



Importance of the ICDS Scheme on Maternal and Child Health Care

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Abstract

In the dynamic demographic landscape of India, housing around 158 million children aged 0-6 years, child development programs are crucial. This study aims to explore the Importance of the Integrated Child Development Services (ICDS) Scheme on Maternal and Child Health Care, focusing on the village of Karjagi. The objectives include understanding the social and economic conditions of pregnant and lactating women, assessing the quality of ICDS services, and gathering information about the health conditions of these women. Employing a systematic research design, the study involves 50 exclusively selected pregnant and lactating women. Through a detailed selection process, data were collected using questionnaires and interviews. The research emphasizes the pivotal role of the ICDS scheme in promoting the health and well-being of pregnant women and children through a variety of health protection programs.

Keywords: ICDS scheme, maternal health, child care, pregnant women

Introduction

In the expansive demographic landscape of India, which comprises approximately 158 million children aged 0-6 years as per the Census of India 2011, the importance of child development programs is paramount. Acknowledging the transformative influence of such initiatives on the health, nutritional, and educational outcomes of children, the World Bank has underscored their pivotal role in shaping a promising future for the upcoming generation. In alignment with these imperatives, the Government of India has introduced the Integrated Child Development Services (ICDS) scheme, an innovative endeavor designed to facilitate the comprehensive development of pregnant women and children. This holistic program encompasses various facets of children's health and development, specifically aiming to uplift the lives of individuals from vulnerable societal segments. Aligned with the overarching objective of promoting the well-being and progress of communities, the ICDS scheme recognizes the profound value of nurturing healthy, well-educated children as indispensable contributors to the nation. At the heart of any human development initiative lies an unwavering commitment to the welfare of children, a commitment epitomized by the ICDS program through its diverse service offerings. Health services for children constitute a pivotal

element of ICDS, significantly contributing to ensuring optimal growth and the cultivation of socially competent individuals. The provision of healthcare during pregnancy and post-childbirth emerges as a critical component, ensuring the welfare of both the child and the pregnant woman. Ultimately, the ICDS scheme stands as a cornerstone in India's endeavor to foster a generation characterized by robust health, education, and social competence, underscoring a dedicated commitment to the lasting welfare of its youngest citizens.

Background

The Integrated Child Development Services (ICDS) program was initiated in Mysuru Taluk, T. Narasipura, Karnataka, on October 2, 1975, and has since undergone statewide expansion to encompass all taluks. The primary objective of the program is to offer a comprehensive range of services to children below the age of 6 and their mothers, including supplementary nutrition, pre-school education, primary healthcare, health check-ups, and referral services. Initially launched as a pilot project in T. Narasipura Taluk, Mysuru District, involving 100 anganwadi centers with the dedicated efforts of anganwadi workers and helpers, the program has subsequently scaled its operations to cover all taluks across the state. This expansion underscores the

program's commitment to promoting the holistic development and well-being of young children and mothers throughout the region.

Objectives of ICDS

1. Improve nutritional intake and health status of children aged 0-6 years.
2. Promote the overall development of the child's mental, physical, and social well-being.
3. Reduce the risk of mortality, morbidity, malnutrition, and school dropout.
4. Enhance coordination between various departments for effective implementation of policies.
5. Strengthen the capability of mothers to look after the normal health and nutritional needs of their children.

ICDS Service Benefits

1. **Supplementary Nutrition:** Available through anganwadi centers for children aged 0-6 years, pregnant women, lactating mothers, and adolescent girls.
2. **Health Check-up:** Conducted regularly for children and pregnant women to identify health issues and provide timely intervention.
3. **Immunization:** Ensures that children receive essential vaccines to protect them from preventable diseases.
4. **Early Childhood Education:** Focuses on the cognitive and social development of children through pre-school education.
5. **Health Education:** Provides information on maternal and child health, nutrition, and hygiene to mothers and adolescent girls.
6. **Referral Services:** Ensures that children and pregnant women with health issues are referred to appropriate healthcare facilities.

Review of literature

1. Behera, J., & Acharya, S. S. (2020) ^[5]. The article discusses the impact of ICDS (Integrated Child Development Services) on the nutritional status of children in India, particularly in the Poshitika region. This study, conducted over a decade-old program, primarily focuses on fulfilling the nutritional needs of children through comprehensive and essential services. The assessment of the influence of ICDS on the nutritional status of children is the main objective of this article. It relies on data gathered through nationwide competent reviews and field assessments

conducted in selected districts from March 2018 to March 2019. Both bio-variety and multivariety aspects are analyzed, revealing no significant difference in the nutritional status of children between those who received services and those who did not. Research findings question the effectiveness of the ICDS plan in reducing nutritional deficiencies among children due to flawed implementation processes, as revealed by external investigations.

2. Patil, K. S., & Kulkarni, M. V. (2022) ^[6] This study, conducted in the urban area of Kolegeri, explores the knowledge and utilization of ICDS services among women and children. It is recognized as a major health program by the government, primarily focusing on the health of children who have benefited from its extensive health services across India. The study aims to understand the knowledge, awareness, and usage patterns of ICDS services among women in Kolegeri. The investigation, focusing on the health, awareness, and usage patterns of ICDS services in the community, involved surveying 151 households and conducting interviews with women residing in the urban area. The study reveals a high level of awareness (91.39%) among women regarding the services offered by ICDS through Anganwadi workers. Immunization, supplementary nutrition, health check-ups, and education programs are the most commonly used services, amounting to 77.48%. The study concludes that the utilization of ICDS services among women is significantly high compared to previous surveys.

Objectives of the Study

1. To understand the social and economic conditions of pregnant and lactating women.
2. To assess the quality of services provided by ICDS.
3. To gather information about the health conditions of pregnant and lactating women.

Research Design

For this research study, a detailed and systematic research methodology has been selected. The village of Karjagi was chosen for the research investigation, aiming to include 50 pregnant and lactating women exclusively. The selection was made with an unprecedented and purposeful goal through an extensive and purposeful selection process. Information relevant to the subject was collected through a questionnaire and interviews.

Table 1: Socio-demographic profile of the respondents

S. No	Questions	Response	Respondent	Percentage
1.	Age of the respondent	20-25	26	52
		26-30	23	4
		31-35	1	2
		36-40	0	0
2.	Religion	Hindu	24	48
		Muslim	13	26
		Others	13	26
3.	Education	SSLC	25	50
		PUC	15	30
		Degree and above	10	20

The data presented in the above table reveals key demographic information about the respondents. A breakdown of age groups indicates that 52% fall within the 20 to 25 age bracket, 4% are aged 25 to 30, and 2% are aged 30 to 35. In terms of religious affiliation, 48% of respondents identify with Hinduism, 26% with Islam, and

26% with other religions. In the realm of education, the distribution shows that approximately 50% of respondents have completed SSLC (Secondary School Leaving Certificate), 30% have completed PUC (Pre-University Course), and 20% have attained a degree or higher.

Table 2: Importance of ICDS Scheme

S. No	Questions	Response	Respondent	Percentage
1..	Is the supplementary nutritional food provided in Anganwadi nutritionally high-quality?	Excellent	10	20
		Good	13	26
		Average	27	54
2	Do you consume the nutritious lunch provided in Anganwadi during noon?	Yes	23	46
		No	27	54
3	Have you consumed only the nutritional and lentil components provided in Anganwadi?	Yes	47	94
		No	3	06
4	Is there satisfaction with the services provided by ICDS?	Excellent	8	16
		Good	20	40
		Average	22	44
5	Did you receive the service of a free cheek pinch?	Yes	50	100
		No	0	0
6	Role of ICDS n the health care of pregnant women and children	Excellent	10	20
		Good	21	42
		Average	19	38
7	Behaviours of Anganwadi workers while providing information to pregnant women.	Excellent	18	36
		Good	21	42
		Average	11	22

The data presented in the table reveals diverse perspectives and practices among respondents in relation to Anganwadi services. Notably, a significant portion of respondents holds varying opinions on the quality of supplementary nutritional food, with 20% considering it of the highest quality, 26% finding it good, and 54% perceiving it as average. Consumption patterns indicate that 46% of respondents partake in the nutritional afternoon meal, while 54% abstain from it. Additionally, a substantial 94% of respondents affirm the consumption of nutritional and pulse components, while 6% do not engage in this practice. The evaluation of Integrated Child Development Services (ICDS) shows that 40% of respondents believe it is of the highest quality, 44% find it good, and 38% consider it average. Notably, all respondents confirm the utilization of cheek pinch services. Regarding the role of Anganwadi workers in providing information to pregnant women, opinions vary, with 36% considering it of the highest quality, 42% finding it good, and 22% perceiving it as average. These findings underscore the multifaceted nature of respondents' perceptions and behaviors in relation to Anganwadi services and highlight areas that may require further attention or improvement.

Conclusion

The ICDS (Integrated Child Development Services) scheme has been implemented to ensure the health and well-being of pregnant women and children, focusing on providing various programs for health protection. Under this scheme, anganwadi centers play a crucial role in executing health and development programs. The systematic execution of the ICDS program by anganwadi workers and helpers has been effective, as evidenced by positive feedback from beneficiaries. The commitment to continuous improvement is evident, with the emphasis on providing extensive information during home visits and maintaining organized

program administration. The collection of diverse opinions during research activities underscores the program's adaptability to individual needs. For pregnant women and lactating mothers, ICDS offers health services, nutritional support, health education, reduction of malnutrition, infant mortality prevention, and encouragement for female child development through various plans. These plans have proven beneficial in ensuring the health and well-being of pregnant women and lactating mothers.

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