was found to be quite high i.e. 94.2% for nursing mothers enrolled

Table-2:Distribution according to the services available(N=500)

Services	Distribution of children		Total
	Male	Female	
Supplementary Nutrition**	16 (53.33)	14 (46.67)	30 (6)
Immunization	63 (54.3)	53 (45.69)	116 (23.20)
Supplementary Nutrition+Immunization	70 (47.95)	76 (52.05)	146 (29.20)
Supplementary Nutrition+Referral	2(33.33)	4(66.67)	6(1.20)
Immunization+ Health Checkups*	13 (54.17)	11 (45.83)	24 (4.80)
All services	44 (47.83)	48 (52.17)	92 (18.40)
No services	50 (58.14)	36 (41.86)	86 (17.20)
Total	258	242	500

Figures in parenthesis indicates percentage, *Healthcheckups includes Growth Monitoring, **For children<6months SN for their lactating mothers was considered.

Discussion: REGISTRATION : Amongst the eligible children of less than three yrs, majority i.e. 89.2% infants & toddlers were enrolled in the AWC's. This is in sharp contrast to a study by Singhvi et al, according to which, only 41% of the children in the eligible groups across India were registered at AWCs [4.] In another study by Sangrulkar et al, 57.8% of the enrolled beneficiaries were less than 3yrs old [5.] Despite many of the anganwadis being very close to the village, very few toddlers & infants were coming there to avail services since almost 17% of the children were not availing any of the services & 18% were not availing all the service.

Parents generally harbour the notion that anganwadi services are meant for children above three yrs of age & registration of underthree with AWC was done primarily to receive SN.

Table-3:Distribution of mothers on the basis of receiving supplementary nutrition

Supplementary nutrition during Pregnancy	Distribution of children		Total(N=500)
	Male(n=258)	Female(n=242)	
Received	148(48.21)	159(51.79)	307(61.40)
Not Received	110(56.99)	83(43.01)	193(38.60)
Total	258	242	500
Regularly$	73(45.34)	88(54.66)	161(52.44)
Irregularly	75(51.37)	71(48.63)	146(47.56)
Total	148	159	307
Supplementary nutrition during Lactation			
Received	244(51.80)	227(48.20)	471(94.20)
Not Received	15(51.72)	14(48.28)	29(5.80)
Total	258	242	500

Figures in parenthesis indicates percentage, $Regularly here implies either daily/wkly for the entire wk.

Table-4:Distribution of children on thse basis of receiving supplementary nutrition

Supplementary nutrition	Distribution of children		Total
	Male	Female	
Received	139(51.10)	133(48.90)	272(63.55)
Not Received	84(53.85)	72(46.15)	156(36.45)
Total	223(52.10)	205(47.90)	428#
Frequency of receiving Supplementary nutrition			
Regularly	34(56.67)	26(43.33)	60(22.06)
Irregularly	105(49.53)	107(50.47)	212(77.94)
Total	139	133	272

Figures in parenthesis indicates percentage, #428 children were 6-36months of age & were actually consuming it.

On further exploring the reasons for non-participation, we found that daily wagers did not have the time to bring their children to the AWCs and fetch them in the afternoon. So, most took their children with them. Other reasons cited were, regular absence of AWW in AWC, behaviour of AWW, as some of the non-beneficiary respondents, mentioned that AWW favoured healthy, good looking and well dressed children. The respondents further mentioned that they were not aware about the services that this age group could avail from the centre. In addition,It was found that female children out-numbered male children in almost every centre i.e. amongst the children who were not coming to the AWC, majority i.e. almost 60% were males whereas nearly 40% were females. Our findings are in line with another study by which showed that in all categories of ICDS projects, percentage of female children who availed supplementary nutrition was quite high in all the areas as compared to male children in the age group 6 months to 3 years [6.] Thus the prime stumbling block for these services seems to be unawareness, which can be dealt with relatively more easily.

Supplementary Nutrition : It was found that supplementary nutrition to this group is distributed on an weekly basis i.e. every Saturday. Hence 63.55% children in the age group 0-3 years attend the AWC daily/ weekly/ monthly to receive SN. The younger children were accompanied to AWC either by their mother or any elder to collect SN. This frequency was a bit higher in case of male children (51.10%). Only 22% of children were availing the THR regularly & almost two third of these received supplementation less than once a week or was found to be irregular(77.94%). Irregular supply of commodities left AWCs without stocks for several days at a stretch. Further it was found that AWC was closed for most days in a month. On further inquiring it was seen that the worker does not feel motivated to come to the centre every day since the Government is not regular in paying their honorarium every month. People's understanding of free food as not being good to eat was also one of the reason cited. Our figures were somewhat lower to a study by Alim et al, at Aligarh in which only 76% of 6 months – 3 years children were receiving supplementary

nutrition whereas in other studies the coverage was quite lower i.e. in a study by Thakre et al, it was availed by only 40% of underthree [7,8.] Supplementary nutrition in rural areas was availed by males and females to a similar extent,whereas a higher no of males were regularly receiving supplementary nutrition ,since mothers of male children are much more concerned regarding the health & nutrition of her child. The low awareness about the real purpose of supplementary nutrition presumably does contribute to a decline in interest and subsequently satisfaction for this service.

Pregnant mothers: One ICDS activity that was held in high regard and was considered to be the main activity of ICDS by the mothers was SN. It was found that the achievements under SNP was 61.4% for pregnant of which 52.44% were receiving it regularly and 94.2% nursing mothers enrolled. Our figures were lower as compared to Thakre et al, Madhavi et al & Biswas et al in which 76% & 94.23%, 87% pregnant mothers were receiving SN to various extents during their last pregnancy[8,9,10.] Nayar et al, in his study revealed that supplementary nutrition was received by 20 to 48% of the pregnant mothers [11.] Respondents were not even aware about the facilities provided to pregnant women from the centre which showed that AWWs had no links with people who were not getting benefits from their centre.

Conclusion: Thus it can be concluded from the results that the problems encountered at AWCs were under utilization of services due to lack of knowledge and superstitions of the respondents insufficient motivation of AWW. Hence, there is a need to improve awareness about the services provided at AWCs so that the beneficiaries can avail them. The programme needs to consider take-home rations for children on a regular basis. Type of food given to children under 3 years of age should be different from that provided to older children. Lastly the services should be need-based and culture sensitive.

Limitation: Only AWCs(11) from rural field practice area of RCHTC were selected for present study to assess their functioning, while in comparison to this only benificiaries (mothers of underthree)were interviewed to assess their satisfaction about services provided through the AWCs considering the feasibility of the investigation. Hence the result of present study cannot be generalised.

References

1. The Hindu.Lack of perspective causing ICDS to fail. Available at http://www.thehindu.com/news/states/andhra-pradesh/article3369770.ece
2. Chandrasekhar CP, Ghosh J. The unfulfilled potential of the ICDS. Tracking The Macroeconomy: Selections From Macroscan. 2001-05; Vol.I: India. Avaliable at http://www.macroscan.org/fet/mar05/fet210305ICDS.htm
3. RamachandranV.Reflections on the ICDS programme.Available at http://www.indiaseminar.com/2005/546/546%20vimla%20ramachandran.htm
4. Singhvi M, Kaur S, Kumari S. World largest child nutrition program: All is not well? International Journal of Research in Economics & Social Sciences. 2012; 2(3):12-16.
5. SangrulkarTV, GandhamSV, SableSA,.BhattacharyaSB. Profile of ICDS beneficiaries with special reference to nutritional status :A community based follow-up study. Bombay Hospital Journal. 2011; 53:364-69.
6. Three Decades of ICDS – An Appraisal .Available at http://wcd.nic.in/3dicds.htm.
7. Alim F, Jahan F. Assessment of Nutritional Status of Rural Anganwadi Children of Aligarh under the ICDS (Integrated Child Development Services) and Rural Health. Stud Home Com Sci.2012;6(2): 95-98.
8. Thakare MM, Kuril BM, Doible MK, Goel NK. Astudy of functioning of anganwadi centers of Urban Icds block of Aurangabad city. Indian J. Prev. Soc.2011;42(3): 253-58.
9. Madhavi H, Singh HK, Bendigiri ND. A study of utilization of Integrated Child Development Services(ICDS) scheme and beneficiaries-satisfaction in rural area of Gulbarga district. Pravara Med Rev.2011; 3(3): 13-17.

10. Biswas AB, Das DK, Roy RN, Saha I, Shrivastava P, Mitra K. Awareness and Perception of Mothers about Functioning and Different Services of ICDS in Two Districts of West Bengal.Indian Journal of Public Health. 2010;54(1).
11. Nayar D, Kapil U, Nandan D. Status of Receipt of ICDS Package of Services by Under Three Children and Pregnant Mothers in District Agra. INDIAN PEDIATRICS. 1998; 35:459-62.

Conflict of interest: None
Funding: None