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Full Length Research Article

Impact of Nutrition and Health Education Programme of Integrated Child Development Schemes on Pregnant Women in India

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ARTICLE INFORMATION

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ABSTRACT

The Integrated Child Development Services (ICDS) scheme is a national initiative aimed at improving the health of children and mothers worldwide. Nutrition and health education is provided by Anganwadi Workers (AWWs) to enable women to take care of their own nutrition requirements and health, as well as their children and families. The scheme aims to create healthy food habits and practices compatible with the body's nutritional requirements. Nutrition and health education covers basic health, infant feeding practices, colostrum importance, immunization, nutrition and development, family planning, proper usage of health-related services, environmental hygiene, oral dehydration solution preparation, maternal nutrition, care of severely malnourished children, ante-natal care, acute respiratory infections, and diarrhea prevention. Pregnant women are also provided with health and nutrition education to improve their health and nutritional status. Registration of expectant women is required, and a 'Mother Child Card' or Jachha-Bachha card is issued. Anganwadi workers and supervisors are responsible for providing health and nutrition education to pregnant women through AWCs under the ICDS scheme.

Introduction

Integrated child development services (ICDS) scheme is the wide-reaching national scheme initiated for the advancement and development of the health of child and mother in the world. Different activities regarding nutrition and health education under ICDS scheme are expected to change the behaviour of women as well as community also. The main aim of the Nutrition and health education provided by AWWs under ICDS scheme to enable women to take care of their own nutrition requirements and health as well as their children and families. Nutrition and Health Education (NHED) for Women has the long-lasting target of capacity set up of women especially for women of 15-45 years of age. For this purpose, AWWs periodically conducted NHED Sessions. The main aim of nutrition and health education is to help universe to create healthy food habits and practices which are compatible with the body's nutritional requirements. Nutrition and Health Education consisted information about basic health, infant feeding practices, awareness about importance of colostrum, immunization, nutrition and development which is concerned to care and development of child, awareness about family planning, proper usage of health related services, about environmental hygiene, preparation of oral dehydration solution, maternal nutrition, about care of severely malnourished children, ante-natal care, acute respiratory and other common infections of children prevention and control of diarrhoea, services for Mothers provided are about immunization during pregnancy, about institutional delivery, iron-folic acid (IFA) supplementation, about accurate posture during pregnancy and breastfeeding, about nipple hygiene, about importance of purified water to mothers and adolescent girls, etc. Inter-personal contacts and discussions are some ways through which Health and Nutrition education is imparted by Anganwadi workers and ANMs.

Pregnancy is the time period in which an offspring develops inside the womb of a woman. So a pregnant woman should take nutritious food to meet the nutritional needs of her unborn child. The nutritional status of expectant women is also vital as the normal growth of the conceived baby depends on it. But it is a reality that very few women are aware and serious about this. Poor nutritional status of mother is reflected in low birth weight of the baby. To fulfil this motive an essential component of the ICDS programme is to provide care to the pregnant women, combined with health and nutrition education. The purpose of providing health and nutrition education is to improve the health and nutritional status of expectant women because during pregnancy many

changes take place in the mother's body and she requires special care and protection. Women should maintain good health so as to provide good nutrition for the development of foetus and prepare her for delivery and lactation. Registration of an expectant woman after detecting pregnancy is must to an ANM/AWW. 'Mother Child Card' or Jachha-Bachha card is issue after the registration. An AWW maintained record of pregnant women in the register and also on the card. Anganwadi workers and their supervisors are responsible for providing health and nutrition education to pregnant women through AWCs under ICDS scheme.

Scope of the Study

Analysis of ICDS programme was the scope of the present study. This study was focused on the components of ICDS scheme namely: Nutrition and Health Education (NHED). It was aimed to assess supply and distribution of SN for the beneficiaries (pregnant and nursing women and children of 0 to 6 years of age). It was also focused on assessment of health awareness of pregnant and nursing women and women between 15-45 years of age in India Specific problems faced by ICDS personnel regarding the implementation of program were also been included in the scope of the study. Suggestions were given to improve the work of ICDS.

Objectives of the study

- to analysis the impact of NHED program of ICDS scheme on the expectant women.
- To upgrade the status of nutrition and health of the children under 6 years.
- To attain successful co-ordination of the scheme and implementation.
- To intensify mother's capacity to take care of the general health and nutrition requirements. This motive is fulfilled through nutrition and health education.

Review of Literature

Rekha et al. (1983) 24 in their article described that although all services were provided by Anganwadi workers, yet the mother's knowledge was poor in most of the components and it might be due to failure of Anganwadi workers in communication and imparting knowledge to the community.

Vijay Rattan 1984 25 carried out a research and assessed that there was no clarity in the job responsibilities of health and medical officials who are working under ICDS scheme. He also pointed out about the cause of unsuccessful working as too much wastage and replication of assets in the project area.

Anuradha (1985) 26 she carried out a study about the time which was spent by AWWs at AWCs to provide ICDS services to the beneficiaries. She found that an AWW spent, about 21/2 to 3 hours per month for referral services and immunization. She also found that they spent 3 hours and 15 minutes a day to provide education under pre-school education and 12 to 37 minutes per day on each activity held in Anganwadi such as health check-ups, SN and nutrition and health education.

Lalitha (1994) 46 made a study and discovered that AWWs of regular ICDS were found to have higher levels of nutrition awareness compared to Anganwadi workers of World bank-assisted ICDS in all nutrition areas. The nutrition education package used for training of AWWs was appropriate and it has promoted the knowledge of AWWs regarding the nutrition and health.

Methodology

The present study was basically based on primary sources of information. For collecting primary data, responses were brought out from the selected sample through open and close ended questions during interviews. Furthermore, secondary sources of information were also consulted to collect the accurate data relating to the study such as books, articles, articles in research journals, newspaper clippings, websites and reports.

Personal interview with Pregnant Women generated important findings which are presented in the tabular form.

Results

Table 1. About receiving of nutrition and health education and source from they receive this education

Attributes	Responses of Pregnant Women (Percentage)
Govt. health staff.	16(13.33)
Private practitioner	06(05.00)
Anganwadi worker	03(02.50)
Did not receive any education	95(79.17)
Total	120(100)

Source: Primary data.

Nutrition and health education delivered to the expectant women aims for capacitate them to take care about their own health and nutrition requirements as well as of their children and family also. The responses regarding the receiving of NHED are given in Table 1, It was unbelievable to note that 79.17% women did not received NHED. out of rest 13.33% women received NHED from

govt. health staff and rest 5% women received NHED from AWWs while 2.50% women received NHED from private health staff. AWWs should take initiative to encourage the pregnant women to receive NHED because AWWs are the key person to impart nutrition and health education.

Table 2. About check-ups conducted during pregnancy and the place from where last check-up conducted

Attributes	Responses of Pregnant Women (Percentage)
PHC/sub center/Govt. Hospital	65(54.17)
Private hospital	39(32.50)
Health check-up did not conduct	16(13.33)
Total	120(100)

Source: Primary data.

Table 2, describes that about 54.16% pregnant women received ante-natal care from primary health centers/sub centers/Government hospitals. Therefore 32.50% pregnant women received these services from private hospitals right from the second month of pregnancy onwards. It was shocking to know that 13.33% pregnant women did not receive any ante-natal care. It is due to the lack of interest and knowledge of beneficiary women. Three ante-natal check-ups during pregnancy are must for pregnant women, as per norms of the government of India.

In the study conducted by A. Abbad, J. Roy, K. B. Sahu, also found that the utilization of antenatal and postnatal care services from government health posts was almost nothing due to conventional believes and practices common in the community. It seems that lack of co-ordination between health staff and ICDS staff and inadequate co-operation from community are the major root causes for this sad state of affairs.

Conclusion

The nutritional status of pregnant women is very indispensable for the normal growth of the conceived baby. It is a reality that only well-informed mothers are serious about proper nutrition during pregnancy. Poor nutritional status of mother is reflected in low birth weight of the baby. To fulfil this motive an essential component of the ICDS programme is to provide care to the pregnant women, combined with health and nutrition education. Nutrition education can enhance the nutrition of mothers during pregnancy. The motive of giving health and nutrition education is to bring about improvement in the health and nutritional status of pregnant women. Health and nutrition education programs for pregnant women should be developed keeping in view the development of the child because they play the important role in the development of their children.

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